



Chirayu  
University

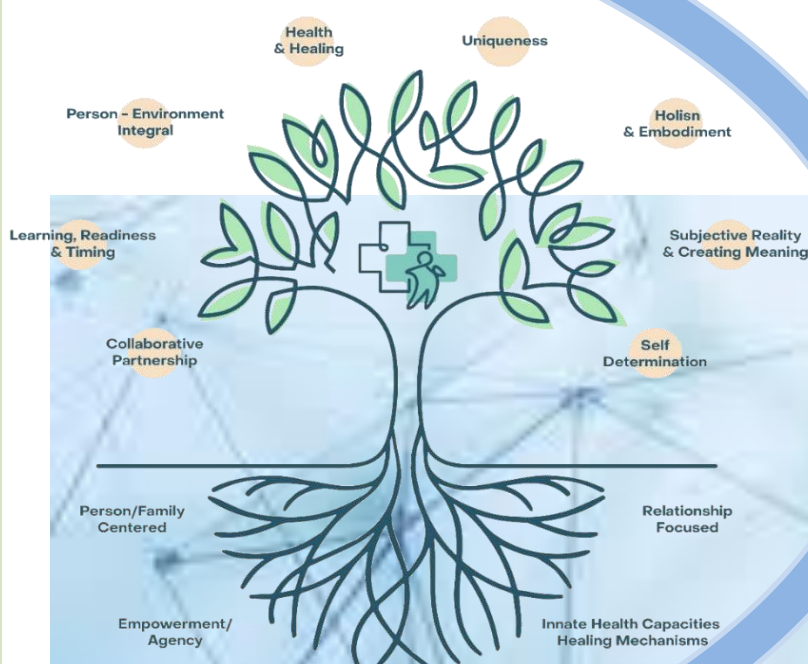
# CHIRAYU COLLEGE OF NURSING, BHOPAL

(A Constituent College of Chirayu University)



SOUVENIR

2023-24



## Strength-based Nursing: A comprehensive approach to nursing care

Address: Chirayu Medical College and Hospital Campus, Near  
Bairagarh, Bhopal, Madhya Pradesh, PIN-462030,

Website: [www.cncbhupal.com](http://www.cncbhupal.com), Email id - [principalchirayu@gmail.com](mailto:principalchirayu@gmail.com)

Contact no: 8889580002

## **ABOUT UNIVERSITY**

To promulgate scholarly excellence in medical education; practice the acquired knowledge virtuously, safely and with quality; achieve imperative skills obligatory intertwined with compassion, values and gratitude to the citizens of our country and worldwide, Chirayu University, Bhopal was established by Chirayu Charitable Foundation, by an act of Govt. of M.P and published in State Gazette on 20th July 2023. The University is spread over more than 39 acres of land. The University has been approved by UGC under section 2(f) 1956."

### **Vision:**

To promulgate scholarly excellence in medical education; practice the acquired knowledge virtuously, safely and with quality; achieve imperative skills obligatory intertwined with compassion, values and gratitude to the citizens of our country and worldwide. And to gradually diversify into various streams of education in order to become a top multi-disciplinary University.

### **Mission:**

- To escalate our services to the top-ranking level in the country.
- To bestow with academic excellence of exorbitant quality in education, training, research and services.
- To build competent skills with precision, perfection and reliability to accomplish student satisfaction.
- To promote value driven education with a global outlook and demonstrate desirable values and attitudes towards self, others and profession.
- To extrapolate opportunities to conduct funding and non-funding research projects in the areas of education, administration and clinical practice.

### **Objectives:**

- To organize state of the art facilities for education, training and research.
- To establish centre of excellence for efficient use of resources by providing quality assurance.
- To maintain the standard of degrees, diplomas, certificate and other academic distinctions in accordance with the norms laid down by the University Grants Commission and the related regulatory body or regulatory council.
- To afford towering levels of capacity and capability enhancement ability.
- To provide teaching and pedagogies in higher education and dispense advanced knowledge, research and its dissemination.
- To introduce welfare and charitable activities for economically backward section of the society.
- The benefit of the society shall be opened to all, irrespective of caste, creed or religion.
- To gain insight among students in the field of ethnicity, physical and mental education.
- To furnish career counselling and guidance to students for employment.
- To collaborate curricular activities with co-curricular and extra-curricular activities of the students dynamically.
- To accommodate students inside the campus.
- To serve as a liaison between international universities and promote exchange programs for students and faculty.
- To engage the students diligently in the independent learning activities.
- To render sound guidance and counselling to the students community to build vibrant mental health.
- To impart E-learning even to the remote areas through Tele Medicine and Tele Nursing.

### **Philosophy:**

Chirayu University, Bhopal believes in this philosophy and has taken steps forward in that direction to provide quality education for holistic development of the student. We offer wide range of professional programs for the development of youth in the area of health education.

The University provides unique learning opportunities to the students by combining pedagogically sound and comprehensive professional courses for a variety of subjects. It also incorporates innovative teaching and learning methodologies supported by state of the art library resources, focusing on all-round development of the student.



## **ABOUT COLLEGE**

Chirayu College of Nursing belongs to Chirayu Charitable Foundation that was established in the year 2001. the society marched its step towards accomplishment of their vision with Medical College and Hospital. The society further added their feathers with a College of Nursing in the year 2012 with two programs B. Sc Nursing and Diploma in Nursing and Midwifery. Chirayu College of Nursing has taken its growth gradually by offering another two programs: M.Sc. Nursing and P.B.B.Sc Nursing from the academic year 2016-17. Our college is affiliated to Madhya Pradesh Medical Science University, Jabalpur and recognised by Indian Nursing Council and Madhya Pradesh Nursing Registration Council.

Our college is committed in providing nursing education and services standard knowledge and skills blended with desirable attitude our goal is to prepare students to take up any situation and manage skilfully with sound knowledge base.

### **Vision**

The College of Nursing's vision is to strive for outstanding educational outcomes exemplified by graduates whose actions, discoveries and voices strengthen and advance the health of individuals, families and communities worldwide.

### **Mission**

1. Advance health through excellence in nursing and interdisciplinary teaching, research, practice and service.
2. Provide quality patient care based on our strong commitment to practice, education, innovation and collaboration.
3. Inspire students to become passionate healers who demonstrate integrity, caring and excellence.
4. Train nursing aspirants for leadership to cater the health care needs of the society.
5. Promote professionalism by quality and value driven education with a global outlook.
6. Demonstrate desirable values and attitudes towards self, others and the profession.

### **Core Values**

In pursuit of its mission Chirayu College of Nursing will:

- Develop Human resource to serve the nation.
- A healthy body is a guest house for the soul.
- Recognize teaching as a unifying activity.
- Nurture integrity, creativity and academic freedom.
- Retain a willingness to experiment with new paradigms.

### **Philosophy**

The college believes that the progress of nation is very much depends upon the health of its citizens and the educational preparation of nurses contributes tremendously towards pursuing this goal. The college believes in training professional nurses from all states of India to meet the great demand in the field of Nursing. Professional nursing is a lifelong service to the people. College prepares its students to develop ability to analyze situations and problems critically and take responsibility for their higher education to maximize professional effectiveness throughout their career. College believes that degree course in nursing prepares nurses for first level position both in the hospital and in the community. Our concept of health as per WHO i.e "Health is a state of complete physical, mental and social well being and merely absence of disease or infirmity.





## CHIRAYU CHARITABLE FOUNDATION

Reg. No BPL/ H. Bad Division/9410/2001

**Dr. Ajay Goenka**  
(PRESIDENT)

**Aakriti Goenka**  
(SECRETARY)



### Message

I am immensely happy to know that Chirayu College of Nursing is bringing its eighth e-souvenir with the theme "Strength-based Nursing: A comprehensive approach to nursing care". We strongly believe that today's generation has an unquenchable thirst to seek knowledge that cannot be satiated by traditional methods of teaching. Activities like e-souvenir brings out the creativity of the students and helps them learn valuable lessons of co-operation, leadership and team work.

Chirayu College of Nursing started this journey in the year 2012. Over the years, the institute has provided the students with opportunities to explore and grow, through situations that challenge them to identify their strengths and reinforce them. The words of greatest scientist Albert Einstein aptly speak of college's vision:

"I don't teach my children. I create conditions for them to learn."

Chirayu College of Nursing's creativity towards each and every event is tremendous under the leadership of Principal which is always bringing innovation in every aspect, same for the e-souvenir as well. I hope this year also, this e-souvenir will be helpful for all areas of nursing departments to gather knowledge.

I am very happy to convey my congratulations and best wishes to Principal, faculty and all the students for their endeavors in bringing out this e-souvenir.

For Chirayu Charitable Foundation

President

**Dr. Ajay Goenka, M.D.,**  
**President,**  
**Chirayu Charitable Foundation**



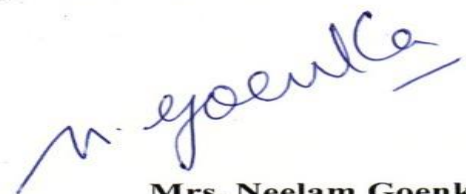
**Chirayu**  
University

## Message

It gives me immense pleasure that Chirayu college of nursing is giving out eight e-souvenir-2024 is entitled with the theme “Strength-based Nursing: A comprehensive approach to nursing care”. I send my delighted greetings to Madam Prof. Dr. Pramila R, Principal and her team of faculty members for untiring efforts to bring changes and do something new and innovative every year in the area of knowledge and practice in nursing.

The theme chosen is the apt for strengthening the profession of nursing in a comprehensive manner, which will help the upcoming nurses to maintain professionalism and thereby improving nursing care, clinical outcomes and well-being of the communities that nurse serve. I am sure that souvenir is providing opportunities to students and faculty members for their active participation by contributing wide range of articles and research materials. It also throws light on quality of education being imparted.

The era of new nursing has brought powers in the hand of nurses to serve in various communities in a comprehensive way to strengthen the nursing profession. I wholeheartedly praise the Principal, Editorial team members and students for their tremendous efforts in bringing out the souvenir. I extend my regards for the success of souvenir.



**Mrs. Neelam Goenka**  
Chancellor  
Chirayu University, Bhopal

**Prof. (Dr.) Sudesh Kumar Sohani**  
B.Tech., M.E. (CEG-Chennai), PhD (IIT Delhi)  
Vice Chancellor



**Chirayu**  
University

Bhopal, M.P.  
May 5, 2024



## Vice Chancellor's Message

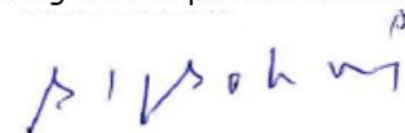
It gives me immense pleasure that 'Chirayu College of Nursing' is releasing the Souvenir with a very apt theme "Strengths-based Nursing: A Comprehensive Approach to Nursing Care" on 10<sup>th</sup> May 2024, while on the day college is organizing a National Level Conference.

I believe that the 'Souvenir' being released on the occasion would refresh memories of the students, who have passed out from this college besides highlighting its glorious achievements in the field of academics, sports and extra-curricular activities. It would certainly give an opportunity of tranquil connect with the senior batches to the students who are in the college pursuing their degrees.

On the occasion of National Conference, I do congratulate Chirayu College of Nursing for such an effort. I am sure it brings together leading academic scientists, research scholars and budding nurses to exchange and share their experiences and research results on many aspects of Nursing Science, as well as practical challenges encountered and solutions adopted in the fields of Nursing Science and Health Care.

Importantly, on behalf of Chirayu University I would like to express my gratitude to all those who are helping us to build this great institution 'Chirayu College of Nursing' and to achieve the mission that 'Chirayu Charitable Foundation' has set, i.e. to be the best college in the region and in the country.

My sincere and best wishes to 'My 'Students' and to the entire team of 'Chirayu College of Nursing' and hope the Souvenir would be able to fulfill all its objectives!

  
(Dr. Sudesh Kumar Sohani)  
Vice Chancellor



## Chirayu University

### MESSAGE

I am happy to know that Chirayu College of Nursing (CCON), Chirayu University, Bhopal is releasing its 8<sup>th</sup> edition of souvenir with the theme “**Strengths-based Nursing: A comprehensive approach to Nursing care**”.

Strengths-based Nursing is both a philosophy and a value-driven approach to guide clinicians, leaders and educators. It aims to transform the healthcare system by humanizing healthcare through knowledgeable and compassionate care. It has the potential to transform a depersonalized and fragmented healthcare system into a personal and collaborative model that fosters opportunities for self-healing, engenders hope, and enables patients to draw upon their strengths even in the most difficult circumstances.

A word of appreciation to Prof.(Dr.) Pramilaa R., Principal (CCON) for her continuous efforts to uplift the quality of education and to be a torchbearer of the new generation for the attainment of knowledge and wisdom. I also congratulate the entire editorial team for their immense contribution to the release of the souvenir and wish them success in their future endeavors.



**Dr. Ravi KS Pippal**  
**Registrar**  
**Chirayu University, Bhopal**



Chirayu Medical College &amp; Hospital

**CHIRAYU MEDICAL COLLEGE & HOSPITAL**  
(A Unit of Chirayu Charitable Foundation)**MESSAGE**

It gives me immense happiness to know that Chirayu College of Nursing is releasing its 8<sup>th</sup> souvenir with the theme, "Strengths-Based Nursing: A comprehensive approach to Nursing Care."

Strengths-Based Nursing is a useful framework and a way to practice nursing that can be applied to any clinical setting. It is a holistic approach to care in which the eight core interrelated values guide nursing care. Strengths-Based Nursing enables patients to take control over their lives and health care decisions.

Strengths-Based Nursing represents a philosophy that shifts from a deficit lens to a strengths based holistic lens. It does not mean a strength based approach ignores problems, pretends that deficits do not exist rather it is about finding the right balance between focusing on the positives while dealing with the problems. It is about empowering patients, families and communities.

There are challenges in translating a philosophy to practice. Facilitating factors include implementation processes that align, willingness to accept and making the approach relevant and context specific.

I extend my appreciation to Prof. Dr. Pramila R, Principal and her dedicated team for providing thought leadership on the subject.



Aakriti Ajay Goenka  
Secretary, Chirayu Charitable Foundation

Bhopal-Indore Highway, Near Bairagarh, Bhopal (M.P.) 462 030. Tel : 0755-2709101, 102

E-mail: cmchbhopal@gmail.com, Web-site : www.cmchbhopal.com

City Office : Chirayu Hospital, 6 Malipura, Bhopal, Tel.: 0755-2737401/02/03



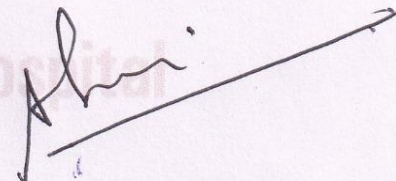
Chirayu Medical College &amp; Hospital

**CHIRAYU MEDICAL COLLEGE & HOSPITAL**  
(A Unit of Chirayu Charitable Foundation)**Message**

I am ecstatic to know that, Chirayu College of Nursing is releasing their 8<sup>th</sup> e-souvenir in 2024 with the theme “Strength – based Nursing: A Comprehensive approach to nursing care”

A souvenir is an important document which is the happy repository of the events, achievements and also a platform for revealing the glimpse of ideas of students and faculty. Nurturing creativity and inspiring innovations are two key elements of a successful educational institution which shape the students as an empowered citizen in the future.

I congratulate the Principal, the editorial team and the students for their immense contribution for the release of e-souvenir. A word of appreciation for Prof. Dr. Pramila R, Principal for her concerted effort for elevating the image of the institution and the quality of education.



**Dr. Ashutosh Mangalgiri**  
**Medical Superintendent**

**CMCH, Bhopal**  
**Medical Superintendent**  
**Chirayu Medical College & Hospital**  
**Bhopal (M.P.)**

Bhopal-Indore Highway, Near Bairagarh, Bhopal (M.P.) 462 030. Tel : 0755-2709101, 102

E-mail: cmchbhopal@gmail.com, Web-site : www.cmchbhopal.com

City Office : Chirayu Hospital, 6 Malipura, Bhopal, Tel.: 0755-2737401/02/03



90<sup>th</sup> ANNIVERSARY  
1928 - 2018

## TAMIL NADU NURSES AND MIDWIVES COUNCIL

(Constituted Under Tamil Nadu Act III & XXVI of 1926 & 1960)

Jayaprakash Narayanan Maligai, Old No.140, New No.56, Santhome High Road (Near Santhome Church),  
Mylapore, Chennai – 600 004, Tel:044-46786539,

Web: [www.tamilnadunursingcouncil.com](http://www.tamilnadunursingcouncil.com) E-mail: [info@tamilnadunursingcouncil.com](mailto:info@tamilnadunursingcouncil.com)

All communications to be addressed to the 'Registrar' and not by Name



24/04/2024

### MESSAGE

I am delighted to know that Chirayu College of Nursing, Bhopal, is bringing out the E-Souvenir Magazine, for the academic year 2024. It is a platform where every ward gets an opportunity to showcase his or her skills and talents in writing and in various art forms.

"Strength-based Nursing: A comprehensive approach to Nursing care"

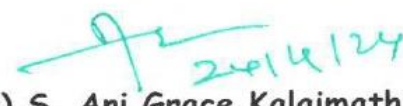
In every touch, every word, and every gesture, we wield the power of strength in Nursing care. Our journey isn't merely about healing wounds; it's about igniting the flames of resilience within those we serve.

In the tapestry of healthcare, we are the weavers of holistic care, seamlessly blending compassion with expertise. Each interaction becomes a symphony of support, empowering individuals to rise above adversity.

With each passing day, we unveil the marvels of the human spirit, celebrating the resilience that resides within. We stand as guardians of hope, nurturing not just bodies, but also the indomitable will to thrive.

As we traverse the intricate paths of healing, let us remember the profound impact of our comprehensive approach. In our hands lies the transformative power to uplift, to inspire, and to heal.

I extend my heartfelt good wishes and appreciation to the fraternity of the Chirayu College of Nursing, Bhopal, for a successful publication of the magazine and continuing the journey of Excellence.

  
Prof. Dr. (Mrs) S. Ani Grace Kalaimathi  
RN, RM, PhD, DSc, MBA, BGL,  
Registrar, TNNMC, Chennai.

To

The Principal,  
Chirayu College of Nursing,  
Bhopal (M.P).



### **MESSAGE**

It is a matter of great happiness for me to know that Chirayu College of Nursing is bringing out its eighth E-Souvenir - 2024 on the Theme: Strength Based Nursing: A Comprehensive Approach to Nursing Care.“

Nursing, has always been a multi-dimensional discipline with diverse career opportunities to take up after completing the basic and specialization (clinical) in the area of interest during the academic preparation. And the nursing academics have always used a holistic approach to prepare the graduates to work confidently and efficiently in any area they select to work such as clinical nursing, teaching, administration, research and many more.

Chirayu College of Nursing has added one more dimension to the above by publishing E - Souvenir every year to stir-up the writing skills of their faculty and students.

In this E-Souvenir the editorial team has included: research- based articles, articles on various aspects of health and nursing care, riddles and cross-word puzzles and many other interesting as well as educative reading material.

I commend the Principal Dr Pramila R. and her team for the innovative ideas they have come-up through this E -Souvenir.

All The Best!!

Dr Usha Mullick Ukande  
Founder Director, Edu SerumX, Indore

**MESSAGE**

Congratulations and Greetings from St. Isabel's College of Nursing!

I heartily appreciate the release of the souvenir. Strength-based nursing embodies a holistic approach, focusing on patients' capabilities rather than deficits. It emphasizes empowering individuals to participate actively in their care, fostering autonomy and resilience. Nurses collaborate with patients to identify strengths, leveraging them to promote healing and well-being. This approach fosters a positive therapeutic relationship, enhancing trust and mutual respect. By recognizing and nurturing patients' strengths, nurses facilitate self-empowerment and improve outcomes. It's a paradigm shift from deficit-based models, embracing the inherent potential within each individual, ultimately leading to more personalized and effective nursing care.

Dr. Annie Raja  
Principal  
St. Isabel's College of Nursing



## THE TRAINED NURSES' ASSOCIATION OF INDIA

Registered under the Society Act XXI of 1860 in 1917, Registration No. 199 Incorporated in it Students Nurses' Association, Health Visitors' Leadgue and Midwives and Auxillary Nurse-Midwives' Assoc  
Affiliated to Commonwealth Nurses' Federation, Founded in 1908, **Head Quarters:** L-17, Florence Nightingale Lane, Green Park New Delhi - 110 016  
Phone: 011-26966665, Email: helpdesk@tnaonline.org, Web: www.tnaonline.org

### TNAI M.P. STATE BRANCH

Address:- Praygan College of Nursing, Near R.G.P.V, Bypass Road, Gandhi Nagar, Bhopal - 462036, Madhya Pradesh, Contact - 9827591659, Email- tnaimp@gmail.com, Web: www.mptnai.org



#### Ex-Officio

**Prof. Dr. Sunita Lawrence**

Praygan College of Nursing, Bhopal  
Contact : 09425004934, 0755-2424845  
e-mail-sunitalawrence01@gmail.com

#### President

**Prof. Mrs. Jaya Bijoy**

Praygan College of Nursing, Bhopal  
Contact : 08109242630  
e-mail-jaya\_2d@yahoo.co.in

#### Vice - President

**Dr. Maya E. Patliya**

Dean Nursing, Malwa University, Indore  
Contact: 08349457807

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NSB Medical College, Jabalpur  
Contact - 09584334016

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Praygan College of Nursing, Bhopal  
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Govt. College of Nursing, Indore  
Contact- 09977673997

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**Mrs. Ramrati Yadav**

Nursing Superintendent, Hamidia Hospital  
Bhopal  
Contact : 09755732945

#### Chairperson Public Health Sector

**Mrs. Shefali Latesh**

Praygan College of Nursing,  
Gandhi Nagar, Bhopal  
Mobile: 09229129229

#### Chairperson Nursing Research Committee

**Prof. Dr. Usha Ukande**

Rt. Principal, Choithram College of Nursing, Indore  
Contact: 09425438183

#### Chairperson Nursing Education Committee

**Prof. Mrs. Vineetha Suresh**

Jabalpur Institute of Nursing Science  
Contact : 09826153760

#### Chairperson Programme Committee

**Mr. Shine Varghese Kurian**

Praygan College of Nursing, Bhopal  
Contact: 08109535218

#### Chairperson Membership Committee

**Mr. Anurag Singh**

Hamidia Hospital, Bhopal  
Contact: 09755478696

#### Chairperson Economic Welfare Committee

**Prof. Rama Taneja**

Principal KBT College of Nursing, Bhopal  
Contact: 09826973734

#### Representative LHV/ANMs

**Mrs. Shashi Bajpai**

Nursing Incharge  
District Hospital, Narsinghpur  
Contact: 09425168735

MPTNAI / OFF / 042 / 2024

25-04-2023

#### MESSAGE

#### STRENGTH-BASED NURSING CARE: NIGHTINGALE'S INSIGHTS

Strength-Based Nursing care is inspired by writing of Florence Nightingale. In 1860, Florence Nightingale published "**Notes on Nursing**": **What It is and what it is not** in which she laid out her vision of the nurse's roles. She recognized that nurses could empower patients to contribute for their own healing and early recovery by creating interpersonal relationship and involvement in care. Nightingale vision was bold. We are in beginning of accumulating scientific evidence that validates many of Nightingale's insights. Strength-Based Nursing (SBN) is one of the Nightingale insights.

SBN is based on the belief that relationship are the key to healthy functioning and healing. SBN incorporates Nightingale's teaching to honor personhood, the rights of patients and to respect their value and belief. SBN goes beyond creating environment and experience that better enable patients and their families to take control over their lives and health care decisions.

SBN is an advance form of patient as well as family centered care. It is a philosophy and value-driven approach to guide care givers towards empowering patients and relatives. SBN approach has the potential to become important impectus of change in nursing and will lead to innate holistic health care. SBN also charge nurses with responsibility of helping individuals find their own strength to deal with everyday challenges and adversities.

Indian nurses require to take initiative for using SBN approach of care in their health settings. I hope e-souvenir 2024 with its title "**Strength-Based-Nursing**": **A comprehensive approach to nursing care**" will surely guide you to utilize SBN approach nursing care in your health-care-settings.

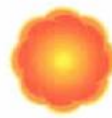
With best wishes



**Prof. Dr. Sunita Lawrence**

Ex-officio

Trained Nurses Association India,  
MP Branch



**KVM TRUST**

K Velayudhan  
Memorial  
Trust



**KVM** College of  
Nursing



## MESSAGE

I am indeed happy to know that Chirayu College of nursing is releasing their 8<sup>th</sup> e-souvenir in 2024 with the theme “Strength – based Nursing: A Comprehensive approach to nursing care”. Nurses today must be prepared to adapt to the continual changes occurring in the health care scenario as they play a vital role in the delivery of multidisciplinary health care services, not only in India but across the world. I congratulate Principal and all the members of the editorial committee for their effort which made into a great success.

With Warm Regards



Prof. Mareen Asha M S

Principal

KVM CON

Alappuzha, Kerala



Prof. Mrs. MAREEN ASHA M.S.  
PRINCIPAL  
KVM COLLEGE OF NURSING  
CHERTHALA

**DR. JIBIN S BABU**

**SENATE MEMBER**

**KERALA UNIVERSITY OF HEALTH SCIENCES**

**THRISSUR, KERALA -680697**



## Message

I am very much delighted to know that Chirayu College of Nursing is publishing their 08<sup>th</sup> souvenir in 2024 with a theme “Strength -based Nursing: A comprehensive approach to nursing care”.

Strength -based Nursing enhances interdisciplinary practice by recognizing nursing specific expertise and it enables nurses to have a greater control over their practice by having autonomous role. Strength -based Nursing will inevitably lead to a more cost effective and efficient system because it makes better use of the knowledge and skills of its health care professionals.

I deem it my privilege to send my good wishes for the Principal, editorial board members, faculty members and students of Chirayu College of Nursing whose significant creative contributions generate a place in the form of mile stones of the institution.

Congratulations!



Prof. Dr. Jibin S Babu

Senate Member, Kerala University of Health Sciences

Vice Principal, Maria Theresa College of Nursing, Kerala



## MESSAGE

**"The future belongs to those who learn more skills and combine them in creative ways." Robert Creene**

I know, you all want to learn. In fact, we all want to learn and grow. Updating ourselves with new ideas and combining it with expert's knowledge and experience is the best way to bring changes. They always say time changes things, but you actually have to change them yourself.


I know It is very challenging as well as exciting experience to the organizers and editor of the souvenir for publishing eight e-souvenir-2024 entitled with the theme "strength based Nursing: comprehensive Approach to Nursing Care" on the occasion of institution's national level conference "Idiosyncrasies of Learning, ethical standards of students and accomplished aspects of teaching faculty in Nursing.

The e-souvenir is contains research abstracts, nursing articles, riddles, puzzles and also article for non teaching staff. I congratulate to the team for their creative ideas to make this e-souvenir interesting for all type of readers. The theme chosen for the e- souvenir i.e. "Strength Based nursing: Comprehensive Approach to Nursing Care is quite interesting. Published research abstracts and nursing articles in e-souvenir will strengthen the cognitive domain of readers. Puzzles based on Nursing will definitely enhance the analytical skills. Some topics like mobile addiction, Artificial intelligence, water sanitation will provoke the thought of readers. Overall the e-souvenir is justifying its theme by its selected topics. It is great achievement of the editors and I congratulate them.

I believe following pages of Souvenir present a stark and vivid portrayal of different aspect of nursing care. Each one of article written by authors represents the mirror of ideas and reflection of myriad knowledge, emotions and experiences.

Hope the e-Souvenir brings some changes in nursing profession.

Happy Reading!!!! And Congratulations to team of Chirayu College of Nursing Bhopal.!!!!!!!

  
Mrs. Sapna Thakur  
Associate Professor  
Govt. College of Nursing  
Durg (C.G.)  
Government College of Nursing Durg



# CHIRAYU COLLEGE OF NURSING

A Unit of Chirayu Charitable Foundation

Chirayu College of Nursing

Recognized by Indian Nursing Council, New Delhi and State Nursing Council & Affiliated to Barkatullah University, Bhopal and MPMSU, Jabalpur

Ref. No. 812 /CCON/PO/ 2024

Date: 20/04/2024



## Message from Principal

Chirayu college of Nursing is rising up with the release of eighth souvenir. The theme is "Strengths-based Nursing: A comprehensive approach to nursing care". It articulates that Strengths-Based Nursing recognizes the urgent need for a more of comprehensive approach to care. It focuses on understanding a patient's deficits and problems within the broader context of the unique strengths that everyone possesses – and these include the strengths of those nearest and dearest to the patient. The strengths-based approach is about recognizing, mobilizing, capitalizing on and developing a person's strengths to promote health and facilitate healing. It is a means of empowering not only patients and their families, but also clinicians, practitioners, leaders, and managers. Strengths-Based Nursing is a unique, value-driven approach that guides leaders and managers in creating equitable and culturally-safe workplace and environments that honor, develop, mobilize, and capitalize on the strengths of individuals and their teams. It restores the centrality of relational care, creates opportunities for empowerment and taps into underutilized human capacities for meeting illness challenges.

Health is about wholeness whereas healing is about restoring wholeness. Health involves developing the strengths required for rallying, growing, and thriving. Healing is about repairing and renewing to optimize functioning and achieve wholeness. It encompasses uniqueness; holism and embodiment; subjective reality and created meaning; self determination; person-environment; learning, readiness and timing; and collaborative partnership. Strengths-Based Care is an important and timely contribution to relational nursing education and practice

The opportunity was dispensed to all students and faculty of our college. It was well utilized by them and their exploration of their own potentials by navigation their research skills, and narrative articles, puzzles and cross words and showcased it elegantly.

My deep sense of gratitude is expressed to all the faculty members and students who have contributed profoundly to this souvenir.

My best wishes to all and I am delighted to convey that many more mile stones are to be laid down in our long journey!

*[Signature]*  
20/04/2024

Principal

Prof. Dr. Pramika R.

Principal

Chirayu College of Nursing

Chirayu Medical College & Hospital Campus

Bhopal-Indore Highway, Near Bairagarh

Bhopal (M.P.) 462030

## CHIRAYU COLLEGE OF NURSING

CHIRAYU MEDICAL COLLEGE & HOSPITAL CAMPUS

Bhopal & Indore Highway, Near Bairagarh, Bhopal (M.P.) 462 030 Mobile No.: 8889580002

E-mail : principalchirayu@gmail.com, Web-site: www.cncbhopal.com



### **Message from the Editor-in-Chief**

An editorial team was formed on January 16, 2024. The theme of this eighth souvenir is “Strengths-based Nursing: A comprehensive approach to nursing care”. The decision of releasing e-souvenir was invariably accepted for the reason that 10,000 plus readers have viewed last year’s souvenir and we had a good number of downloads as well. The theme strengths based nursing is rooted in principles of person and/family centered care, empowerment, relational care, and innate health and healing. Within a short span of time we had to complete the souvenir and it was coupled along with the National level conference. It became a huge challenge for us. We marched forward with the inspiration of the words of Buddha ‘Do not let the day pass in vain – accomplish something, great or small’.

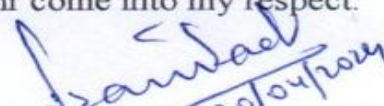
My faculty members and students have bestowed their raised knowledge in the form of articles. This has led to marvelous shape of e-Souvenir.

My indebtedness is expressed to each one of the Editorial team members who were co-operative, combined, genuine and liable. Their resilience, accountability, genuine nature during editing requires profound recognition, appreciation and encouragement. Their team work and hard work could be evidenced in the shape of the e-souvenir.

My gratitude is expressed enormously, massively and gigantically to Dr. Ajay Goenka M.D., our Chief Patron, President of Chirayu Charitable Foundation, for his invariable support and motivation in every event of our college of Nursing. We received the same warmth for this event as well. Thank you, Sir.

A bouquet of thanks to the photographers who helped us to add beauty to this e-Souvenir and for timely assistance.

All the members who have directly or indirectly contributed to this e-Souvenir come into my respect.

  
**Prof. Dr. Pramila R**  
**Editor-in- Chief**  
**Prof Dr. Pramila R.**  
**Principal**  
**Chirayu College of Nursing**  
**Chirayu Medical College & Hospital Campus**  
**Bhopal-Indore Highway, Near Balrargarh**  
**Bhopal (M.P.) 462030**

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## Hand hygiene compliance, practice and knowledge among healthcare workers in selected organizations

**Prof. Dr. Pramila R, Principal,** Chirayu College of Nursing, Chirayu University, Bhopal.



### Introduction:

Hand hygiene is the compliance of cleansing hands with soap and water or with antiseptic hand rubs to remove transient microorganisms from hands and maintain the condition of the skin <sup>1</sup>. It is one of the most important health issues in the world and could be a single efficient and sensible life to reduce the incidence of health related infections and thereby reveal antimicrobial resistance in all settings, from advanced health care systems to primary health care <sup>2</sup>.

### Objectives:

The objectives of the study were:

- i) to assess the knowledge, practice and compliance score on hand hygiene among health care workers,
- ii) to correlate between knowledge, practice and compliance scores on hand hygiene among health care workers
- iii) to associate the level of knowledge, practice and compliance on hand hygiene with selected demographic variables.

### Methodology:

A quantitative approach and descriptive design were used in this study. Permission for the study was obtained from the institutional research advisory committee. The population of the study consists of all health care workers working in health care organizations. Permission letters were sent to about 50 hospitals and nursing colleges across India, out of which, 32 colleges consented to participate in this study. The sampling technique utilized for this study was purposive sampling method. The sample size was calculated with power analysis to get a power of 0.90 and it was 432. A Google Form was prepared and shared. The total number of participants who completed the Google forms was 500. The tool consists of two sections. Section A contains demographic variables and section B encompasses the hand hygiene compliance, hand hygiene practice and knowledge of hand hygiene. The tool consists of a total of 64 items with yes or no response. The tool was developed from the investigator and got it validated from experts. The reliability of the tool was checked and it was 0.89. The duration of data collection was about six months.

**Results:** The results of the study revealed that 95% had hand hygiene compliance; 51.7% had hand hygiene practice and 53.8% had knowledge on hand hygiene. The correlation demonstrated that knowledge and compliance had significant correlation at  $P < 0.000$ ; no significant correlation found between practice and knowledge; and compliance and practice as well.

### Conclusion:

The study findings reveal that adequate facilities were available in their organizational set up to practice hand hygiene but it was practiced less than moderate amount of the population and lacked knowledge as well. The findings reflect that several reinforcements are required to all health care providers and vigilant supervision is essential to make sure that this basic requirement should be made as a routine in day to day activities.

### References:

1. Pittet D. Improving adherence to hand hygiene practice: a multidisciplinary approach. *Emerg Infect Dis.* 2001;7(2):234.
2. Mathur P. Hand hygiene: back to the basics of infection control. *Indian J Med Res.* 2011;134(5):611.

## A comparative study to assess the effectiveness of betadine sitz bath versus neem extract sitz bath on episiotomy wound healing among primi postnatal mother in MTH Hospital, Indore, (M.P.)

Mrs. Anjita Ojha, Assistant Professor, Chirayu College of Nursing, Bhopal.



**Introduction:** Postpartum period is a period when the mother experiences intense physical and emotional stress due to exhaustion, anxiety and excitement, each mother has to adjust to physical changes in her own body due to involution and lactation as well as cope up with new demands in her time and emotions made by the newborn baby. Postpartum period is distinct into three phases. The third phase is the postpartum period which can last up to 6 weeks. Some changes to the genitourinary system are much longer in resolving and some may never fully revert to the prepregnant state.

**Statement of the problem:** A comparative study to assess the effectiveness of betadine sitz bath versus neem extract sitz bath on episiotomy wound healing among primi postnatal mothers in MTH hospital at Indore (M.P.).

### Objectives:

- 1.To assess the pre test level of wound healing scores among primi postnatal mothers in experimental group I (Betadine sitz bath)
- 2.To assess the pre test level of wound healing scores among primi postnatal mothers in experimental group II (Neem extract sitz bath).
- 3.To assess the post test level of wound healing scores among primi postnatal mothers in experimental group I (Betadine sitz bath)
- 4.To assess the post test level of wound healing scores among primi postnatal mothers in experimental group II (Neem extract sitz bath).
- 5.To compare the effectiveness of post test level wound healing scores among postnatal mothers between experimental group I (Betadine sitz bath) & group II (Neem extract sitz bath).
- 6.To find out the association between the post test level of episiotomy wound healing scores with their selected demographic variables in experimental group I (betadine sitz bath).
- 7.To find out the association between the post test level of episiotomy wound healing scores with their selected demographic variables in experimental group II (neem extract sitz bath).

### Hypothesis:

**H01:** There is no significant difference between the pretest and post test score on episiotomy wound healing among primi postnatal mothers in experiment group I betadine sitz.

**H1:** There is a significant difference between the mean pretest and post score on episiotomy wound healing among primi postnatal mothers in experimental group I (betadine sitz bath).

**H02:** There is no significant difference between the pretest and post test score on episiotomy wound healing among primi postnatal mothers in experiment group II (neem extract sitz bath).

**H2:** There is a significant difference between the mean pretest and post score on episiotomy wound healing among primi postnatal mothers in experimental group II (neem extract sitz bath).

**H3:** There is a significant difference between the mean pretest and posttest score on episiotomy wound healing among primi postnatal mothers in experimental group II (neem extract sitz bath).

**H4:** There is a significant difference between the mean post test scores on episiotomy wound healing among primi postnatal mothers between experimental group I and experimental group II.

**H5:** There will be a significant association between the mean post test score on episiotomy wound healing among primi postnatal mothers with their selected demographic variables in experimental group I (betadine sitz bath)

**H6:** There will be a significant association between mean post test score on episiotomy wound healing among primi postnatal mothers with their selected demographic variables in experimental group II (neem extract sitz bath).

**Research Design:** Quasi-experimental design, two group pre-test, post-test only design.

**Setting:** MTH Hospital Indore.

**Accessible Population:** 40 Primi Postnatal Mother Normal Vaginal Delivery with Episiotomy.

**Sample and sampling technique:** Random Sampling, the sample was selected based on the following inclusion and exclusion criteria.

**Research approach :-** Quantitative Research Approach.

**OPERATIONAL DEFINITIONS:**

**Comparative study:-**It refers to the statistical comparison of episiotomy wound healing between two groups.

**Effectiveness:** Effectiveness means producing an intended result. In this study it refers to the significant difference brought between the betadine sitz bath and neem extract sitz bath and it is measured in terms of wound healing process by using statistical measurements and its scores .

**Episiotomy:** Episiotomy is defined as surgical enlargement of the vulval orifice for obstetrical purposes during parturition. In this study episiotomy refers to a surgical incision made on the perineum to facilitate the birth of the baby and it is measured by REEDA scale and its scores.

**Postnatal mothers:** Postnatal mothers belong to the period of beginning immediately after the birth of a child and extending for about six weeks. In this study, it refers to primi mothers who have undergone normal vaginal delivery with episiotomy after a period of six hours to 5 days.

**Wound healing:** Restoration of integrity to injured tissue by replacement of dead tissue with viable tissue. In this study it refers to absence of symptoms such as redness edema, ecchymosis, discharge, approximation as measured by REEDA scale and its scores .

**Neem extract:** In this study it refers to a solution in which 30gms (30 ml) of neem paste juice is added in 10 litre of water then the boiled solution is filtered and called as Neem Extract.

**Betadine solution:** It is the pharmacologically available 30% povidone - iodine topical antiseptic solution 30gms( 30 ml) added in 10 litres of water.

**Assumptions:**

- Improper care of episiotomy may lead to infection.
- Primi Postnatal mothers with episiotomy may prone to develop complications.
- Nurses have an important role in reducing episiotomy pain and promotion of wound healing.

**Delimitations:**

- The study is delimited to 40 samples.
- Four weeks of data collection.
- The mother who are willing to participate.

**Data collection procedure:**

The main study was conducted at MTH hospital Indore for a period of four weeks. 1.The investigator obtained written permission from the hospital medical officer and nursing superintendent. 2.Oral permission was obtained from each participant prior to the study. 3.The purpose of the study was explained to the subjects prior to the study.4.The main study was conducted with 40 samples, and the samples were divided into two groups (I betadine sitz &II ). Among that 20 samples were experimental group I betadine sitz bath and other 20 samples were experimental group II , neem extract sitz bath and who met the inclusion criteria were selected by purposive sampling technique. The experimental Group I betadine sitz bath from the postnatal ward I, and the experimental group II neem extract sitz bath from their postnatal ward II. In this study 2 samples were selected per day through the researchers. The first two weeks the experimental group I betadine sitz bath was selected from the postnatal ward I and demographic variables were collected on the basis of inclusion criteria and pretest was conducted on the first day morning, the wound healing was assessed by REEDA scale. Then the intervention of betadine sitz bath was given for 10-15 minutes, twice a day daily (Morning & Evening) for six days to experimental group I betadine sitz bath . Then the post test was done with the same scale on 3rd day evening in postnatal ward I. Next two weeks of period, the experimental group II neem extract sitz bath was selected from the postnatal ward II and demographic variables were collected on the basis of inclusion criteria and pretest was done on the first day morning, the wound healing was assessed by REEDA scale. Then the intervention of neem extract sitz bath was given for 10-15 minutes, twice a day daily (morning & evening) for six days to experimental group II neem extract sitz bath. Then the post test level of wound healing was assessed with the same scale. The data were analyzed and tabulated using descriptive and inferential statistics.

**Major findings of the study:****Distribution of demographic characteristics of the primi postnatal Mother's in experimental group.**

Among 40 postnatal mothers with episiotomy wound incision, most of the mothers 20 (67%) under the age group 15-25 years in group I and 20(67%) were under the age group of 15-25 years in group II.

With regard to educational status, 10 (33%) of the postnatal mothers having higher secondary education in group I and 8(27%) were high school education in group II.

Majority of the postnatal mothers were housewives 21(70%) in group I and 17 (56%) in group II.

In group I, the 22 (73%) the postnatal mothers were having the family income of Rs.3000 and below and group II , the 21 (70%) were having the family income of Rs. 3000 and below .

Regarding gravida 100% of the postnatal mothers were primi gravid woman in group I and group II.

100% (40) of postnatal mother had normal vaginal delivery.

100% (40) of postnatal mothers used absorbable suture materials.

Regarding Religion majority 20 (67%) postnatal mothers belongs to Hindu religion in group I and 22(73%) were in group II.

Regarding type of family the majority 16(53%) of the postnatal mothers belongs to joint family in group I and the majority 16(53%) of the postnatal mothers were from Nuclear family in group II.

In experimental group I the post test level of wound healing mean score, 0.56(SD±0.670) is lower than the pre test mean scoring 9.3(SD±1.104). The paired' value for experimental group I was 38.870 (table value= 2.060) is significant at  $P < 0.05$  level. In experimental group II, the post test mean score 0.23(SD±0.424) which is lower than the pre test mean score 9.2(SD±0.959). The paired' value for experimental group II was 53.926 (table value= 2.060) which is significant at  $P < 0.05$  level.

Independent "t" value was 2.537 (table value=2.001) which is significant at  $P < 0.05$  level. It indicates that there is a significant difference between the post test level of wound healing between experimental group I & II.

No significant association was found between post test level of wound healing in relation to age, income, gravida, mode of delivery, religion, type of family ( $P < 0.05$ ) in experimental group I & II.

The study revealed that Neem extract sitz bath was highly effective in improvement of episiotomy wound healing among primi post natal mothers.

### Conclusion:

The present study was done to assess the effectiveness of Betadine sitz bath and Neem Extract sitzbath among primi.

### References:

1. Dutta. D.C.,(2015). "Textbook of Obstetrics", (8<sup>th</sup>ed). Calcutta: New central book agency. Pp 568-571
2. Jacob Annamma,(2005). "A Comprehensive Text Book of Midwifery", (6<sup>st</sup> ed.). New Delhi: Jaypee brothers. Pp 516.
3. Pillitteri adele .(2003). "Maternal and child health Nursing", (8<sup>th</sup> ed.). Philadelphia: Lippincott Williams & Wilkims. Pp 512-514.
4. Polit. D.F.,(2008). "Introduction to Nursing Research", (8<sup>th</sup> ed.). Philadelphia: Lippincott Publications. Pp 344-345, 592.
5. Polit, and Hungler.,(1999). "Nursing research", (6<sup>th</sup> ed.). Philadelphia: Lippincott. Pp 308,343,472.
6. Mahajan B.K.(2005). "Methods of Biostatistics", (6<sup>th</sup> ed.). New Delhi: Jaypee Brothers Medical Publishers. Pp 128.
7. Calvert . Et al (2000), Review minimizing postpartum parvia of research pertaining to perineal care in child bearing women. Journal of advanced nursing ,32 (2) 407
8. Dhanalakshmi.J.(2010). "Best Remedial Measure for episiotomy", Nightingale Nursing times, 12(5). Pp 12-16.
9. Venkadalakshmi.(2010) "effect of neem leaf extract ", The Nursing Journal Of India., 86.(4),7-12.
10. [www.therapy/health pages.org](http://www.therapy/health pages.org)
11. [www.research/reports](http://www.research/reports)
12. [www.baby centre india.com/au/massage.html](http://www.baby centre india.com/au/massage.html)
13. [www.tcumn.edn](http://www.tcumn.edn)
14. [www.wikipedia org/wiki/neem leafs.com](http://www.wikipedia org/wiki/neem leafs.com)
15. [www.bookself.com](http://www.bookself.com)
16. [www.episiotomy.guide](http://www.episiotomy.guide)
17. [www.research report.com](http://www.research report.com)

## A study of assess effectiveness of self instruction module (SIM) on knowledge regarding side effects of chemotherapy among b.sc nursing 3<sup>rd</sup> year student's in selected nursing college of Bhopal (M.P.)

**Mr. Shantilal Mewada, Assistant Professor, Chirayu College of Nursing, Bhopal**



### Introduction:

The word cancer is derived from the Latin word “crab”, probably because of the way a cancer adheres to any part that it seizes upon in an obstinate manner like the crab. It is a popular, generic term because the actual medical term for cancer is “neoplasia” which, from the Greek, means new formation. Cancer cells are described as malignant neoplasm and are classified and named by tissue of origin. The failure of the immune system to promptly destroy abnormal cells permits these cells to grow too large to be managed by normal immune mechanisms. Certain categories of agents or factors implicated in carcinogenesis (malignant transformation) include viruses, physical agents, chemical agents, genetic or familial factors, dietary factors, and hormonal agents.

The side effects from cancer chemotherapy depend on the type of drug, dosage, frequency and its duration of administration. According to American Cancer Society the most common side effects include nausea, vomiting, hair loss, fatigue, increased chance of bruising and bleeding, anemia and infection. However today most of the side effects are associated with chemotherapy can be prevented or minimized. Cancer can have a serious impact one patient well-being and quality of life the international literature reports a higher existence of psychosocial problems among oncologic clients primarily problems associated with difficulties in the family, duties in the household, work and leisure, sexuality and finances and emotional distress. A considerable proportion of oncology patients experience significant levels of distress. This distressed patients also have unmet needs of psychosocial support.

### Objective of the study:

- To assess knowledge score of B.Sc. nursing 3<sup>rd</sup> students regarding side effects of chemotherapy.
- To assess effectiveness self instruction module (SIM) of B.Sc. nursing 3<sup>rd</sup> students regarding side effects of chemotherapy.
- To find out association between pre-test knowledge score with selected demographic variables.

### Need of the study:

Cancer has become a leading cause of mortality around the world. It is usually considered to be a non-curable disease and has a high mortality rate. Chemotherapy treatment for cancer can have a profound impact on appearance, and is often experienced as distressing. Few qualitative studies explore experiences of chemotherapy, and seldom focus on the process of anticipation and preparation for an altered appearance. We report findings from an interview study of 19 nurses which explored their expectations of chemotherapy-induced their anticipated reactions intend to prepare for an altered appearance. The results demonstrate that nurse are active in anticipating effects and adopt a range of different.

According to Global Cancer factsheet, an estimated 12.7 million new cancer cases occurred and 7.6 million deaths (around 13% of all deaths) in 2008. Lung, female breast, colorectal and stomach cancers accounted for 40% of all cases diagnosed worldwide. In men, lung cancer was the most common cancer (16.5% of all new cases in men). Breast cancer was by far the most common cancer diagnosed in women (23% of all new cases in women).

### Methodology:

The setting is selected at Batra nursing college Bhopal. The sample size was 40 nursing students. The tool consists of section first demographic proforma consisting of 4 item, section 2 Questionnaire consisting of 30 items. The content validity was stabilized by subjecting the tool to experts in this field. The final data was collected 16 October 2019.

### Result:

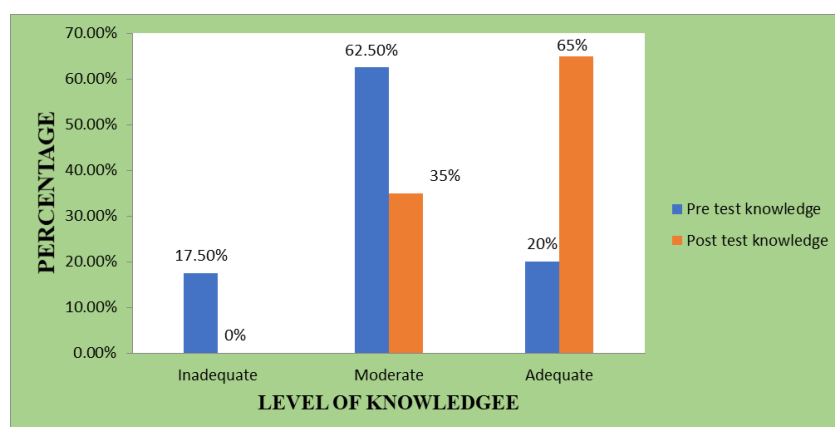
The knowledge score test, indicates that 14 (35%) had moderate adequate knowledge and 26 (35%) had inadequate knowledge and 0 (0%) had adequate knowledge score after administration of structured teaching programmed regarding legal and ethical aspects related to obstetrics nursing among nursing students.

The result revealed that mean value of knowledge scores in pre-test is the  $M = 19.3$ ,  $SD = 6.31$  and knowledge scores in post-test is  $M = 27.22$ ,  $SD = 4.24$ . Chi-square test revealed.

**Table: frequency and percentage distribution of Comparison between pre and post test knowledge score**

Score	Grading	Pre-test		Post-test	
		Frequency	Percentage	Frequency	Percentage
0-12	Inadequate	7	17.5%	0	0%
13-24	Moderate	25	62.5%	14	35%
25-30	Adequate	8	20%	26	65%

The table shows pre test knowledge score (25) 62.5% B.Sc. nursing 3<sup>rd</sup> year students had moderate knowledge, (8) 20% had adequate knowledge and (7) 17.5% had inadequate knowledge. The mean value in the pre test knowledge score of the B.Sc. nursing 3<sup>rd</sup> year students was 19.3 and the score is (26) 65% students had adequate knowledge, (14) 35% students had moderate knowledge. The mean value in the post test knowledge score of the B.Sc. nursing 3<sup>rd</sup> year students was 27.22 and the standard deviation was 4.24.



**Figure: bar diagram showing percentage distribution of students according to their pre and post-test knowledge of the side effects of chemotherapy.**

### Conclusion:

Study was very effective in increasing the knowledge regarding side effects of chemotherapy among B.Sc. nursing 3<sup>rd</sup> year students. Findings of this study in relation to other earlier conducted studies also showed that the nursing students have poor knowledge regarding side effects of chemotherapy among B.Sc. nursing 3<sup>rd</sup> year students.

### References:

1. T. Robert and Nila K. M., "A Cross Sectional Study to Assess the Quality of Life of Patients Undergone Surgery for Head and Neck Cancer", Pondicherry Journal of Nursing, vol. 9, no. 1, 2016.
2. Basavanthappa, BT. (2007). Nursing Research. New Delhi. Jaypee Brother Medial Publishers (P) Ltd.
3. Black. J. M. & Hawks, J.H. (2005). Medical Surgical Nursing. 10<sup>th</sup> edition. Philadelphia: WB Saunders Publication.
4. Brounchud, H. Migual, et al. (2008). Principles of Oncology. United States of America. Human Press Publication.
5. Brunner and Suddarth, (2003). Handbook for Textbook of Medical Surgical Nursing, 11<sup>th</sup> Edition, Wolters Kluwer (India) Pvt. Ltd New Delhi.
6. Brunner & Siddhartha. (2003). Textbook of Medical Surgical Nursing. 10<sup>th</sup> edition. Philadelphia: JB Lippineott Publications.
7. Burke, L. (2000). Medical Surgical Nursing. 1<sup>st</sup> edition. Tokyo: WP Saunders Company.
8. Burns, Nancy. And Grove, K. Susan. (2008). Understanding Nursing Research. Fourth edition. Elsevier Publication. Noida.
9. Charistine, et al. (1999). Oncology Nursing Assessment and Clinical Care, First Edition, Mosby Publication.
10. David, J. Kerr. (2016). Oxford Textbook of Oncology. Canada. Oxford University Press.

## The prevalence of malnutrition among under five children and its relationship with mother knowledge and practices

Ms. Anjupriya, Assistant Professor, Chirayu College of Nursing, Bhopal.



**Introduction:** Malnutrition refers to deficiencies and excesses or imbalances of nutrition in under five children . Not enough nutrients is called under nutrition while too much is called over nutrition .

The term severe malnutrition is often used to refer specifically to protein energy malnutrition a lack of breastfeeding may contribute as may a number of infectious diseases such as gastro forms: marasmus and kwashiorkor.

Knowledge of mothers has an important role in the maintenance of nutrition status of the children. Adequate knowledge regarding various aspects of feeding practise during pregnancy and during infancy is very essential. The knowledge of child nutrition and caring practices can be expected to have significant bearing on their children nutrition status.

**Need for the study:** There were 40 million undernourished people in the world in 2015. This is a reaching of 821million people in 2017 protein energy malnutrition was estimated to have resulted In 151 million stunted in 2017 and 51 million suffered from wasting.

According to the World health organisation(2017)The child deaths related to under nutrition in 2011 is 3.1 million annually or 45%. The prevalence of stunting is higher in South Asian region. Globally in 2011, 165 million children are affected by stunting and 52 million children by wasting (Black, et al.,

2013). The UN estimates using WHO Child Growth Standards in 2011 revealed that 100 million or 16% of children under-five years of age were underweight. The prevalence of underweight in South Central Asia is 30%, whereas, in Western Africa it is 22% (Black, et al., 2013).

**Problem Statement:** A study to assess the prevalence of malnutrition among under five children and its relationship with mother knowledge and practices in urban area”

### Objectives:

1. To assess the prevalence of malnutrition among under five children.
2. To assess the level of knowledge regarding malnutrition among mothers of under five years children
3. To assess relationship with mothers knowledge and practices among mother of under five years children
4. To associate the prevalence of malnutrition among under five years children with their socio-demographic variables.
5. To associate the level of knowledge of mothers of under five years children with their socio-demographic variables.

### Methodology

**Research Design:** Descriptive research design was adopted to conduct the study

**Setting of the study:** The study was conducted in Saraswathinagar; Nellore City in Andhra Pradesh state, India .The present Saraswathi Nagar population is 29,810 .In that 1400 mothers are with under five children.

### Population:

**Target population:** The target population includes all mothers with under five year children.

**Accessible Population:** mothers with under five-year children.

who are residing in saraswathinagar, Nellore district.

**Sample:** Sample of present study was done on under five children and their mothers in saraswathi Nagar, Nellore district.

**Sample Size:** A sample size of the study is 60 under five children and their mother who full fills inclusion criteria will be selected.

**Sampling technique:** Simple Random sampling technique used to select the samples by using lottery method.

### Criteria for sample selection:

#### INCLUSION CRITERIA:

- 1) The mothers who have under five years children
- 2) The mothers who are available at the time of data collection.
- 3) The mothers who speaks Telugu or English.

#### EXCLUSION CRITERIA:

The mother of under five children who are not willing to participate in the study.

**Description of the Tool consists of 3 parts****Section – I**

Part-1 Demographic variables of Mother of under five children.

**Section-II**

Part- 1 WHO scale to assess the Prevalence of Malnutrition.

Part-2 Structured questionnaire on Malnutrition to assess knowledge among mothers with under five children.

Part-3 Checklist to assess nutritional practices among mothers of under five

**Results and Discussion****1. Frequency and percentage distribution based on prevalence of malnutrition. (n=60)**

Prevalence	frequency	percentage
Normal	44	73.3
Mild (1 <sup>st</sup> degree)	1	1.7
Moderate (2 <sup>nd</sup> degree)	4	6.7
Severe (3 <sup>rd</sup> degree)	11	18.3
Total	60	100

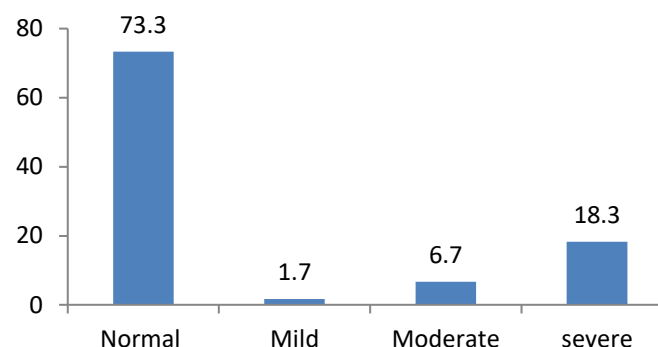


Table 1: shows that ,with regard to prevalence of malnutrition ,44(73.3%) children were in normal weight, 11(18.3%) children were severe ,4(6.7%)children were in moderate and 1(1.7%) children in mild.

**2. Frequency and percentage distribution based on level of mothers knowledge on malnutrition among under five years children**

Level of knowledge	Frequency	Percentage
A+	20	33.35%
A	4	6.7%
B+	4	6.7%
B	27	45%
C	4	6.7%
D	1	1.7%

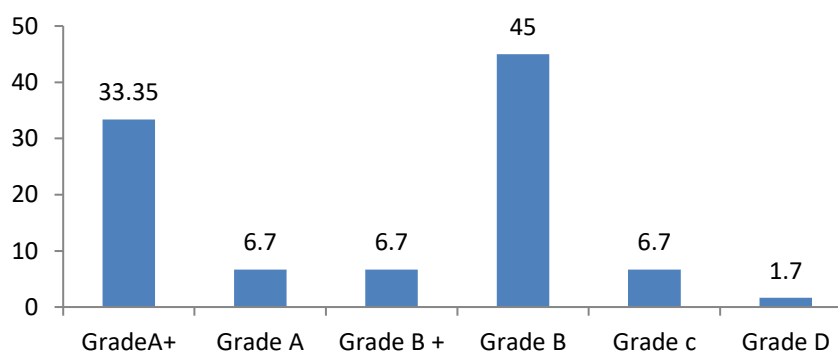
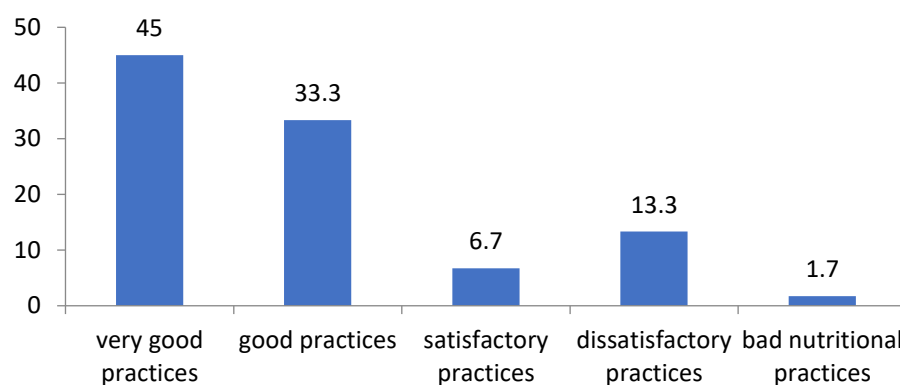


Table 2 Accounts that reference to level of knowledge ,27(45%) mothers were having C level of knowledge,24(40%) mothers were having B level of knowledge,4(6.7%)mothers were having A and A+ level of knowledge.

**3. Frequency and percentage distribution based on level mothers practices on number of servings per day regarding malnutrition of under five children.**

Nutritional practices	score	Percentage
Very good practices	27	45
Good practices	20	33.3
Satisfactory practices	4	6.7
Dissatisfactory practices	8	13.3
Bad nutritional practices	1	1.7
Total	60	100

**4. Correlation between the prevalence of malnutrition and mothers knowledge among underfive year children**

Prevalence	F	%	levelof knowledge	F	%	Karl pearsons correlation coefficient
Normal	44	73.3	Grade A+	20	33.3	0.64
Mild	1	1.7	Grade A	4	6.7	
Moderate	4	6.7	Grade B+	4	6.7	
Severe	11	1	Grade B	27	45	
			Grade C	4	6.7	
			Grade D	1	1.70	
			TOTAL	60	100	

**Recommendations:**

This chapter deals with brief summary of the research study and major findings with implications and recommendations. The study was used to assess the prevalence of malnutrition among under-five year Childrens at Nellore district. Subjects were selected by using convenience sampling technique. The samples were assessed by using observational checklist. A total of 60 under five year Childrens were selected. The informed consent was obtained. confidentiality of shared information. The duration of data collection was 4 weeks. The data was analysed by using the descriptive and inferential statistics and tabulated according the objectives.

**Conclusion:**

Study concludes that mothers knowledge and practices were positively correlated with prevalence of malnutrition among under-five children. Increase in mothers knowledge and practices through health education may contribute significant to child's nutritional status

**References:**

1. <https://en.wikipedia.org/wiki/Malnutrition>
2. The text book of community health nursing, authork. park, 22 edition, page no:594-597.
3. "The State of Food Insecurity in the World 2015". Food and Agricultural Organization of the United Nations. Retrieved December 27, 2015.
4. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4811376/> India Policy Forum. Author manuscript; available in PMC 2016 Mar 29, 2015 Aug 5; 11: 67–113. Published online 2015 Aug 17.
5. <http://wcd.nic.in/acts/rapid-survey-children-rsoc-2013-14>, Support to Training and Employment Programme for Women (STEP) Guidelines, 2016, Rapid Survey On Children (RSOC) 2013-14.
6. J ClinDiagn Res. 2016 Feb; 10(2): LC07–LC10. Published online 2016 Feb 1. doi: 10.7860/JCDR/2016/16755.7193
7. Sachin Singh Yadav,<sup>1</sup> ShwetaTomar Yadav.et.al, An Epidemiological Study of Malnutrition Among Under Five Children of Rural and Urban Haryana,<sup>2</sup>.
8. Edith, M., &Lakshmi Priya, L. (2016). Knowledge, attitude and practice (KAP) survey on dietary practices in prevention of malnutrition among mothers of under-five children. Manipal Journal of Nursing and Health Sciences, 2(2), 19-24.
9. <http://www.assocham.org/newsdetail.php?id=6657>.
10. Satyam prakash<sup>1</sup> and khushbu yadav<sup>2</sup> nutritional health & food engineering research article volume 6 issue 3- 2017.
11. Is India Shouldering a Double Burden of Malnutrition?
12. A.K. Ravishankar First Published October 23, 2012 Research Article <http://journals.sagepub.com/doi/10.1177/0972063412457513>.

## A study to assess the knowledge regarding alcoholism among auto drivers in a selected area of Rewa city with a view to develop information booklet

Ms. Virendra Kumar Verma , Assistant Professor, Chirayu College of Nursing, Bhopal.



### Introduction:

Alcoholism, also known as alcohol dependence syndrome, is a broad term for drinking of alcohol those results in problem. Consistent use of alcohol can affect all parts of the body but it mainly affects the liver, pancreas, heart, brain, and immune system. This may result in an irregular heartbeat, liver failure, mental illness, Wernicke Korsakoff syndrome, and increases the risks for cancer, among other diseases. India is a dominant producer of alcohol in South East Asia with 65% of total share and contributes to around 7% of the total alcohol beverage imports into the region. Around 15 to 20% of Indians consume alcohol and over the past 20 years, the number of drinkers has increased considerably. According to a survey done by the Hindustan Times an estimated 5% of Indians can be classified as alcoholics which projects that at least 5 million people in India are Addicted to alcohol. Many terms, some insulting and others informal, have been used to refer to people affected by alcoholism including: tippler, drunkard, dipsomaniac, and souse. In 1979, the World Health Organization discouraged the use of "alcoholism" due to its inexact meaning, preferring "alcohol dependence syndrome".

### Review of literature:

A survey was done on 11517 men and women aged 19 years and older from 3 districts in M. P. also found significant difference in drinking pattern and attitude among specific castes and ethnic groups. They reported that men from certain land and cattle owning caste groups had a culture of alcohol consumption and a reputation for entertaining guests. Drinking was reportedly generally done at home by members of these caste groups.

A descriptive study was conducted to identify the influence of person, social group and environmental factors on the uptake of binge drinking among a national sample of auto drivers. The findings revealed that auto drivers who reported that they were exposed to wet environments were more likely to engage in binge drinking than were their peers without similar exposures. Wet environments included social, residential and market surroundings in which drinking is prevalent and alcohol cheap and easily accessed. Students who picked up binge drinking in college also were more likely than their peers to report inflated definitions of binge drinking and more permissive attitude about appropriate age for legal consumptions.

A descriptive study was conducted to assess the knowledge and attitude towards the effect of alcohol among the students with a view to develop an information guide sheet prevention on alcoholism. The findings of the study revealed that the respondent knowledge about alcohol is inadequate (33.2% although the respondent's overall attitude towards effect of alcohol is found to be favorable (77.7%).

### Objectives of the study:

- To assess the knowledge regarding alcoholism among auto drivers.
- To determine the association between pre-test knowledge score with the selected demographic variables.

### Methodology:

**Research Approach and Research Design:** Descriptive research approach and non-experimental research design was used in this study.

**Population:** Auto drivers

**Sample:** Auto drivers driving auto near old bus stand Rewa

**Sample size:** 60

**Sampling technique:** Non-probability convenient sampling

### Hypothesis of the study:

H<sub>01</sub> - There will be no significant relationship between auto driver's knowledge with selected demographic variables.

H<sub>02</sub> - There will be significant relationship between auto driver's knowledge with selected demographic variables.

**VARIABLES OF THE STUDY**

**Dependent variables:** Knowledge of auto drivers

**DATA COLLECTION TOOLS AND TECHNIQUE**

S. No.	Tools	Purpose	Data Collection Technique
1.	Structured socio demographic questionnaire	To assess demographic variables of auto drivers	Paper and Pencil
2.	Structured knowledge questionnaire	To assess the knowledge of auto drivers	

**Reliability**

Tools	Method	Reliability
Structured knowledge questionnaire	Karl Pearson Correlation Coefficient	Paper and Pencil

**Content validity of the tool:**

The content validity of the tool was obtained by submitting the tools to nine (9) experts. All experts were agreed with statement except for few suggestions. Draft of the tool consisted of 30 items.

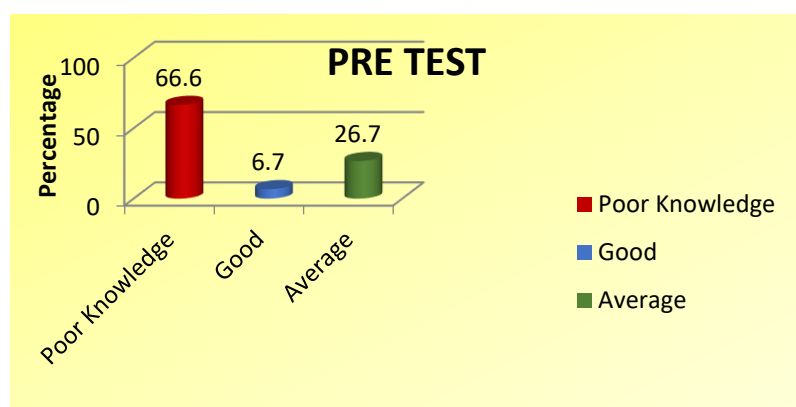
**Final Study:**

The final study was conducted in the Old Bus Stand Rewa. The data was collected from 01/08/2019 to 08/08/2019, a self-reporting data collection technique by using a paper and pencil method in order to obtain data.

**Frequency and Percentage Distribution of Selected Personal Variables of B.Sc. Nursing First Year**

Personal Variables	Categories	Frequency (f)	Percentage (%)
Age	20-30 years	15	25.0
	31-40 years	35	58.3
	41-50 years	6	10.0
	Above 50 years	4	6.7
Religion	Hindu	30	50.0
	Muslim	22	36.7
	Christian	0	0
	Any other	8	13.3
Type of family	Joint	33	55.0
	Nuclear	27	45.0
Education	Primary	17	28.3
	Middle	25	41.7
	Secondary	14	23.3
	Graduation	4	6.7
Monthly income	Up to 10,000	13	21.6
	10,001-20,000	27	45.0
	20,001-30,000	16	26.7
	Above 30,000	4	6.7
Area of residence	Urban	48	80.0
	Rural	12	20.0
Information Regarding Alcoholism is Obtained	Family members	24	40.0
	Friends	26	43.3
	Media	10	16.7
	Any other	0	0

### Pretest knowledge score of auto drivers regarding alcoholism



The assessment of the pre-test knowledge score of the auto drivers revealed that majority of the auto drivers 66.6% of auto drivers had poor knowledge, 26.7% of the auto drivers had average knowledge and 6.7% of auto drivers had good knowledge regarding alcoholism.

#### Discussion:

Similar study conducted on effectiveness of planned health teaching on ill effects of alcoholism among adolescents. It was found that planned health teaching was effective in increasing the knowledge among adolescents as the calculated 't' value was 20 and p value < 0.0001 being less than 0.05 level of significance respectively by **Dipali dumbre, et. al. (2019)**.

#### Conclusion:

From the findings of the study it is clear that the auto drivers had a poor knowledge regarding alcoholism and also the study determined the association between knowledge score and demographic variables like religion and educational status. There is a need to educate the young adults regarding the ill effects of alcoholism, nurses have a pivotal role in health promotion and imparting knowledge regarding alcoholism and its ill effects both in hospital and community settings.

#### Limitations:

- A study was limited to a small sample size.
- Study was limited to the auto drivers of a selected area of Rewa, which imposes limit on generalizations.

#### Recommendations:

- A similar study can be carried out on a large sample size for better generalization of findings.
- A pre-test and post-test can be conducted to assess the effectiveness of a self-instructional module on alcoholism.
- An evaluative study can be conducted to investigate the effect of alcoholism on individuals.
- A comparative study can be conducted to assess the knowledge regarding alcoholism among the auto drivers from different discipline.
- A study can be conducted to assess the knowledge and attitude towards alcoholism.
- A comparative study can be done in other parts of the country to see the effects of cultural practices.
- A comparative study can be conducted among literate and illiterate youths in selected community.

#### References:

1. Borges, G., and Loera, C.R. Alcohol and drug use in suicidal behavior. *Current Opinion in Psychiatry*, 23(3): 195-204, 2010.
2. Casswell, S., and Thamarangsi, T. Reducing the harm from alcohol: Call to action. *Lancet* 373(9682):2247-2257, 2009.
3. Polit F. D, & Hunger. *Nursing research. Principles and methods*. 6<sup>th</sup> Edition. Philadelphia: Lippincott publications;2005.
4. Sharma Suresh. *Nursing Research and Statistics*, N.R. & St. Elsevier publication, New Delhi.2011.
5. Sreevani R. *A guide to mental health & psychiatric nursing*. New Delhi. Jaypee brother's medical publishers p (Ltd); 2004.

## A study to assess the effectiveness of structured teaching program on the knowledge regarding nursing care in preventing ventilator associated pneumonia in paediatric population among paediatric staff nurses in selected hospitals, Indore (M.P).

Ms. Priya Bane, Lecturer, Chirayu College of Nursing, Bhopal.



VAP is associated with additional complication for patient in the Intensive care units. Health care provider need to be aware of the risk for VAP in Infant and children. The present study aim to assess the effectiveness of Structured Teaching Programme on knowledge regarding nursing care prevention of VAP in paediatric population among paediatric staff nurses selected hospital of Indore (M.P.). Conceptual framework was based on General system theory of Luding Von Bertalanffy. The design for the study was pre-experimental one group pre test post test design. The sample was 30 paediatric staff nurse. The tool use structured knowledge questionnaire. The Findings show that pre-test 13,(43%) staff nurses who had obtained poor knowledge grade, while 17 (56.7%) of staff nurses had obtained fair knowledge grade, and only 30(100%) had obtained good knowledge grade. Post test finding shows that 30 (100%) of the staff nurses obtained good knowledge grade means. The mean knowledge score of staff nurses in pre-test was 9.43 and mean score of post test was 19.53. The effectiveness of structured teaching programme was found out by calculating the t -test on knowledge that come out to be 18.107 at the level of ( $p=0.000$ ). The study concluded that after structured teaching program the staff nurse have improved knowledge regarding nursing prevention of VAP in paediatric population.

This research topic presents the summary of the study to determine the effectiveness of structured teaching programme on knowledge regarding nursing care in preventing ventilator associated pneumonia in paediatric population among paediatric staff nurses in selected hospitals Indore (M.P.). The study was conducted at Medicare hospital, Easy care hospital and Life Line hospital, Indore M.P.

### Problem statement:

A study to assess the effectiveness of structured teaching program on the knowledge regarding nursing care in preventing ventilator associated pneumonia in paediatric population among paediatric staff nurses in selected hospitals, Indore (M.P).

### Objective:

1. To assess the pre test and post test knowledge scores of paediatric staff nurses regarding nursing care in preventing ventilator associated pneumonia among children on ventilator in selected hospital of Indore (M.P.)
2. To find out the association between pre-test knowledge score and selected demographics variables of paediatrics staff nurses regarding nursing care in preventing of ventilator associated pneumonia among children on ventilator in selected hospital of Indore (M.P.)
3. To find out the effectiveness of the structured teaching program on the knowledge of paediatric staff nurses regarding nursing care in preventing of ventilator associated pneumonia among children on ventilator in selected hospital of Indore (M.P.)

### Hypothesis:

H1 –There is a significant different between pre test and post test knowledge score of paediatric staff nurses regarding nursing care in preventing ventilator associated pneumonia among children on ventilator in selected hospital of Indore (M.P.)

H2-There is significant association between pre test knowledge score and selected demographic variables at the level of  $p<0.05$  in selected hospital of Indore (M.P.)

### Assumption:

- There may be some knowledge regarding nursing care in preventing V.A.P among paediatric staff nurses.
- There may be an increase in the knowledge level of paediatric staff nurses regarding nursing care in preventing V.A.P after the structured teaching programme.

**Delimitation of the study:**

The study is delimited to

1. 30 pediatric staff nurses of selected hospitals of Indore (M.P).
2. Duration of study is limited to 1 month.

**Methodology:**

A research study approach using one group pre test and post test design was adopted for the study. The population comprised of 30 paediatric staff nurses. The key variable was knowledge of paediatric staff nurses regarding prevention of ventilator associated pneumonia in paediatric population. A structured knowledge questionnaire schedule was developed by the investigator for data collection and experts validated it. The reliability of the tools was calculated by re-test method and it was found that the tool was reliable. ( $r=0.9$ )

A purposive sampling technique was used to select the sample. Main study was conducted from 05/02/2018 to 12/02/2018 in selected hospitals of Indore. Tools were administered among the paediatric staff nurses for the pre – test and then after followed by intervention through power point presentation and same tool was administered on seventh day for post test.

**Result:**

- The mean score for pre test level of knowledge among paediatric staff nurses was 9.43 with standard deviation of 3.01 and the mean score of post test level of knowledge was 19.53 with standard deviation of 0.94. The effectiveness of structured teaching programme was found out by calculating the t -test on knowledge that came out to be 18.107 at the level of ( $p=0.000$ ).
- There was no statistically significant association seen between the age, gender, qualification, years of experience, previous knowledge and previous experience to handling any VAP patient.

This above given values accept hypothesis RH1 and reject the hypothesis RH2 stated by the investigator.

The study result proved that the pre test knowledge was comparatively less than post test knowledge scores among paediatric staff nurses regarding nursing care in preventing ventilator associated pneumonia in paediatric population. The study provided enriching experience to investigator. It also made the investigator to realize that staff nurses lacked knowledge regarding nursing care in preventing ventilator associated pneumonia in paediatric population. The experience gained during the study will motivate the investigator to take further research studies.

**References:**

1. Blot S, Labeau S, vandijck D, Van Aken P, Class B (2007): Evidence based guidelines for the prevention of ventilator-associated pneumonia : result of a knowledge test among intensive care nurses. Intensive care med;33: 1463-1467.
2. Muhammal Haroon Hamid et al ( 2012) Original article, Journal of the college of physician and surgeons Pakistan ,Vol. 22 (3) page No. 155-158

## A study to assess the effectiveness of structured teaching program on knowledge regarding depression due to COVID-19 pandemic among college students at selected Pharmacy Institute, Bhopal [M.P.]

Ms. Bharti Rai, Lecturer, Chirayu College of Nursing, Bhopal.



### Introduction:

The COVID-19 outbreak is expected to trigger feelings of fear, worry, and stress, as responses to an extreme threat for the community and the individual. In addition, changes in social behavior, as well as in working conditions, daily habits and routine are expected to impose further stress, especially with the expectation of an upcoming economic crisis and possible unemployment.

The new coronavirus SARS-CoV-2 (COVID-19) pandemic is unprecedented in recent history, with global impacts including high rates of mortality and morbidity, and loss of income and sustained social isolation for billions of people. The effect this crisis will have on population mental health, both in the short- and long-term, is unknown. There is minimal evidence about the acute phase mental health impacts of large-scale epidemics across communities. Existing work has focused on those individuals most directly affected by disease (e.g., infected individuals and their families, healthcare workers and examined mental health impacts across broader communities only after the acute phase has passed.

### Need for study:

The aim of this study is to analyze the existing research works and findings in relation to the knowledge of prevalence of depression due to COVID -19 pandemic among students. The study will promote awareness about depression due to covid 19 pandemic prevalent in different groups including students and elevate their mental health by identification of preventive and coping strategies for depression caused due to Covid 19 pandemic.

A descriptive study was conducted to assess the psychological impact of COVID-19 lockdown in India. The study was performed through online survey conducted under the aegis of the Indian Psychiatry Society. Using the Survey Monkey platform, a survey link was circulated. The survey questionnaire included perceived stress scale, Patient Health Questionnaire-9, Generalized Anxiety Disorder-7, Warwick- Edinburgh Mental Well-being Scale to assess perceived stress, anxiety, depression, and mental well-being, respectively. The survey link was circulated starting from April 6, 2020 and was closed on April 24, 2020. During the survey, a total of 1871 responses were collected, of which 1685 (90.05%) responses were analyzed. About two-fifth (38.2%) had anxiety and 10.5% of the participants had depression. Overall, 40.5% of the participants had either anxiety or depression. Moderate level of stress was reported by about three-fourth (74.1%) of the participants and 71.7% reported poor well-being. The present survey suggests that more than two-fifths of the people are experiencing common mental disorders, due to lockdown and the prevailing COVID-19 pandemic. This finding suggests that there is a need for expanding mental health services to everyone in the society during this pandemic situation.

### Statement of the problem:

“A study to assess the effectiveness of structured teaching program on knowledge regarding depression due to COVID-19 pandemic among college students at selected Pharmacy institute, Bhopal [M.P.]”.

### The objectives of the study:

- To assess the level of knowledge regarding depression due to covid-19 pandemic among college students at selected pharmacy institute at Bhopal [M.P.]
- To assess the effectiveness of the structured teaching program on knowledge regarding depression due to covid19 pandemic among college students.
- To find out the association between pre-test knowledge level and the selected demographic variables.

### Hypothesis

H1- There will be a significant difference in the level of knowledge about depression due to covid 19 pandemic among college students before and after structured teaching program.

H2- There will be a statistically significant association between the level of knowledge about depression due to covid 19 pandemic with their selected demographic variables at  $p < 0.005$ .

**Methodology:**

**Research design:** For the study pre-experimental one group pre-test post-test design was adopted to assess the effectiveness of structured teaching program on knowledge regarding depression due to COVID 19 pandemic.

**Variables under study:**

**Independent variable:** In this study the independent variable was structured teaching program. **Dependent variable:** In this study the dependent variable was level of knowledge about depression due to Covid 19 pandemic among college students selected SIRT-S Pharmacy.

**Extraneous variable:** In the present study the extraneous variables are age, gender, area, religion, education, occupation, type of family, family income and duration of stay in college.

**Setting of the study:** The present study was done in SIRT-S Pharmacy. This institute consists of nearly 400 students.

**Population:** The accessible population of the present study includes 400 students in SIRT-S pharmacy Bhopal [M.P.]

**Sample:** Sample refers to a part or subset of population selected to participate in a research study. In the present study sample include children who are studied in SIRT-S Pharmacy.

**Sample size:** There are 50 college student our experiment group ( $n = 50$ )

**Sampling technique:** Non probability Convenient Sampling was used as sampling technique in the present study.

**Sampling criteria:** Sampling criteria is the list of characteristics essential for inclusion or exclusion in the target population

**Inclusion criteria:**

- Male and female students are above 18 years of age.
- Students who know Hindi and English.
- Students who are willing to participate in the study .

**Exclusion criteria:**

- Students who were absent during study.
- Students who are not willing for participate in study.

**Selection and development of the tool:**

**Description of tool:** A modified tools like questionnaire, and av aids (PPT, flip cart and black board) was used to assess the level of knowledge about depression due to pandemic in selected school.

**Preparation of the final draft:** The final draft consists of 2 sections

**Section A:** Socio Demographic Data (It includes 9 items such as age, religion, gender, leading area belongs, type of family, education of mother, family income, occupation of father, source of income).

**Section B:** structured knowledge questionnaire which contains 25 questions to assess the level of knowledge about depression due to covid 19 pandemic.

**Results and Interpretations:**

The findings revealed that in the pre-test, in experimental group, maximum number of students (100%) were having poor knowledge and 34% were having average, 46% good and 10% excellent knowledge. After structured teaching program In the post-test the result showed 2% having poor knowledge, 24% average, 62% good and 10% excellent knowledge in students.

The difference in the level of stress between the pre-test and post-test in experimental group was found to be significant ( $t=15.27$ ,  $p<0.005$ ). Also there is a significant difference between the post- test scores of experimental group. Hence the research hypothesis H1 is accepted.

The obtained Chi square value is for the variables age (7.01  $p<0.005$ ), living area (7.73  $p<0.005$ ) religion [1.32  $p<0.005$ ] education of mother [80.7  $p<0.005$ ] occupation of father [2.7  $p<0.005$ ] , income of family [5.28  $p<0.005$ ] type of family [7.01  $p<0.005$ ] and source of information [12.77  $p<0.005$ ].

There is a statistically significant association between the level of knowledge about depression due to covid 19 pandemic with their selected demographic variables at  $p<0.005$ . hypothesis is proved true and not rejected.

**Conclusion:**

This chapter deals with the conclusion, implications, limitations, and recommendations of the study. The study was conducted with the objective to evaluate the effectiveness of structured teaching program on knowledge regarding depression due to covid 19 pandemic among college students and the results of the study imply that there is an effectiveness of structured teaching program on knowledge regarding depression due to covid 19 pandemic among college students at selected pharmacy institute. This chapter has brought out the various implications of this study and also has provided suggestions for the further studies. Studies of this kind will help the students and teachers to understand the economical way of enhancing the knowledge level and the importance of STP in reducing lack of awareness about depression due to pandemic. Studies of this kind should be conducted to yield more reliable results. The researcher felt a deep sense of satisfaction and fulfilment of having undertaken the research study. The study provided the researcher with knowledge STP to enhance the knowledge about depression due to Covid 19 pandemic.

**References:**

1. Ong E, Du H, Gardner L. An interactive web-based dashboard to track COVID-19 in real time. *Lancet Infect Dis*. 2020 May;20(5):533–4.
2. Mak IW, Chu CM, Pan PC, Yiu MG, Ho SC, Chan VL. Risk factors for chronic post- traumatic stress disorder (PTSD) in SARS survivors. *Gen Hosp Psychiatry*. 2010 Nov- Dec;32(6):590–8.
3. Mak IW, Chu CM, Pan PC, Yiu MG, Chan VL. Long-term psychiatric morbidities among SARS survivors. *Gen Hosp Psychiatry*. 2009 Jul-Aug;31(4):318–26.
4. Lung FW, Lu YC, Chang YY, Shu BC. others. Mental symptoms in different health professionals during the SARS attack: a follow-up study. *Psychiatric Q*. 2009 Jun;80(2):107–16.
5. Rajkumar RP. COVID-19 and mental health: a review of the existing literature. *Asian J Psychiatric*. 2020 Apr;52:102066.
6. Vindegaard N, Benros ME. COVID-19 pandemic and mental health consequences: systematic review of the current evidence. *Brain Behav Immun*. 2020. doi: 10.1016/j.bbi.2020.05.048.
7. Liu N, Zhang F, Wei C, Jia Y, Shang Z, Sun L, et al. Prevalence and predictors of PTSS during COVID-19 outbreak in China hardest-hit areas: gender differences matter. *Psychiatry Res*. 2020 May;287:112921.
8. Wang C, Pan R, Wan X, Tan Y, Xu L, Ho CS, et al. Immediate psychological responses and associated factors during the initial stage of the 2019 coronavirus disease (COVID- 19) epidemic among the general population in China. *Int J Environ Res Public Health*. 2020 Mar;17(5):1729.
9. Huang Y, Zhao N. Mental health burden for the public affected by the COVID-19 outbreak in China: who will be the high-risk group? *Psychol Health Med*. 2020. doi: 10.1080/13548506.2020.1754438.
10. Holmes EA, O'Connor RC, Perry VH, Tracey I, Wessely S, Arseneault L, et al. Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. *Lancet Psychiatry*. 2020 Jun;7(6):547–60.

## A study to assess the effectiveness of Benson's relaxation therapy on stress among women with high risk pregnancy admitted in sultania hospital, Bhopal (M.P.)

Ms. Bharti Patel, Lecturer, Chirayu College of Nursing, Bhopal.



**Introduction:** Benson's relaxation therapy is a meditative technique which was pioneered by the physician Herbert Benson's during 1970's it is easy and safe in pregnancy and is easy to perform. It is mainly carried out by focused breathing which reduces stress. A wide variety of diverse diseases seem to be amenable to the therapeutic effect of Benson's relaxation therapy. Pregnancy is a time of many changes in the women's body, emotions and in the family. Women may welcome these changes but they can add new anxiety to life. According to national health survey (2012), 30% of antenatal women are reported to have anxiety in India. In Tamil Nadu 16% antenatal women are reported to have stress.

Relaxation is known as stress-reducing intervention that has great effects on both mother and fetus. Relaxation techniques are powerful tools for stress and promoting long term health in antenatal women by slowing down the body and quietening the mind. Relaxation mediates stress reduction and can have an important role in physiological, psychological and social functions. Beneficial effect of relaxation therapy will reduce the tress that the women may experience during pregnancy (Vivetteglover et. al.,2012).

**Objective of the study** (i) To assess the level of stress among women with high risk pregnancy (ii) To determine the effectiveness of Benson's relaxation therapy on stress among women with high risk pregnancy by comparing pretest and post test level of stress scores.(iii) To find out the association between pre level of stress with selected demographic variables among women with high pregnancy.

### Hypothesis:

**H<sub>1</sub>:-** There will be a significant difference between pre and post level of stress among women with high risk pregnancy at the  $P < 0.05$  level of significance.

**H<sub>2</sub>:-** There will be no significant association between pre level of stress with selected demographic variables among women with high risk pregnancy at level of  $P < 0.05$  level of significance.

**Research approach:** The present study was aimed to assess the effectiveness of Benson's relaxation therapy on stress among antenatal women. In view of the nature of the problem and to accomplish the objectives, quantitative research approach was adopted for this study.

**Research design:** Research design and approach refers to the researchers overall plan for obtaining answers to the question being studied and for handling some of the difficulties encountered during the research process. (Denise F. Polit Hungler, 1990).

The research design used for the present study was non experimental, non equivalent groups design. This design is structured like a pre- test post- test non experimental design. Antenatal women were recruited for the study by consecutive sampling technique and were allotted to non experimental group. participants were distributed to non experimental groups. Intervention was given only for the non experimental group received the routine treatment. This design was found to be appropriate to evaluate the effect of Benson's relaxation therapy on stress among antenatal women admitted in Sultaniya hospital in Bhopal (M.P.).

**Methods and materials:** The research approach adopted for this study was non experimental research design. The data collected by using purposive sampling technique was utilized to select (N=40) antenatal women admitted in Sultania Hospital Bhopal M.P. **Result** in the present study, it was found that during pre-test 30(75%) had poor pre-test effects, 10(25%) had average effects and 00% had good among antenatal women on Benson's relaxation therapy. The result of this study after administering the therapy showed increase in their level of effective 25(62.5%) antenatal women had good therapy, 15(37.5%) antenatal women had average therapy and none of them had poor therapy.

In thesis present study there is significance and no significance both association between demographic variables and stress score of antenatal women i.e. age ( $\chi^2 = 1.7$ ,  $P < 0.05$ ), religion ( $\chi^2 = 8.5$ ,  $P < 0.05$ ), education ( $\chi^2 = 5.39$ ,  $P < 0.05$ ), occupational ( $\chi^2 = 2.69$ ,  $P < 0.05$ ), type of family ( $\chi^2 = 0.31$ ,  $P < 0.05$ ), residence ( $\chi^2 = 20.94$ ,  $P < 0.05$ ), Gravida ( $\chi^2 = 3.46$ ,  $P < 0.05$ ), gestation week of pregnancy ( $\chi^2 = 1.41$ ,  $P < 0.05$ ), ANC history of high risk pregnancy in family ( $\chi^2 = 4.1$ ,  $P < 0.05$ ).

### References:

1. Arenson., & Drake.P.P (2007). Maternal and Newborn Health. 1st ed. Surbury:Jones and Barlett publishers.
2. Basavanthappa, B.T (1998), Nursing Research. 1st ed. Bangalore: JaypeeBrothers.
3. Basbarm, H.,Fields, (1984). Textbook of pain.(4th ed.). Edinburgh: ChurchillLivingstone.
4. Bennet, V. R., & Brow, L. K (2003). Myles Textbook for Midwives. 15th ed.Philadelphia: W.B. Saunders Company.
5. Burns, N. (1993). Nursing Research. 2nd ed. Philadelphia: W.B. SaundersCompany.

# A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING PREVENTION OF WORM INFESTATION AMONG SCHOOL GOING CHILDREN IN SELECTED SCHOOL, PANNA ( M.P)

Ms. Bharti Kushwaha, Lecturer, Chirayu College of Nursing, Bhopal.



**Introduction:** Children as the “Nations supremely important asset” to its family and society child is precious gift which has a lot of potentials with one which can be the best resource if nation develops and utilizes well Children . According to the 2001 census children in constitute 12% of the total population that is nearly about 150 million children in India. Healthy child makes healthy generation. There is a close relationship between unhealthy children to a worsened future of the world. The children are one third of our population and all of our future. There are about 200.6 million children globally. Among them, 40% of middle school children are in India.

School going children are vulnerable or special risk group in any population deserving special health care because of their immaturity and the various stages of growth and development. Under five children are more prone to acquire some infection which is not seen in adult medical care through their life span. All children are most vulnerable group in the society, certain disease affect them, and result in increased morbidity and mortality rates.

Worm infestations happen when worms affect the intestines and other parts of the body. Examples different types of worms are roundworms, whipworms, hookworms, tapeworms and flukes. A patient with a mild infestation might not show any symptoms. However, some may experience itching around the anal area at night. It is one of the major causes of childhood problems like malnutrition, anaemia, stunted physical and mental growth, psycho-social problems. This along with repeated gastrointestinal and upper respiratory tract infection contributes to high morbidity in children and remains a major cause of high infant and childhood illness.

**Background of the study:** Children as the “Nations supremely important asset” to its family and society child is precious gift which has a lot of potentials with one which can be the best resource for the nation if developed and utilized well. Children . According to the 2017 census children in constitute 25 % of the total population that is nearly about 870 million children in India. Healthy child makes healthy generation. There is a close relationship between unhealthy children to a worsened future of the world. The children are one third of our population and all of our future. There are about 208.6 million children belonging globally. Among them, 40% of middle school children are in India.

**Problem Statement:** To assess the effectiveness of an structured teaching programme on knowledge regarding prevention of worm infestation among school going children in selected school Panna (M.P.).

## Objectives of this study:

- To assess the level of knowledge regarding prevention of worm infestation among school going children.
- To compare the pre test and post test knowledge scores regarding worm infestation among school going children.
- To find out the association between pre-test knowledge scores regarding prevention of worm infestation and their selected socio- demographic data.

**Need for study:** The prevalence rate of worm infestation is 12% in India and in , M.P. 12.5% as per the union health authority report, the most common problem faced by the children is dental caries (90%), pediculosis in girls (20.42%) and in boys (13.86%), diarrhoea (25%) and scabies (43.24%). This may be attributed to lack of personal hygiene.

In 2010 annual report at the global prevalence regarding types of worm infestation shows that 1.47 billion for ascariasis, 1.3 billion for trichiasis and 1.05 billion for hook worm infestation and more than 25% of world population infected with helminthics. 6 prevalence rates of order of 50 – 75% have been registered in Asian countries by national institute of cholera and enteric diseases.

Prevention is the key, but early intervention can improve the outcomes. The global strategy is health for all which move towards primary health care that can be possible only by encouraging the community participation ,WHO (2017) had estimated that about 1400 million people world wide are infected with any one of the three kinds of intestinal helminths. They are round worm, hook worm and whip worm infestation. In that 200 million children suffer from diseases associated with these infestations.

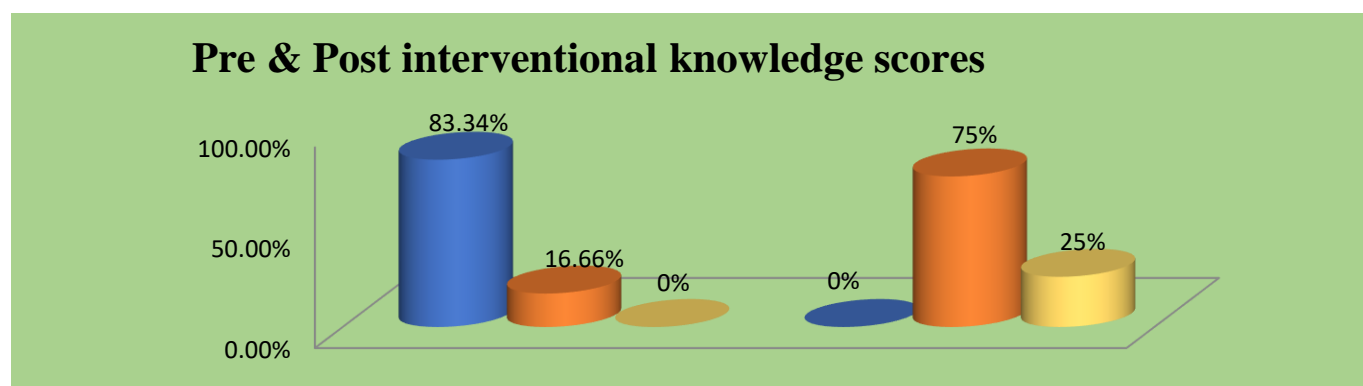
**Methodology:** In this research study, a quantitative evaluative research approach ,was adopted with one group pre-test and post-test research design. Target population is school going children and accessible population Saraswati higher secondary school mandir panna (M.P.), were selected through non probability convenience sampling technique, with 60 sample size , two are variable Dependent variables Knowledge of school going children regarding prevention of worm infestation, Independent variables online Structured teaching programme, on the same day pre test and post test was done with the same self structured knowledge questionnaire by online class .

**Results:** In analysis and sociodemographic data, educational status square value (3.4) at 7.82, type of family (9.11) at 5.999, residential area (8.04) at 5.99, and type of water supply (9.66) at 7.82 were significant and other sociodemographic data such as age of the school going children (1.16) at 3.54, gender (2.14) at 3.54, religion (0.71) at 5.99, occupation of the mother (1.1) at 5.99, occupation of the father (1.12) at 7.82, family monthly income (Rs.) (2.13) at 7.82, drainage system at home (0.28) at 3.84, place of defecation (0.1) at 3.84, and dietary patterns (2.5) at 5.99 were found to be not significant, were statistically computed. Distribution of the school going children according to knowledge in pre-test scores shows that 83.34% (50) of them had poor knowledge, 16.66% (10) had moderate knowledge and none of them had good knowledge scores. Distribution of the school going children according to knowledge in post-test scores shows that 45% (75) of them had good knowledge, 15% (10) had moderate knowledge and (0) none of them had poor level of knowledge regarding worm infestation. Hence the analysis of data shows, there was an enhancement in level of knowledge, among school going children regarding worm infestation after online structured teaching programme by zoom and google app meeting.

TABLE 1 Showing comparison between pre-interventional and post-interventional level of knowledge regarding prevention, worm infestation among school going children

Pre-interventional knowledge scores	Pre test		Post test	
	Frequency	Percentage%	Frequency	Percentage%
Poor	50	83.34%	0	0%
Average	10	16.66%	45	75%
Good	0	0%	15	25%
Total	60	100	60	100

Table 1 Showing comparison between pre-interventional and post-interventional knowledge scores. The pre-interventional knowledge scores shows that most of the school going children had poor level of knowledge 50(83.34%), 10(16.66%) had average level of knowledge and only 0 (0%) had good level of knowledge school and post-interventional knowledge scores shows that most of the school going children had poor level of knowledge 0 (0%), 45(75%) had average level of knowledge and 15(25%) had good level of knowledge regarding worm infestation.



**Conclusion:** As it is observed that are at risk school going children to have due to lack of poor diet and poor education cause anemia, abdominal problems and is a major concern of the society., which can be improved through proper education. Online Structured teaching programme proved to be an effective method to educate school going children.

#### References:

- Clement I, basic concept of community health nursing, jaypee brother medical publisher (P) LTD 2<sup>nd</sup> edition 2011. 366-367.
- Park .K, essential of community health nsg. 1167, prenagar , jabalpur-482001 publisher M/S Banarsides bhanot, edition 7<sup>th</sup> , 448.
- Rimple sharma, essential of pediatric nursing jaypee brother medical publishers (P) LTD Ist edition 2013. 395-399.
- Piyush gupta , IAP text book of pediatric,. CBS publisher and distribution, pvt Ltd, new delhi (india) I<sup>th</sup> edition , 193.
- Basavanthappa B T, Community health nursing , jaypee brothers medical publishers (P) LTD new delhi II nd edition, 2008,771.
- Paula,J, Nursing process application of conceptual models, mosby publication, Ist edition 1999, 172
- Kothari CR., Gaurav garg, Research Methodology Method and Techniques new age interventional (P) limited, publisher london, new delhi 142, 132,217.
- Burns and Groves (2002), The practice of nursing research, 8<sup>th</sup> edition, 234.
- Polit D F and Hungler, B. (1985). Essential of nursing research. Principles and method new delhi, 1<sup>st</sup> edition, 195-198.
- Wood G.L. and herber J. (2002), nursing research method and critical appraisal for evidence based practice, 8<sup>th</sup> edition,164-167.

## Study to assess the effect of Orem's self care model on postpartum care among postnatal mothers

Ms. Usha G Rani, Lecturer, Chirayu College of Nursing, Bhopal.



### Introduction:

During the postpartum period the physical, social and psychological healing was rarely pointed out. In this postpartum period the mother needs the most information regarding the qualitative care and support. Postpartum period is difficult time where new roles and responsibilities are taken in addition to the physiological changes in the mother.

The self-care deficit nursing theory is a grand nursing theory that was developed in 1959 by Dorothea Orem. The theory is also referred to as Orem's model of nursing. This theory originates from the totality paradigm based on human beings being able to adapt to one environment. In 1971 she published nursing concept and practice.

Orem's generates theory of nursing consist s of 3 related parts: (I) Theory of self-care, (II) Theory of self-care deficit, (III) Theory of nursing systems. The theory of Self-care in human regulatory functions that individuals must with deliberation, perform for them to maintain life, health, development and well-being. Self-care is an action system. The elaboration of the concepts of self-care, self-care demand and self-care agency provide the foundation for understanding the action requirements and action limitations of persons who may benefits from nursing.

### Need for the study:

The world health organization (WHO) estimates that, of 536,000 maternal deaths occurring globally each year, 136,000 and 800 women die from pregnancy or child birth – related complications daily and approximately 287,000 women lost their lives during pregnancy and child birth related causes there are 43,64,885 new mothers reporting the disease.

A retrospective cohort study was performed for patients attending a breastfeeding education class at an Army Medical Center. Controls were matched for sponsor rank, marital status, and smoking status. 194 mothers who expressed intent to breast feed received breast feeding education as follows: (a) a class that used video demonstration and group teaching by a lactation consultant, (b) a new mothers' support group with one to -one teaching prenatally and weekly meetings on postpartum, taught by a lactation consultant and a pediatrician, and (c) a control group educated at prenatal visits only. Results revealed that women who attended prenatal breast feeding classes had significantly increased breastfeeding at 6 months when compared to controls ( $P = .01$ ). There was no significant difference in rates between types of classes offered ( $P = .45$ ). The investigator recommended that prenatal breast feeding education can influence the amount of time women breast feed. All providers of prenatal care should consider offering such classes in order to improve breast feeding rates.

### Problem Statement:

A study to assess the effect of Orem's self-care model on postpartum care among postnatal mothers at Narayana Medical College Hospital, Nellore.

### Objectives:

- To identify the self caring ability of postnatal mothers.
- To estimate the effectiveness of Orem's self-care model on postpartum care.
- To determine the association between the effect of Orem's self-care model on postpartum care with selected socio demographic variables.

### Methodology:

**Research Design:** Quasi experimental research design was adopted to conduct the study.

### Setting of the study:

The study was conducted on postpartum mothers who are admitted in postnatal ward in Narayana Medical College Hospital, located in chinthareddypalem, Nellore. It is a 1750 bedded hospital with all the specialties. There is separate OPD & IPD for obstetrical and gynaecology department. It has a bed strength of 150. The department of gynaecology has all the facilities to carry out the procedures, investigations and treatment for gynaecological disorders. The average daily census of obstetrical ward is 50.

**Population:**

**Target population:** The target population in the present study was all postnatal mothers.

**Accessible Population:** The postpartum mothers admitted in NMCH, Nellore.

**Sample:** The sample of the present study was 60 postnatal mothers admitted in Narayana Medical College Hospital, Nellore and who fulfilled the inclusion criteria.

**Sample Size:** The sample size of the study was 60, postpartum women admitted in postnatal ward in Narayana Medical College Hospital, Nellore. Among them, 30 participants was assigned to interventional group and 30 participants was assigned to control group.

**Sampling technique:** Non-probability convenience sampling technique was used to select the participants.

**Criteria for Sample Selection:****INCLUSION CRITERIA:**

The women who are in postpartum period.

Women admitted in NMCH, Nellore.

Mothers who had normal vaginal delivery.

The women who are willing to participate in the study.

**EXCLUSION CRITERIA:**

Mothers delivered by LSCS.

Postnatal mothers who are not willing to participate.

Postnatal mothers with other complications.

**Description of the Tool:**

With the help of extensive review from various text books, journals and websites, the investigator develops the tool which consists of 3 parts.

**Section-I**

It deals with socio demographic variables. This includes age, education, occupation, family income, parity and mode of delivery.

**Section-II**

It consists of checklist to assess the self care ability of postnatal mothers. This includes 10 items.

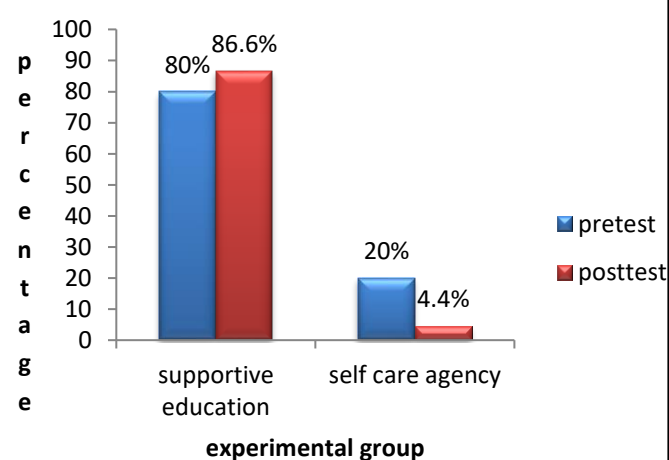
**Section - III**

Rating scale to assess the effect of Orem's self care model on postnatal care. It was categorized like universal self care, developmental self care and health deviational self care.

**Results and discussion:**

**Table 1: Frequency and percentage distribution of self care ability among postnatal mothers in experimental and control group in pre test.**

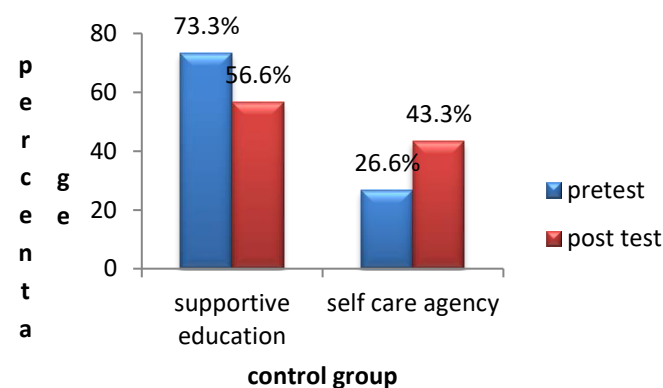
Sl. No	Self care ability	Experimental group			
		Pre test		Post test	
		F	%	F	%
1	Wholly compensatory	-	-	-	-
2	Partially compensatory	-	-	-	-
3	Self care agency	6	20	4	13.3
4	Supportive education	24	80	26	86.6
	<b>Total</b>	<b>30</b>	<b>100</b>	<b>30</b>	<b>100</b>



The above table and figure reveals that effectiveness of Orem's self care model on postpartum care in experimental group. During **pre-test** 24 (80%) had supportive education and 6 (20%) had self care agency. Where as in **post-test** 26 (86.6%) supportive education, 4 (13.3%) had self care agency.

**Table 2: Frequency and percentage distribution of self care ability among postnatal mothers in experimental and control group in post test.**

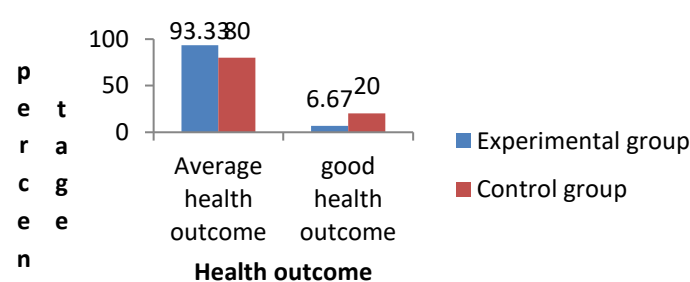
Sl. No.	Self care ability	Control group			
		Pre test		Post test	
		F	%	F	%
1	Wholly compensatory	-	-	-	-
2	Partially compensatory	-	-	-	-
3	Self care agency	8	26.6	13	43.3
4	Supportive education	22	73.3	17	56.6
	<b>Total</b>	<b>30</b>	<b>100</b>	<b>30</b>	<b>100</b>



The above table and figure reveals the frequency and percentage distribution of effectiveness of Orem's self care model on postpartum mothers in control group, where as in pre test 22(73.3%) are in supportive education, 8(26.6%) are in self care agency and in post test 17(56.6%) are in supportive education and 13(43.3%) are in self care agency.

**Table 3: Frequency and percentage distribution of health outcome based on Orem's model among postnatal mothers.**

Sl. No	Health outcome	Experimental group (n=30)		Control group (n=30)	
		F	%	F	%
1.	Average health outcome	28	93.33	24	80
2.	Good health outcome	2	6.67	6	20
	<b>Total</b>	<b>30</b>	<b>100</b>	<b>30</b>	<b>100</b>



The above table and figure shows that the health outcome in experimental group 28 (93.33%) were belongs to average health outcome, 2 (6.67%) were belongs to good health outcome. Whereas in control group 24(80%) were belongs to average health outcome and 6(20%) were belongs to good health outcome.

**Table 4: Effectiveness of Orem's model on self care among postnatal mothers in experimental and control group.**

Group	Pre-test		Post-test		Paired 't' test
	Mean	S.D	Mean	S.D	
Experimental group	25.3	1.51	24.2	1.85	C= 3.290 T=2.05 df= 29 P<0.05 S*
Control group	19.2	1.90	16.2	1.64	C= 1.98 T=2.05 df=29 P<0.05 NS

**Recommendations:**

Based on findings, the following recommendations were suggested for future research.

A similar study can be conducted with large samples with different settings.

Study can be conducted on postpartum care among postnatal mothers by using video assisted programme.

**Conclusion:**

The study revealed that there was a significant improvement on self care ability by using the Orem's self care model among postnatal mothers in experimental group as compared to the control group. Hence it can be concluded that Orem's self care model was find to be effective in improving the self care ability among postnatal mothers.

**References:**

1. Aligodm.R & Tomey.AM. "Text Book of Nursing Theory Utilization and Application of Mosby's" published by Elsevier; pg no 135- 139.
2. Myles. "Text Book of Midwives". 4<sup>th</sup> edition. Published by Churchilivingstone; pg no 343-346.
3. Orem.DE "Text Book of Nursing Concepts And Theories Of Practice" page no 182-185.
4. A.v Raman "Text Book of Maternity Nursing" published by Wolters Kluwer , page no 423-426.
5. [www.pubmed.com](http://www.pubmed.com)
6. [http:// dx.doi.org/10.1590/0034](http://dx.doi.org/10.1590/0034) June 2016.
7. <http://medlineplus>

## STRENGTH-BASED NURSING CARE (SBN): A NEW APPROACH

**Dr. Thamarai Selvi P, Professor, Chirayu College of Nursing, Bhopal**



### Introduction:

Strength-based nursing (SBN) is a care approach that focuses on a patient's or family's strengths, and aims to promote hope, self-efficacy, and empowerment.

Strengths-Based Nursing (SBN) is both a philosophy and value-driven approach that can guide clinicians, educators, manager/leaders, and researchers. SBN is rooted in principles of person/family centered care, empowerment, relational care, and innate health and healing. SBN is family nursing yet not all family nursing models are strengths-based. The challenge is how to translate a philosophy to change practice. In this article, we describe a process of implementation that has organically evolved of a multi-layered and multi-pronged approach that involves patients and families, clinicians, educators, leaders, managers, and researchers as well as key stakeholders including union leaders, opinion leaders, and policy makers from both nursing and other disciplines.

“Strengths-Based Nursing and Healthcare (SBNH) represents a new way of thinking in nursing philosophy that shifts from a deficit, reductionist lens to a strengths-based, holistic lens. Strengths are inner and outer resources that exist at the biological (cellular, person, and environment levels (micro to macro). SBNH considers the positives, those things that are best, those that are working, and those areas that show potential. This does not mean that a strengths approach ignores problems, pretends that deficits do not exist, nor turns a blind eye to weaknesses. Rather it is about finding the right balance between focusing on the positives, the strengths, while dealing with problems and deficits. It is about maximizing and developing strengths to minimize weaknesses, deficits, that which is not functioning as well as it could, and mitigating the deleterious effects caused by problems. It is about giving patients, families, and communities the tools to improve their health. It is about knowing individuals and their situations and situating their issues, concerns, symptoms, problems in the context of their lives, understanding their circumstances, knowing their strengths and how to capitalize and mobilize them to support health, alleviate suffering, help in recovery, and restore wholeness through acts of healing.

### Phases:

There are two phases to the implementation process, namely, Phase 1: pre-commitment/pre-adoption and Phase 2: adoption. Each phase consists of distinct steps with accompanying strategies. These phases occur both sequentially and concurrently. Facilitating factors that enable the implementation process include values which align, readiness to accept SBN, curiosity-courage-commitment on the part of early adopters, a critical mass of early adopters, and making SBN approach both relevant and context specific.

### Core Values:

There are essential qualities that SBNH clinicians/leaders/educators have to strive to develop within themselves. These include Strengths of Mindset (qualities: mindfulness, humility, open-mindedness, nonjudgmental attitudes); Strengths of Knowledge and Knowing (qualities: curiosity and self-reflection); Strengths of Relationships (qualities: respect and trust; empathy, compassion and loving kindness); Strengths of Advocacy (qualities; self-efficacy, courage). These qualities determine how the foundational pillars and eight core values are enacted. SBN is guided by eight core values, including:

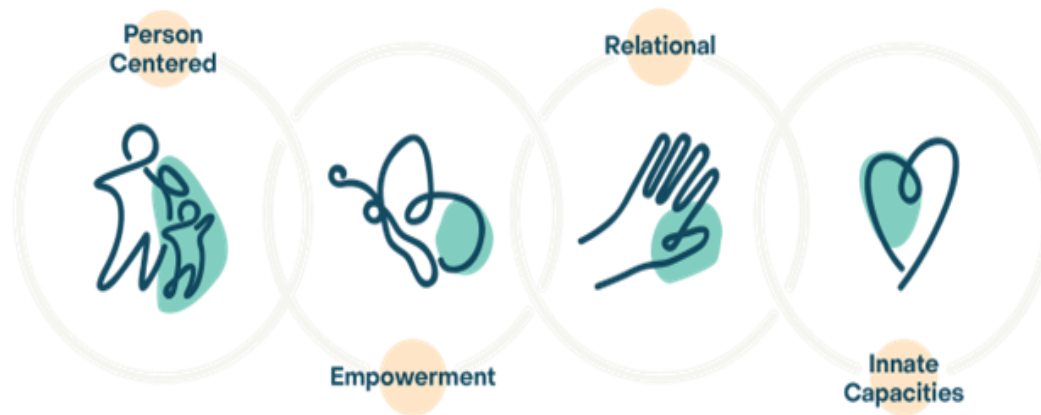
- Health and healing: Health is about wholeness, while healing is about restoring wholeness
- Uniqueness
- Holism and embodiment
- Subjective reality and created meaning
- Self-determination
- Collaborative partnership
- Person-environment are integral
- Learning, readiness, and timing



## Major Concepts:

There are 4 different concepts such as:

- Person-centered
- Empowerment
- Relational
- Innate Capacities



## Conclusion:

Strengths-Based Nursing and Healthcare (SBNH) is a philosophy as well as a value-driven approach that is universal inasmuch as SBNH can guide clinicians to create environments that promote health and facilitate healing for person, family, and community; managers and leaders to create healthy productive workplace environments for colleagues and staff; and educators to create growth- promoting learning environments for learners.

## References:

1. Laurie N. Gottlieb, RN, PhD, ScD (hon), Strengths-Based Nursing and Healthcare (SBNH), Fellow of the Canadian Academy of Health Sciences (FCAHS): *March 30, 2020*
2. <https://nursology.net/nurse-theories/strengths-based-nursing-and-healthcare/>

## EXAMINING THE EFFECT OF SMARTPHONES ON CHILD DEVELOPMENT

Mrs. Nisha Divakaran, Professor, Chirayu College of Nursing, Bhopal.



Excessive smart phone use has already started to affect some of the youngest users. According to a Pew Research Centre study, just over half of U.S. teens surveyed said they believe they spend too much time on their phones. For better or worse, this trend has already begun to trickle down to younger children.

According to a Common-Sense Media study reported, more than half of children under the age of 11 now own a smartphone. As a result, parents and researchers have begun exploring the positive and negative effects of smartphones on child development.

### The Positive Effect of Smartphones on Child Development

While it may be intuitive to focus immediately on the consequences of smartphone technology on youth, the learning benefits of smartphone technology cannot be ignored. Equipped with miniature computers, students from elementary school to college can develop digital literacies and research skills earlier than previous generations.

Many believe smartphones in classroom environments can yield three profound benefits in the development of children:

**Self-sufficiency:** Through early guidance and support, parents and teachers can help children learn how to self-regulate the time they spend on their phones. This lesson will help them create and practice healthy self-awareness and self-reflection practices that will better prepare them for adolescence and, eventually, young adulthood.

**Digital literacy:** As children use smartphones, they effectively prepare themselves to engage with future technologies. Because some schools offer high-speed internet access to students, children can begin to develop a greater knowledge of how to navigate resources online through their smartphones.

**Access to emergency services:** In the unfortunate event of an emergency, students with smartphone access can find help more easily. As far as the effects of smartphones on child development, this constant ability to reach emergency services can give both children and parents a sense of security that enables growth.

### The Negative Effect of Smartphones on Child Development

The drawbacks of smartphone use on children has received attention in recent years. In academia, journalism, and other popular forms of media, there has been a growing concern for the ways that children have increased access to smartphone technology.

Specifically, the behavioural consequences of smartphone dependency in children has received the attention of scholars across the world. An article titled "Association between mobile technology use and child adjustment in early elementary school age" used data compiled from a group of 1,642 first-grade children in Japan to determine whether there's a link between the use of smartphone technology and behavioural development. The researchers found *that "routine and frequent use of mobile devices appear to be associated with behavioural problems in childhood."*

Additionally, some scholars have even turned toward the adverse bodily effects that smartphones can have on children. A recent article published in the journal Child Development explored the physical health consequences of smartphone use for children. It stated that, as more children begin using smartphones at earlier ages, "it is of importance that neurological diseases, physiological addiction, cognition, sleep and behavioural problems are considered." Because of this, parents and clinicians should be aware of the repercussions of early-age smartphone usage.

The World Health Organization (WHO) has begun identifying the risks associated with children using smartphone technology. The Washington Post recently reported on the WHO designation of how much time children particularly babies should spend on smartphones. The organization stated that children between two- and four-years-old "should spend no more than an hour a day in front of a screen." Additionally, the writers found that a research gap exists in the field. They stated that "Long-term consequences can be hard to measure, and ethical concerns prevent experiments" that could explore the topic more thoroughly. As a result, we will likely be unable to grasp many of the negative effects of smartphones that will put children at further risk.

A root cause of the negative effects of smartphones on child development can come from an unexpected place. An article in the Atlantic stated that, before parents should be concerned about their children's smartphone usage, they should first consider their own. As the ultimate examples of their children, parents need to be mindful of their smartphone consumption since that kind of behaviour will set the stage for how children will interact with technology. Parents must consider what image they express to their children and how they communicate responsible smartphone consumption.

### Strategies to Ensure Smartphone Responsibility

As parents tap into their own behaviours to reflect a positive relationship with their phone or tablet, they will have a much easier time teaching their children how to approach the world of smartphones healthily.

One important note is to remain mindful of different tablet technologies and applications on them. For example, devices like a Leap Frog or Amazon Fire Kids Edition have been designed to engage with children specifically. In these capacities, children can develop digital literacies responsibly, which may not be the case with technologies that weren't designed with children's development in mind, such as smartphones or other tablets. Further, parents should remain mindful that some applications in different app stores are more appropriate for children than others. While this may seem overly simplistic at first, it's still important to note as parents begin considering the most beneficial avenues for their children to use smartphones.

The American Psychological Association weighed in on productive strategies for parents to use as they provide a positive example to their children. Parents should "keep mealtimes, drivetimes and bedtimes tech-free, allowing families to chat about their day or sit quietly and daydream, which can be creative, calming and synthesizing for children." By establishing specific time slots for both parents and children to tune out their smartphones, both parties will have a greater opportunity to connect more meaningfully.

Finally, there are four guidelines on how parents can best introduce their children to smartphones. The parents should:

**Introduce smartphone technology after preschool:** In the context of the WHO designation, it makes sense that parents would be best suited to introduce smartphone technology to their children after they have begun preschool. At any earlier stage, children could run the risk of developing adverse tendencies and behaviours.

**Activate parental guidance screening measures:** Many electronic devices come packaged with parental guidance options, and parents take advantage of these. Because tablet and smartphone technology could expose children to inappropriate content, parents must be proactive in protecting their children in digital spaces.

**Apply screen time boundaries:** As children use smartphone technology, screen time limits can help reduce their likelihood of developing an unhealthy dependency. Parents can get creative about when children can and cannot use their smartphones, and as long as they remain consistent in their boundaries, children will be likelier to build a healthy relationship with technology.

**Screen the content their children consume:** Before children use a new smart technology, parents should be mindful about the content their children will consume.

The effect of smartphones on child development will continue to be a hotly debated and explored topic in the coming years. As technology continues to progress at a rapid rate, psychologists and clinicians need to stay ahead of the curve.

### References:

1. Byrne, D. Like Humans Do. (2001). <http://davidbyrne.com/explore/look-into-the-eyeball/explore>.
2. Kabali, H.K., Irigoyen, M.M., Nunez-Davis, R., Budacki, J.G., Mohanty, S.H., Leister, K.P., Bonner, R.L.: Exposure and use of mobile media devices by young children. *Pediatrics* 136(6), 1044–1050 (2015)
3. Yadav, S., Chakraborty, P.: Children aged two to four are able to scribble and draw using a smartphone app. *Acta Paediatrica*. 106(6), 991–994 (2017)
4. Yadav, S., Chakraborty, P.: Using smartphones with suitable apps can be safe and even useful if they are not misused or overused. *Acta Paediatrica*. 107(3), 384–387 (2018)
5. Boddum, M. R. 2013. Plugged In: A focused look at parents' use of smartphones among children 2–5 Years of Age. M.A. thesis, Mills College
6. Zilka, G.C.: Always with them: smartphone use by children, adolescents, and young adults: characteristics, habits of use, sharing, and satisfaction of needs. *Univ. Access Inf. Soc.* 19(1), 145–155 (2020)
7. The Effect of Smartphones on Child Development | CUNE Online
8. EXAMINING+THE+EFFECT+OF+SMARTPHONES+ON+CHILD+DEVELOPMENT&u=a1aHR0cHM6Ly9saW5rLnNwcmluZ2VyLmNvbS9hcnRpY2xlLzEwLjEwMDcvczEwMjA5LTAyMS0wMDgwNy0x&ntb=1
9. <https://link.springer.com/article/10.1007/s10209-021-00807-1>

## SCREEN TIME AND GREEN TIME: EFFECTS ON MENTAL HEALTH IN CHILDREN

Mrs. Sherin Annie Varghese, Professor, Chirayu College of Nursing, Bhopal.



### Introduction:

New technologies, such as mobile and interactive screen media, are now ingrained in people's daily life. Heavy reliance on screen media has raised serious public health issues since it might harm their cognitive, linguistic, and social-emotional growth specially in children<sup>1</sup>. Electronic devices have revolutionized learning, communication, and information dissemination, but recent research indicates that screen media use may have serious adverse effects on children's health over the long term, making this a pressing public health concern. According to Common Sense Media nearly half of all children eight and under have their *own* tablet device and spend an average of about 2.25 hours a day on digital screens<sup>2</sup>.

### Definition:

"Screen time" is a term used for activities done in front of a screen, such as watching TV, working on a computer, or playing video games.

Green time is the time spent in the natural environment – generally associated with favorable psychological outcomes including lower levels of mental illness, greater levels of positive mental health, superior cognitive functioning, and higher academic achievement<sup>3</sup>.

### Effects of screen time on children:

#### Cognitive Development

A Longitudinal cohort study of Child Development showed a long-lasting connection between early screen media exposure and cognitive abilities, with each one-hour increase in TV exposure at two years of age corresponding to a 7% unit decrease in participation in class and a 6% unit decrease in math proficiency in the fourth grade<sup>4</sup>

#### Language Development

During the initial years of childhood, they acquire language skills and develop various aspects of language, including vocabulary and phonology are acquired through interactions with adults<sup>5</sup>. Numerous studies have highlighted the significance of human interaction, particularly the frequency and quality of exchanges between adults and children, in the development of language skills<sup>6</sup>. Increasing the amount of screen time at an early age has negative effects on language development

#### Social-Emotional Development

Few studies indicate that higher screen time at the age of four years is associated with lower levels of emotional understanding at the age of six years. It also reveals that having a television in a child's bedroom at the age of six years predicts lower levels of emotional understanding at eight years<sup>7</sup>.

### How to limit screen time for kids?<sup>2</sup>

- 1. Co-watch whenever possible.** If children are going to have screen time, the parent can watch the show or game with them to help them understand what they're seeing. Comment on things, and ask questions about what is happening. Engage with them and repeat concepts after the show is over so they're more likely to retain that information.
- 2. Choose media wisely.** Look about age-appropriate apps, games, and programs to guide in making the best choices for children.
- 3. Keep bedtime, mealtime, and family time screen-free.**
- 4. Limit parents phone use.** Children always copy their parents. At a young age, their parent(s) is the most important person in their life, so they will model whatever behavior they are seeing. If they see that you're behind a screen all day every day, then they'll see that it's acceptable and will want to do the same.
- 5. Emphasize the big three: sleep, healthy nutrition, and exercise.** All three are essential to optimal brain growth and development and health and wellness for children and adults alike. And excessive screen time can impact all three. Children who spend more time in front of screens have been shown to eat more fast food and less fruits and vegetables and get less sleep and exercise. Therefore, it is very important to incorporate healthy lifestyle choices as part of the daily routine, as well as limiting screen time.

**Strategies to Manage Screen time:**

According to American Academy of Child and Adolescent Psychiatry<sup>9</sup>

Until 18 months of age limit screen use to video chatting along with an adult (for example, with a parent who is out of town).

Between 18 and 24 months screen time should be limited to watching educational programming with a caregiver.

For children 2-5, limit non-educational screen time to about 1 hour per weekday and 3 hours on the weekend days.

For ages 6 and older, encourage healthy habits and limit activities that include screens.

Turn off all screens during family meals and outings.

Learn about and use parental controls.

Avoid using screens as pacifiers, babysitters, or to stop tantrums.

Turn off screens and remove them from bedrooms 30-60 minutes before bedtime.

**Effects of Green time on children:**

Green time is essential for Children's overall wellbeing. It offers a plethora of benefits, both for their mental and physical health. Like they can connect with nature and explore their surroundings, fostering their imagination and creativity. Moreover, green time (outdoor play) promotes physical activity, develop motor skills and maintain a healthy weight. It also boosts their cardiovascular health and strengthens their immune system. It is essential for the holistic development of child and enhancing their quality of life<sup>8</sup>.

**Psychological benefits:**

Green time has a significant positive impact on children's mental health. The nature helps to reduce stress levels and provides a break from the constant stimulation of technology, giving children the opportunity to relax and recharge. Outdoor play also promotes social interaction, helping kids develop essential social skills such as communication and teamwork. Additionally, exposure to natural sunlight boosts serotonin levels, the hormone responsible for regulating mood, and helps combat symptoms of anxiety and depression. Though, by encouraging outdoor play, can enhance children's mental health by providing them with a natural and therapeutic environment.

**Physical benefits:**

Engaging in outdoor play not only promotes mental health but also provides numerous physical health benefits for children. When children spend time outside, they are more likely to engage in physical activities that strengthen their muscles and bones and helps improve motor skills and coordination. Additionally, the fresh air and sunlight contribute to the production of vitamin D, which is essential for healthy bone development. Regular physical activity also reduces the risk of childhood obesity, cardiovascular diseases, and other health issues. Encouraging outdoor play, can help children to maintain a healthy weight, improve their cardiovascular health, and build a strong foundation for a lifetime of physical well-being.

**Conclusion:**

Finding Harmony in the Digital Age, in today's increasingly digital world, the balance between green time (time spent outdoors in nature) and screen time (time spent on electronic devices) has become a topic of growing concern. With the rise of smartphones, tablets, computers, and video games, many individuals, especially children and adolescents, are spending more time indoors glued to screens than ever before. However, research suggests that excessive screen time can have negative impacts on physical and mental health, while spending time in nature offers a wide array of benefits for overall well-being. Finding a healthy balance between green time and screen time is essential for maintaining a harmonious and fulfilling lifestyle.

**References:**

1. Kumar Sudheer, et.al., Effects of excessive screen time on child development: An updated review and strategies for management, published online 2023 June 18
2. Jennifer F. Cross, M.D., <https://healthmatters.nyp.org/what-does-too-much-screen-time-do-to-childrens-brains>
3. [https://www.google.com/search?q=definition+of+green+time&sca\\_esv=074560fb4084e5a7&rlz=1C1CHBD\\_enIN877IN877&sxsrf=ACQVn08TT0DHcm\\_C4otRkjMe7CdxYVC6Lw%3A1710830534218&ei=xjP5Zdv8DO3kseMP9bqruAo&ved=0ahUKEwj94y3P-y3P-](https://www.google.com/search?q=definition+of+green+time&sca_esv=074560fb4084e5a7&rlz=1C1CHBD_enIN877IN877&sxsrf=ACQVn08TT0DHcm_C4otRkjMe7CdxYVC6Lw%3A1710830534218&ei=xjP5Zdv8DO3kseMP9bqruAo&ved=0ahUKEwj94y3P-y3P-)
4. Prospective associations between early childhood television exposure and academic, psychosocial, and physical well-being by middle childhood. Pagani LS, Fitzpatrick C, Barnett TA, Dubow E. <https://doi.org/10.1001/archpediatrics.2010.50>. *Arch Pediatr Adolesc Med.* 2010;164:425-431. [PubMed]
5. Screen time of preschool-aged children and their mothers, and children's language development. Mustonen R, Torppa R, Stolt S. *Children (Basel)* 2022;9:1577. [PubMed]
6. 12. Exposure to screens and children's language development in the EDEN mother-child cohort. Martinot P, Bernard JY, Peyre H, et al. *Sci Rep.* 2021;11:11863. [PubMed]
7. Screen time and the development of emotion understanding from age 4 to age 8: a community study. Skalická V, Wold Hygen B, Stenseng F, Kårstad SB, Wichstrøm L. *Br J Dev Psychol.* 2019;37:427-443. [PubMed]
8. <https://blog.bsnsports.com/articles/from-screen-time-to-green-time-why-kids-need-more-time-outside#:~:text=When%20kids%20spend%20time%20in,opportunity%20to%20relax%20and%20recharge>
9. [https://www.aacap.org/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/FFF-Guide/Children-And-Watching](https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Children-And-Watching)

## VIRTUAL REALITY IN NURSING EDUCATION: HOW VIRTUAL REALITY IS EXPANDING NURSING EDUCATION

Mr. Elby K Paul, Professor, Chirayu College of Nursing, Bhopal



### Introduction:

Virtual reality (VR) technology has emerged as a transformative tool in various fields, including healthcare and education. In nursing education, VR offers innovative solutions to traditional learning challenges by providing immersive, interactive, and realistic simulations that enhance student engagement, skills acquisition, and clinical competence. This article explores the applications of VR in nursing education, highlighting its benefits, challenges, and future potential.

### Applications of Virtual Reality in Nursing Education:

**Immersive Simulations:** VR simulations recreate realistic clinical scenarios, allowing nursing students to practice skills and procedures in a safe and controlled environment. From patient assessments to complex medical procedures, VR simulations provide hands-on experience without the risk to patients.

**Enhanced Learning Experience:** VR immerses students in dynamic learning environments, fostering active engagement and participation. Interactive scenarios, 3D anatomical models, and virtual patient interactions enhance comprehension, retention, and application of nursing knowledge.

**Skill Development:** VR platforms offer opportunities for students to develop clinical skills, such as medication administration, wound care, and emergency response. Real-time feedback and performance analytics enable students to track their progress and identify areas for improvement.

**Interprofessional Collaboration:** VR facilitates interprofessional education by allowing nursing students to collaborate with other healthcare professionals in simulated patient care scenarios. Team-based simulations promote communication, teamwork, and coordination across disciplines.

**Cultural Competency Training:** VR simulations can address cultural competence and diversity in healthcare by exposing students to diverse patient populations and cultural contexts. Cultural sensitivity training scenarios help students develop empathy, communication skills, and awareness of cultural differences.

### Benefits of Virtual Reality in Nursing Education:

**Safe Learning Environment:** VR simulations provide a risk-free environment for students to practice skills and make clinical decisions without endangering patient safety.

**Accessibility and Flexibility:** VR-based education is accessible anytime, anywhere, allowing students to engage in immersive learning experiences at their own pace and convenience.

**Cost-Effective Training:** VR reduces the need for expensive equipment, supplies, and facilities associated with traditional simulation-based training, making it a cost-effective alternative for nursing education programs.

**Standardized Training:** VR ensures consistency and standardization in training by offering standardized simulations and assessments that can be easily replicated across different learning settings.

**Engagement and Motivation:** VR enhances student engagement, motivation, and enjoyment of learning through interactive and immersive experiences that stimulate curiosity and active participation.

**Challenges and Considerations:**

**Technological Barriers:** Implementation of VR in nursing education requires investment in technology infrastructure, hardware, and software, which may pose challenges for resource-constrained institutions.

**Faculty Training and Support:** Faculty members need training and support to effectively integrate VR into curriculum design, instruction, and assessment methods.

**Content Development:** Developing high-quality VR content requires collaboration between educators, instructional designers, and subject matter experts to ensure accuracy, relevance, and alignment with learning objectives.

**Ethical Considerations:** Ethical issues related to privacy, confidentiality, and informed consent must be addressed when using VR simulations involving patient scenarios or sensitive content.

**Future Directions and Resources:**

The integration of VR technology in nursing education is expected to continue evolving, driven by advancements in technology, pedagogy, and research. Educators can explore the following resources to learn more about VR in nursing education:

**Conclusion:**

Virtual reality has the potential to revolutionize nursing education by providing immersive, interactive, and experiential learning experiences that enhance student engagement, skills acquisition, and clinical competence. While challenges exist, the benefits of VR in nursing education are evident, paving the way for innovative teaching and learning practices that prepare future nurses to deliver high-quality, patient-centered care in diverse healthcare settings. As VR technology continues to advance, its integration into nursing education holds promise for shaping the future of healthcare education and practice.

**References:**

1. "Virtual Simulation in Nursing Education" by Shirley R. Jones
2. National League for Nursing (NLN) - Virtual Simulation in Nursing Education: <https://www.nln.org/professional-development-programs/virtual-simulation-in-nursing-education>
3. International Nursing Association for Clinical Simulation and Learning (INACSL): <https://www.inacsl.org/>
4. Health Education England (HEE) - Using Immersive Technologies in Healthcare Education: <https://www.hee.nhs.uk/our-work/using-immersive-technologies-healthcare-education>

## THE STAGES OF BEHAVIOUR CHANGE: A HOW-TO GUIDE

Mr. Sandeep Lowanshi, Associate Professor, Chirayu College of Nursing, Bhopal



### Why is behaviour change so hard?

Most of our behaviour is habitual. Behaviour's become automatic when repeated over time.

A good example of this is driving. When you learn to drive, it requires conscious effort to learn and remember all the right steps — "mirror, signal, manoeuvre," anyone?

But as time goes on, those actions form habits.

This happens when you've practiced them so often that they become automatic.

Successful behavioural change is hard because our brains get stuck in fixed patterns.

But the same mechanism that fixes our problem behaviour as mental habits is often the solution to changing them.

### The role of neuroplasticity in behaviour change

Neuroplasticity is the process by which our brains change as we learn. It refers to the physical structures of the brain.

A new connection forms in your brain every time you learn something new.

It's weak at first, but with repetition, that connection becomes stronger over time. This makes the new, healthier behaviour into a habit.

The three stages of the neuroplastic change process are:

**Chemical change:** these are short-term changes in brain chemistry in response to new behaviour. They boost short-term memory and improve motor skills short term.

**Structural change:** new connections form, altering the brain's structure. This boosts long-term memory and long-term improvement of motor skills.

**Functional change:** entire brain networks change, becoming more efficient in their functioning. This is when lasting behavioural change occurs.

Intentional behaviour change requires weakening a strong neural connection to break the old habit. At the same time, you strengthen the new one.

This is hard because setbacks can easily knock us back into our old mental patterns and behaviour's.



### The elements of behaviour change

Before start planned stages of change, must first understand the elements of change.

These are the factors that will either help or hinder in achieving desired behaviour change.

Behavioural science change theory proposes different models. Each includes different elements of change. .

1. Your willingness to change

2. The benefits of change

3. Your barriers to change

4. The likelihood of relapse

### The 6 stages of behaviour change

According to the [transtheoretical model of change](#), there are six stages of behaviour change.

#### 1. Precontemplation stage

At this stage, people are not yet aware of the negative behaviour they need to change.

They don't see their behaviour as a problem and aren't interested in getting help.

They may become defensive if someone pressures them to change. They also avoid speaking, reading, or thinking about it.

They may also absorb information about this problem from family, friends, or the media, but won't take action until they see it as problematic.

## 2. Contemplation stage

At this stage, people are aware of the negative consequences or problems. But they're not yet ready to change their unhealthy behaviour.

They do start thinking about it, however. They know it's necessary to change but aren't ready.

They might weigh the pros and cons and whether the long-term benefits outweigh the short-term effort.

This stage can last a few days or an entire lifetime, depending on the individual.

## 3. Preparation or determination stage

This is the phase when a person is ready to make a change. They become committed to changing and motivated to take the necessary steps.

They read, talk, and gather information about the problem.

The preparation stage is crucial to the success of behaviour change. Skipping this stage can drastically decrease your chances of success.

## 4. Action stage

At this stage, people use the strategies they learned in the previous phase to start a new, healthy behaviour.

This takes willpower, and there is a high risk of failure and slipping back into old behaviour and habits.

It can help to avoid external temptation and set rewards for achieving intermediate goals.

The support of others is also essential at this stage.

## 5. Maintenance stage

In this stage, people have made progress and realized the benefits of changing.

They understand that maintaining change will require effort, but they are aware of its value.

They create strategies to prevent relapse until the new habit becomes familiar and natural.

## 6. Relapse stage

This stage is when people slip back into their old behaviour's and habits.

Relapsing is a normal part of the process of change.

The key is to identify the trigger that caused the failure and look for new and better strategies for dealing with it.

Bearing in mind the benefits of the change helps regain motivation when restarting the stages of change model.

## How to change behaviour

Now that understand the elements of change and the six stages of behaviour change, it's time to put them into action.

Let's take a look at four of the most common areas of behaviour change and some behaviour change interventions for each one.

### 1. Nutrition

If ever tried a radical change in your diet and eating habits, know how difficult it can be.

Instead of extreme, unsustainable changes, try introducing small changes one at a time.

Research shows that this approach makes it easier to sustain changes over the long term.

### 2. Physical activity

The kind of person who pays for a gym membership but never goes, you need to be strategic in your approach to physical activity.

### 3. Medication non-adherence

According to research, 50% of chronic disease medications are not taken according to the prescription.

### 4. Insomnia

Clinicians use a form of cognitive behavioural therapy to treat patients with insomnia. It's an intervention known as brief behavioural therapy for insomnia.

This is a four-step process that you can try to improve your sleep patterns and reduce insomnia.

**Keep a sleep diary for two weeks.**

**Set a wake-up time**

**Limit your total time in bed**

**Calculate your target bedtime**

## References:

- Freitas, P. P., Menezes, M. C., Santos, L. C., Pimenta, A. M., Ferreira, A. V., & Lopes, A. C. (2020). The transtheoretical model is an effective weight management intervention: A randomized controlled trial. *BMC Public Health*, 20(1).
- Karnazes, D. (2006). *Ultramarathon man: Confessions of an all-night runner*. Allen & Unwin.
- Liu, K. T., Kueh, Y. C., Arifin, W. N., Kim, Y., & Kuan, G. (2018). Application of transtheoretical model on behavioral changes, and amount of physical activity among university's students. *Frontiers in Psychology*, 9.
- Luszczynska, A., Diehl, M., Gutiérrez-Dona, B., Kuusinen, P., & Schwarzer, R. (2004). Measuring one component of dispositional self-regulation: Attention control in goal pursuit. *Personality and Individual Differences*, 37(3), 555-566.
- Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change (applications of motivational interviewing)* (3rd ed.). Guilford Press.
- Prochaska, J. O., & Velicer, W. F. (1997). The transtheoretical model of health behavior change. *American Journal of Health Promotion*, 12(1), 38-48.

## TYPES OF PHYSIOTHERAPY

Mrs. Pratibha Thakur, Assistant Professor, Chirayu College of Nursing, Bhopal.



### Introduction

Physiotherapy, often referred to as physical therapy, is a healthcare profession dedicated to improving and restoring physical function, mobility, and overall well-being. It employs a wide range of therapeutic techniques to address various musculoskeletal and neurological conditions. In this comprehensive guide, we will delve into the diverse types of therapy included in physiotherapy, shedding light on the effectiveness and applications of each.



### 1. Manual Therapy

Manual therapy is a cornerstone of physiotherapy and involves hands-on techniques applied by trained physiotherapists. These techniques aim to improve joint mobility, reduce pain, and enhance muscle flexibility. Common manual therapy techniques include:

Joint Mobilization: Gentle movements to restore normal joint function.

Soft Tissue Mobilization: Manipulation of muscles and fascia to alleviate tension and pain.

Manipulative Therapy: High-velocity, low-amplitude thrusts to improve joint function.

### 2. Exercise Therapy

Exercise therapy plays a pivotal role in physiotherapy, focusing on improving strength, flexibility, and endurance. Physiotherapists design customized exercise programs tailored to each patient's specific needs. These exercises may include:

Range of Motion Exercises: To improve joint flexibility.

Strengthening Exercises: Targeting weakened muscles.

Balance and Coordination Training: Vital for injury prevention.

Functional Training: Mimicking daily activities to regain independence.

### 3. Electrotherapy

Electrotherapy involves the use of electrical stimulation to alleviate pain, reduce muscle spasms, and promote healing. Common electrotherapy modalities include:

Transcutaneous Electrical Nerve Stimulation (TENS): Delivers low-voltage electrical currents to block pain signals.

Ultrasound: Uses high-frequency sound waves to promote tissue healing and reduce inflammation.

Interferential Current (IFC): Applies a higher frequency of electrical stimulation for pain relief.

### 4. Hydrotherapy

Hydrotherapy utilizes the therapeutic properties of water to aid in rehabilitation. Patients perform exercises and movements in a warm pool, which reduces the impact on joints and facilitates muscle relaxation. It is particularly beneficial for conditions like arthritis, joint injuries, and post-surgical recovery.



**5. Heat and Cold Therapy**

Heat and cold therapy are valuable tools in physiotherapy for managing pain and promoting healing:

Heat Therapy: Increases blood flow, relaxes muscles, and eases stiffness. It's ideal for chronic conditions.

Cold Therapy: Reduces inflammation, numbs the area, and is effective for acute injuries.

**6. Respiratory Physiotherapy**

This specialized branch of physiotherapy focuses on improving lung function and aiding patients with respiratory conditions. Techniques include:

Breathing Exercises: To enhance lung capacity and oxygenation.

Chest Physiotherapy: Techniques to clear mucus and improve lung ventilation.

Aerosol Therapy: Administering medications through inhalation.

**7. Neurological Rehabilitation**

Neurological physiotherapy is designed for individuals with neurological disorders such as stroke, spinal cord injuries, and multiple sclerosis. Therapists use techniques like:

Gait Training: To improve walking and mobility.

Balance Training: Reducing the risk of falls.

Functional Electrical Stimulation (FES): Stimulating muscles to restore movement.

**8. Sports Physiotherapy**

Sports physiotherapy caters to athletes, focusing on injury prevention, performance enhancement, and rehabilitation.

Therapists employ techniques such as:

Sports-Specific Training: Tailored exercises for a particular sport.

Biomechanical Analysis: Identifying and correcting faulty movement patterns.

Return-to-Sport Programs: Safely transitioning athletes back to competition.

**9. Pain Management**

Physiotherapists are experts in managing pain through various modalities, including:

Manual Therapy: Targeting pain at its source.

Therapeutic Exercise: Strengthening supporting muscles.

Education: Teaching pain management strategies and ergonomic principles.

**10. Women's Health Physiotherapy**

This specialized area addresses women's unique healthcare needs, including pre and post-natal care, pelvic floor rehabilitation, and management of conditions like urinary incontinence.

**Conclusion:**

Physiotherapy is a dynamic field encompassing a wide array of therapeutic techniques aimed at enhancing physical function and well-being. From manual therapy and exercise programs to electrotherapy and specialized neurological rehabilitation, physiotherapists play a vital role in improving the lives of individuals dealing with various health challenges.

**References:**

<https://physioheal.com/types-of-physiotherapy/>

## DIGEORGE SYNDROME

Mr. Arpit Narekar, Assistant Professor, Chirayu College of Nursing, Bhopal.



### Introduction

DiGeorge syndrome, also known as 22q11.2 deletion syndrome, is a syndrome caused by a microdeletion on the long arm of chromosome 22. DiGeorge syndrome occurs in about 1 in 4,000 people. The syndrome was first described in 1968 by American physician Angelo DiGeorge. In late 1981, the underlying genetics were determined.

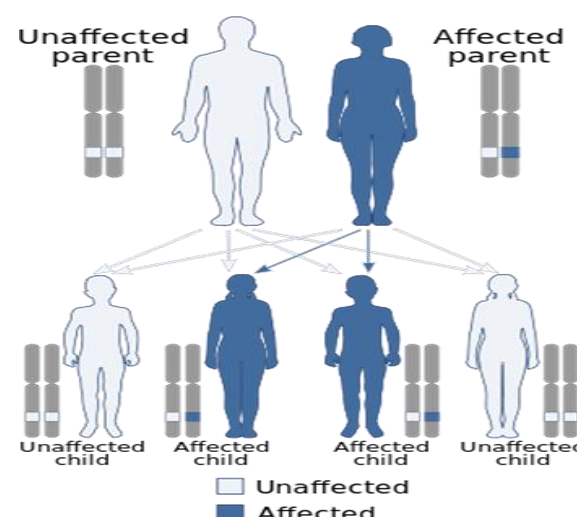
### Etiology

The exact mechanism that causes all of the associated features of the syndrome is unknown. Of the 30–50 genes in the deleted region, a number have been identified as possibly playing a role in the development of some of the signs and symptoms.

DiGeorge syndrome is caused by a heterozygous deletion of part of the long arm (q) of chromosome 22, region 1, band 1, sub-band 2 (22q11.2). Approximately 80–90% of patients have a deletion of 3 Mb and 8% have a deletion of 1.5Mb. The number of genes affected by the deletion has been cited as approximately 30 to 50. Very rarely, patients with somewhat similar clinical features may have deletions on the short arm of chromosome 10. The disorder has an autosomal dominant inheritance pattern.

A French study of 749 people diagnosed between 1995 and 2013 found that the mutation was inherited in 15% of patients, of which 85.5% was from the mother. Other studies have found inheritance rates of 6–10%. The majority cases are a result of a *de novo* (new to the family) deletion. This is because the 22q11 region has a structure that makes it highly prone to rearrangements during sperm or egg formation.

### Autosomal dominant



### Signs and Symptoms

The features of this syndrome vary widely, even among members of the same family, and affect many parts of the body. Characteristic signs and symptoms may include birth defects such as congenital heart disease, defects in the palate, most commonly related to neuromuscular problems with closure (velopharyngeal insufficiency), learning disabilities, mild differences in facial features, and recurrent infections. Infections are common in children due to problems with the immune system's T cell-mediated response that in some patients is due to an absent or hypoplastic thymus. DiGeorge syndrome may be first spotted when an affected newborn has heart defects or convulsions from hypocalcemia due to malfunctioning parathyroid glands and low levels of parathyroid hormone (parathormone).

Affected individuals may also have other kinds of birth defects including kidney abnormalities and significant feeding difficulties as babies. Gastrointestinal issues are also very common in this patient population. Digestive motility issues may result in constipation. Disorders such as hypothyroidism and hypoparathyroidism or thrombocytopenia (low platelet levels), and psychiatric illnesses are common late-occurring features.

### Diagnosis

Diagnosis of DiGeorge syndrome can be difficult due to the number of potential symptoms and the variation in phenotypes between individuals. It is suspected in patients with one or more signs of the deletion. In these cases a diagnosis of 22q11.2DS is confirmed by observation of a deletion of part of the long arm (q) of chromosome 22, region 1, band 1, sub-band 2. Genetic analysis is normally performed using fluorescence in situ hybridization (FISH), which is able to detect microdeletions that standard karyotyping (e.g. G-banding) miss. Newer methods of analysis include multiplex ligation-dependent probe amplification (MLPA) and quantitative polymerase chain reaction (qPCR), both of which can detect atypical deletions in 22q11.2 that are not detected by FISH. qPCR analysis is also quicker than FISH, which can have a turn around of 3 to 14 days.

A 2008 study of a new high-definition MLPA probe developed to detect copy number variation at 37 points on chromosome 22q found it to be as reliable as FISH in detecting normal 22q11.2 deletions. It was also able to detect smaller atypical deletions that are easily missed using FISH. These factors, along with the lower expense and easier testing mean that this MLPA probe could replace FISH in clinical testing.

Genetic testing using BACs-on-Beads has been successful in detecting deletions consistent with 22q11.2DS during prenatal testing. Array-comparative genomic hybridization (array-CGH) uses a large number of probes embossed in a chip to screen the entire genome for deletions or duplications. It can be used in post and pre-natal diagnosis of 22q11.2.

### Treatment

No cure is known for DiGeorge syndrome. Certain individual features are treatable using standard treatments.[51] The key is to identify each of the associated features and manage each using the best available treatments. For example, in children, it is important that the immune problems are identified early, as special precautions are required regarding blood transfusion and immunization with live vaccines. Thymus transplantation can be used to address absence of the thymus in the rare, so-called "complete" DiGeorge syndrome. Bacterial infections are treated with antibiotics. Cardiac surgery is often required for congenital heart abnormalities. Hypoparathyroidism causing hypocalcaemia often requires lifelong vitamin D and calcium

supplements. Specialty clinics that provide multi-system care allow for individuals with DiGeorge syndrome to be evaluated for all of their health needs and allow for careful monitoring of the patients. An example of this type of system is the 22q Deletion Clinic at SickKids Hospital in Toronto, Canada, which provides children with 22q11 deletion syndrome ongoing support, medical care and information from a team of health care workers.

### References

- Shah, Anvay; Sinnott, Bridget (2022-02-06). "Newly Diagnosed Hypoparathyroidism as the Initial Presentation of DiGeorge Syndrome in a 26-Year-Old Man". *AACE Clinical Case Reports*. 8 (4): 181–182.
- "22q11.2 deletion syndrome". *Genetics Home Reference*. July 2013. Archived from the original on 13 May 2017. Retrieved 15 May 2017.
- "DiGeorge (22q11.2 deletion) syndrome: Management and prognosis". *www.uptodate.com*. Retrieved 2018-10-30.
- Markert ML, Devlin BH, Alexieff MJ, Li J, McCarthy EA, Gupton SE, et al. (May 2007). "Review of 54 patients with complete DiGeorge anomaly enrolled in protocols for thymus transplantation: outcome of 44 consecutive transplants". *Blood*. 109 (10): 4539–47.
- "DiGeorge (22q11.2 deletion) syndrome: Management and prognosis". *www.uptodate.com* Retrieved 2018-10-30.
- Markert ML, Devlin BH, Alexieff MJ, Li J, McCarthy EA, Gupton SE, et al. (May 2007). "Review of 54 patients with complete DiGeorge anomaly enrolled in protocols for thymus transplantation: outcome of 44 consecutive transplants". *Blood*. 109 (10): 4539–47

## SHOPPING ADDICTION

Ms. Jyoti Majumdar, Assistant Professor, Chirayu College of Nursing, Bhopal



### Introduction:

Shopping is often seen as an enjoyable pastime, and many people find they get a “lift” when they go on a spree. Their brains release endorphins and dopamine, and they ride the wave of shopping euphoria. When shopping crosses the line, it can lead to feelings of guilt and shame and even severe financial hardship.

A shopping addiction can adversely impact your relationships and your professional life, and cause difficulties with your partner or your employer. For those already balancing high profile careers and personal obligations, the additional burden of a shopping addiction can create even more challenges. Although compulsive buying is often associated with women, a study out of Stanford University found that about six percent of women and five percent of men may fall into the category of compulsive shoppers.

### Definition:

A shopping addict is a term used for someone who continuously indulges in purchasing items to make them feel happy and continue to do so even when it has a negative impact on other areas of their life.

The top 5 tell signs to determine if you are an addictive shopper.

Satisfaction and fulfillment when purchasing a product/item.

Feeling guilty after buying.

Having to hide what you have bought from your partner or family.

Lying about how much spent.

Having trouble paying off credit card bills on items/purchases you never use.



### Difference between normal shopping as opposed to having a shopping addiction

Average shopper	Shopping addict
Occasional shopping sprees	Impulse buying
Looks at price tag before purchasing	Has no regard with the cost of product
Able to turn their nose up at a bargain	Unable to say no to a sale
Will use items they purchased	Won't use

### Common excuses to hide the fact you are a shopping addiction

It was in the sale at a really good price

It was the last one in my size

I was worried in case they went out of stock

If I order today, I will get free delivery

It goes with a pair of shoes I bought last week



### Causes:

People addicted to shopping make purchases for the same reason people addicted to drugs and alcohol continue to use their substance of choice. The act impacts the pleasure pathway in the brain, releasing dopamine in large amounts to create a euphoric sensation or “high” when the initial rush wears off, the individual must make another purchase to maintain the positive effects.

Some of the factors that could put a person at a higher risk for a shopping addiction include:

**Low self-esteem or loneliness-** using shopping to fill the void

**Depression or anxiety-** shopping becomes a method of self-medicating symptoms

**Loss of control-** a person may feel like buying items helps them regain control of life

**Emotional pain-** whether from childhood trauma of mental illness, shopping eases the discomfort temporarily

In some cases, a shopping addiction may replace another type of substance abuse. While shopping may not be as physically harmful as drugs or alcohol, the impact of the behaviour on one's life can be devastating.

### Symptoms :

1. Consistently spending more money than you plan or expect
2. Chronic shopping – increasing the amount of time you spend on the activity
3. Thinking about shopping all the time, planning trips and purchases
4. Feeling guilty after spending money, buying more to mask the guilt
5. Hiding shopping trips or the amount you spend from family and friends
6. Shopping when you are angry, depressed or anxious
7. Continued shopping despite broken relationships and financial trouble

### Treatment:

**Counselling:** It is recommended that spending addicts seek professional counselling or a self-help group to deal with this problem such as credit counselling.

Therapies: It may be a sign of something deeper or could be a start of something more serious so therapies or relaxation techniques can be a strong replacement.

### References:

1. <https://www.centerforprofessionalrecovery.com/treatment/co-occurring-addictiondisorders/shopping>
2. [https://www.slideshare.net/charley\\_Louisa27/shopping-addiction-12086787](https://www.slideshare.net/charley_Louisa27/shopping-addiction-12086787)

## GOSSYPIBOMA

Mr. John D Sundar, Assistant Professor, Chirayu College of Nursing, Bhopal



### Introduction:

Gossypiboma, textiloma or more broadly Retained Foreign Object (RFO) is the technical term for a surgical complications resulting from foreign materials, such as a surgical sponge, accidentally left inside a patient's body.

The term "gossypiboma" is derived from the Latin word Gossypium ("cotton wool, cotton") and the suffix - Oma, meaning a tumor or growth.

The term gossypiboma is derived from the Latin word "Gossypium", which means cotton, and the Swahili word "boma", which means place of concealment, thus referring to a retained sponge in the surgical bed.

### Definition:

" **Gossypiboma** " is derived from textile (surgical sponges have historically been made of cloth), and is used in place of **gossypiboma** due to the increasing use of synthetic materials in place of cotton.

### Incidence

**The actual** incidence is difficult to determine, possibly due to a reluctance to report occurrences arising from fear of legal repercussions.

Retained surgical sponges is reported to occur **once in every year 3000 to 5000 abdominal operations** and are most frequently discovered in the abdomen.

The incidence of retained foreign bodies following surgery has a reported rate of **0.01% to 0.001%**, of which gossypibomas make up 80% of cases

### Risk Factors:

#### Human factors

#### Communication failure:

**Cross cultural:** surgeon to nurse

**Gender related:** male to female

**Hierarchical:** captain to crew, surgeon to OT team

#### Other human factors:

Level of education

Training

Experience

#### Environment factors:

Noise

Distractions

Conversations

Traffic in and out of operating room

Unplanned change in surgery

#### Items retained:

Surgical instruments.

Surgical sponges.

Towels.

Suture needles.

Accessory item

#### Location of gossypiboma:

Frequent sites of gossypiboma formation include:

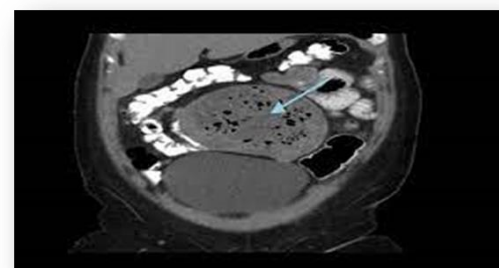
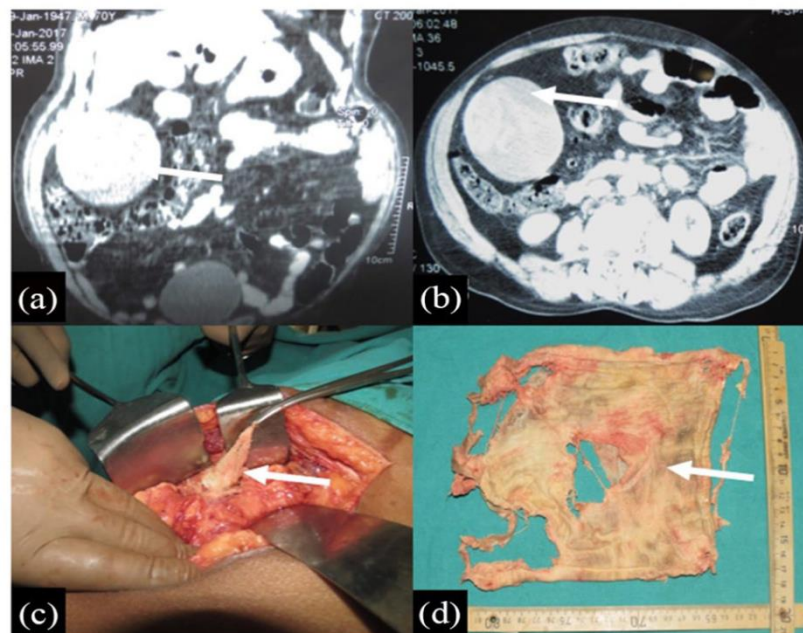
Thoracic cavity

pleural cavity

pericardial cavity

Abdominal cavity

Pelvic cavity



**Common symptoms of RSS (Retained Surgical Sponge)**

- Pain
- Palpable mass.
- Vomiting.
- Weight loss.
- Diarrhea.
- Abdominal distention.
- Tenesmus.

**Diagnostic evaluation****Plain Radiograph**

- The sponge contains a radio-Opaque marker, the diagnosis can be made easily by plain radiograph.
- The most impressive imaging finding are the curved or banded radio-Opaque lines on plain radiograph.

**Ultrasound**

**May appear** as a well- defined mass containing wavy, bright, internal echogenic structure with a hypo echoic rim and a strong posterior shadow.

**CT Scan Spongiform** appearance with gas bubbles.

- Low-density mass with a thin enhancing capsule.
- Calcifications deposited along the network architecture of a surgical sponge.

**CT-Radiographic features**

Gossypibomas are most frequently discovered in the abdomen.

spongiform appearance with gas bubbles.

low-density mass with a thin enhancing capsule.

calcifications deposited along with the network architecture of a surgical sponge.

**Differentiation from abscess** and hematoma may be difficult to discern on CT scan.

The use of a 3- dimensional CT scan gives a clearer, less ambiguous depiction of the object.

**MRI**

Signal characteristics vary depending on the content. Commonly reported features include:

**T1:** typically, low signal.

**T2:** low signal with whorled stripes in the central portion.

**T1 C+ (Gd):** enhancement and in some cases a serrated border to the inner wall.

**Management:**

**Management of Clinical Consequences** Depends on its location.

Patients should be offered removal of the Retained Surgical Sponge after it is recognized.

In cases where the patient is asymptomatic and the sponge is detected by chance, surgical removal should be recommended after the patient has been informed about the possible complications of the retained sponge.

**RSSs are** usually removed by open surgery.

In selected cases, minimally invasive techniques (endoscopy and laparoscopy) may be used.

Endoscopy may be useful when the RSS has migrated within the lumen of a hollow organ accessible by endoscopy (such as the stomach).

Laparoscopy for RSS is rarely performed, since the RSS is usually large and hard and has caused extensive adhesions or intensive granuloma formation

**The scrub person** should maintain awareness of the location of soft goods (e.g., sponges, towels, textiles); and instruments on the sterile field during the course of the procedure.

**It is the scrub person's responsibility to:**

Verify the integrity and completeness of sponges when they are counted.

Confirm that instruments or devices that are returned from the operative site are intact.

Speak up when a discrepancy exists.

**Things to remember:**

**The surgeon(s)** and surgical first assistant(s) should be aware of all soft goods, instruments, and sharps used in the surgical wound during the course of the procedure.

The surgeon does not perform the count but should facilitate the count process by:

Communicating placement of surgical items in the wound to the peri-operative team for notation (eg, whiteboard).

Acknowledging awareness of the start of the count process.

**Role of nurse:****Implications for nurse practitioners**

RSSs are uncommon, mostly asymptomatic, and hard to diagnose.

Patterns leading to an RSS are being investigated.

Multidisciplinary approaches and new technologies may help reduce this low frequency but clinically significant event.

Nurse practitioners may evaluate patients for subtle complaints with questionable imaging findings

A low index of suspicion for an RSS is attributed to the condition's rarity and long delay before symptoms and complications emerge.

Removing unneeded soft goods and instrumentation from the surgical field at the initiation of the count process.

Performing a methodical wound exploration when closing counts are initiated.

Accounting for and communicating about surgical items in the surgical field.

Notifying the scrub person and circulator about surgical items returned to the surgical field after the count.

Name:		DOB:		Room In:	
Procedure:				Time Out:	
Allergies:				Start:	
Antibiotic:				Stop:	
Metal:				Tourn ↑ : ↓ :	
Pregnancy Test:				Other:	
Laps	Raytecs	Cottonoids	Needles	Blades	
				Hypox	
				Bovie	
Notes:					

Pt. Name		DOB		Procedure		Surgeon	
Allergies							
Time-Out		Sponges		Fire Risk Assessment Tool			
Laps:		Raytec:		YES = 1 NO = 0 Open oxygen source: Available ignition source: Alcohol based prep: Site above right-hand Fire Risk Score Max Counts:			
Blades:		Sharps					
Bovie Tips:							
Hypox:							
Sutures:							

**Emerging technologies:**

**Physically** counting surgical items by the OT staff before and after procedures is the most common policy.

New technologies are being developed that may increase the efficiency and accuracy of accounting for surgical items.

Barcode and Radiofrequency identification technology have been incorporated into cotton sponges to help improve the reliability of counting these products.

**BARCODES**

**Barcodes** can be applied to all sponges, and with the use of a barcode scanner.

Electronic tagging of surgical sponges involves a device that gives off a signal indicating the presence of an RSS when it is swept across a surgical site.

**Take Home Message**

Preventing an RSS is far more important than cure.

Multidisciplinary approaches may help to avoid retained foreign objects.

New technologies may help to reduce the incidence of retained foreign objects.

There should be high index of suspicion of RSS in patients with past history of surgery.

RSSs should be included in the differential diagnosis of a soft-tissue mass detected in a patient with a history of surgery.

**A Retained Foreign Body as a Rare Cause of Small Bowel Obstruction (Gossypiboma): 2019 A Case Report****Abstract**

A retained foreign body (RFB) is a rare but possible complication of surgery. Among the most common retained foreign bodies are sponges, which may include lap pads and gauze pieces. Surgical never events are errors in medical care that are identifiable and preventable but have serious consequences for the patient, making it an important problem in terms of the safety and credibility of a healthcare facility. They also pose a major medico legal threat to healthcare organizations and a diagnostic challenge for surgeons. Herein, we present the case of a 35-year-old woman who presented with signs and symptoms of acute intestinal obstruction. She revealed a history of Caesarean section 11 months prior. She had a stormy postoperative course then and had to undergo a diagnostic laparoscopy for pus aspiration three months after surgery, where no finding other than pus was reported.

Upon presentation at our tertiary care center, she was examined and found to have an RFB for 11 months.

She was managed surgically with successful laparoscopic removal of the gossypiboma and consequent resolution of all her symptoms. Though rare, the possibility of an RFB, especially after open surgery, should be kept in mind when diagnosing patients who present with pain, mass in the abdomen, or symptoms of an infection.

Laparotomy is the mainstay of treatment for gossypiboma, but successful laparoscopic removal of the RFB provides a definite treatment with the super-added benefits of laparoscopy. Laparoscopic removal of gossypiboma has been reported in the literature and demonstrated in our tertiary care center.

## MOYAMOYA DISEASE (MMD)

**Mr. Anoop, Lecturer,** Chirayu College of Nursing, Bhopal



### **Introduction :**

The Moyamoya disease (MMD) was first described in Japanese literature in 1957. Suzuki and Takaku first named it as “moyamoya disease” in 1969. MMD is an isolated chronic, usually bilateral, vasculopathy of undetermined etiology characterized by progressive narrowing of the terminal intracranial portion of the internal carotid artery (ICA) and circle of Willis. Moyamoya syndrome (MMS) corresponds to the same moyamoya phenomenon, but in the background of either neurological or extra-neurological, whether inherited or acquired conditions. A fragile network of abundant collateral vessels as a reaction to chronic brain ischemia develops predominantly at the base of the brain known as moyamoya vessels-meaning “something hazy like a puff of smoke drifting in the air” in Japanese.

### **Etiology:**

- Inherited conditions and/or association:
- Sickle Cell Disease or trait
- Down Syndrome (Association)
- Neurofibromatosis type 1 (Association)
- Acquired conditions:
- Head and/or neck irradiation
- Chronic meningitis
- Skull base tumour
- Atherosclerosis of skull base arteries
- Arteriosclerosis
- Cerebral vasculitis.

### **Epidemiology:**

Age of onset of the symptomatic disease has two peak distributions: 5 to 9 years of age and 45 to 49 years of age. It is most commonly seen in East Asian countries (mainly Japan and Korea) but western countries have also noted an increase in the incidence of MMD. One study done in California and Washington state involving 298 patients reported an incidence of MMD of 0.086/100,000. Recently, a study done in East Asian countries found the family history of MMD in 10%-15% of patients from the data of 2000-2011. They also noted a higher incidence of MMD among females with a female-to-male ratio of 2.2. A more recent study based on the Nationwide Inpatient Sample database reported that MMD appears to be distributed among the races according to their relative proportions in the USA population [Higher prevalence was noted among Caucasians followed by Asian Americans and the most common reason for admission was an ischemic stroke. MMD has a bimodal age distribution with the first peak in the first decade and the second peak in the fourth decade of life.

### **Pathophysiology:**

The pathophysiology of MMD remains unclear, though genetic predisposition is theorized in East Asian countries. Mutations in BRCC3/MTCP1 and GUCY1A3 genes are implicated in Moyamoya syndrome. Affected individuals are found to have concentric and eccentric fibro cellular thickening of intima within the intracranial portion of ICA. In a study involving the Midwestern US population, an unusually high prevalence of type 1 diabetes, autoimmune thyroid disorders, and other autoimmune disorders were found in the moyamoya cohort which may point towards an autoimmune association. Chronic brain ischemia resulting from the narrowing is believed to be causing an overexpression of proangiogenic factors (fibroblast growth factor and hepatocyte growth factor) which, in turn, would cause the development of a fragile network of collateral vessels.

The following types of MMD (with the chromosome involved) have been described in the literature:

- MYMY1 - chromosome 3p
- MYMY2 - RNF213 gene on chromosome 17q25
- MYMY3 - chromosome 8q23
- MYMY4 - X-linked recessive condition characterized by MMD, short stature, hypergonadotropic hypogonadism, and facial dysmorphism.
- MYMY5 - ACTA2 gene on chromosome 10q23
- MYMY6 with achalasia - GUCY1A3 gene on chromosome 4q32

### Staging:

Suzuki stages explain the process from the beginning of stenosis in the terminal portion of ICA and the appearance of a deep but fragile network of collaterals (moyamoya) to the reduction of moyamoya vessels with the simultaneous development of supply from external carotid artery branches. This fragile network of collaterals mainly develops from thalamoperforating and lenticulostriate perforating arteries. Suzuki stages of moyamoya disease are mentioned below.

**Stage 1:** 'Narrowing of carotid fork'. On the angiographic exam, only the terminal portion of the internal carotid artery is stenosed.

**Stage 2:** 'Initiation and appearance of basal moyamoya'. On the angiographic exam, stenosis of all the terminal branches of ICA (ACA and/or MCA) and deep moyamoya vessels are seen.

**Stage 3:** 'Intensification of basal moyamoya'. On the angiographic exam, deep moyamoya vessels are intensified. MRA taken during this stage shows a "puff of smoke" appearance. The deflection of the anterior cerebral artery (ACA) and middle cerebral arteries (MCA) is noted.

**Stage 4:** 'Minimization of basal moyamoya'. On the angiographic exam, deep moyamoya vessels begin to regress while trans dural collaterals begin to appear. The deflection of the posterior cerebral artery (PCA) is noted.

**Stage 5:** 'Reduction of moyamoya'. On the angiographic exam, continued regression of deep moyamoya vessels and progression of trans dural collateral vessels are noted.

**Stage 6:** 'Disappearance of moyamoya'. On the angiographic exam, deep moyamoya vessels have vanished and there is complete occlusion of the ICA. Blood supply to ACA and MCA areas is derived mainly from the external carotid artery.

### Treatment:

It is important to keep in mind that there is no curative treatment for moyamoya disease. Early diagnosis of moyamoya disease coupled with timely surgical intervention is of utmost importance as medical therapies act only as secondary prevention and do not halt disease progression. Both, medical and surgical treatments are directed towards improving cerebral blood flow. Acute therapy for strokes and/or intracranial bleeding is performed as per standard protocols.

#### 1) Conservative management:

Conservative management is mainly directed towards maintaining cerebral blood flow and preventing further strokes. Aspirin has been conventionally used among patients of moyamoya disease to prevent further strokes. However, there is no evidence of a potential benefit of antiplatelet use to stroke prevention since the mechanism of MMD does not involve an endothelial damage and thereby platelet adhesion. Nevertheless, many neurologists around the world use aspirin towards mitigating the chances of further strokes in light of other risk factors and as a maintenance therapy to prevent thrombosis and thromboembolism from the stenosed portion of vessels after surgical revascularization. The usual dose of 50-100 mg is recommended.

Headaches and seizures are usually managed by symptomatic treatments using analgesics and antiepileptic medications, respectively.

#### 2) Surgical revascularization:

This is the only main treatment for MMD with deteriorating cerebral hemodynamic to improve the cerebral blood flow and prevent further strokes. Main indications for surgical revascularization are apparent cerebral ischemia, reduced regional cerebral blood flow and decreased cerebral vascular reserve in perfusion studies. However, every case is evaluated separately as decisive factors may vary from case to case. Surgery is more beneficial for children since the paediatric form of MMD is usually rapidly progressive.

**Indirect revascularization:** This is an easier method to perform but the time to improve the cerebral blood flow is longer than the direct revascularization. Major techniques used under this method are encephalomyo synangiosis (EMS) where the supply comes from the deep temporal artery and encephalo-duro-arterio synangiosis (EDAS) with the supply comes from superficial temporal artery. Encephalo-myo-arterio synangiosis (EMAS), encephalo-duro-arterio-myo synangiosis (EDAMS) and encephalo-galeo synangiosis (EGS) are variants of EMS and EDAS. The occipital artery can be used as an indirect bypass in case of MMD involving posterior circulation.

**Direct revascularization:** Superficial temporal artery is used as the main supply vessel in direct bypass. Direct vascularization is technically more difficult to perform and requires a highly skilled surgeon but the improvement in the cerebral blood flow is noted immediately following the surgery.

**Prognosis:**

The overall prognosis is variable. Two-thirds of patients with Moyamoya disease have a symptomatic progression over five years with poor outcomes. Progression of the occlusive process continues regardless of symptom severity, ongoing treatment, age, sex, type and location of the disease. However, data from the North American series shows 13.3% and 1.7% of ischemic and haemorrhagic strokes, respectively. Factors that may show a poor prognosis could be but not limited to: haemorrhagic strokes at presentation, female gender, familial form of onset and paediatric age of onset. Concomitant thyroid disorder and smoking impacts negatively on overall prognosis in MMD. Early surgical revascularization has a preferable prognosis.

**Complication:**

- Mainly perioperative complications are there.
- Intraoperative ischemic stroke (in MMD with advanced Suzuki stage)
- Postoperative ischemic stroke with the permanent neurologic deficit (0.9% -8% of patients, more frequent in adults)
- Haemorrhagic stroke (0.7%-8% of patients)
- Postoperative epidural hematoma (4.8% of the paediatric population)
- Hyper-perfusion syndrome after direct vascularization (in 21.5% -50% of patients)
- Scalp problems, majorly scalp ischemia (17.6%- 21.4% of patients).

**References:**

- 1.Hertza J, Loughan A, Perna R, Davis AS, Segraves K, Tiberi NL. Moyamoya disease: a review of the literature. Appl Neuropsychol Adult. 2014;21(1):21-7. [[PubMed](#)]
- 2.Kim JS. Moyamoya Disease: Epidemiology, Clinical Features, and Diagnosis. J Stroke. 2016 Jan;18(1):2-11. [[PMC free article](#)] [[PubMed](#)]
- 3.Kim JE, Kim KM, Kim JG, Kang HS, Bang JS, Son YJ, Han MH, Oh CW. Clinical features of adult moyamoya disease with special reference to the diagnosis. Neurol Med Chir (Tokyo). 2012;52(5):311-7. [[PubMed](#)]
- 4.Hishikawa T, Sugiu K, Date I. Moyamoya Disease: A Review of Clinical Research. Acta Med Okayama. 2016 Aug;70(4):229-36. [[PubMed](#)]
- 5.Yeh SJ, Tang SC, Tsai LK, Lee CW, Chen YF, Liu HM, Yang SH, Kuo MF, Jeng JS. Color Doppler ultrasonography as an alternative tool for postoperative evaluation of collaterals after indirect revascularization surgery in Moyamoya disease. PLoS One. 2017;12(12):e0188948. [[PMC free article](#)] [[PubMed](#)]

## CURRENT TRENDS AND CHALLENGES IN MIDWIFERY PRACTICES

Ms. Rekha Dehariya, Lecturer, Chirayu College of Nursing, Bhopal



### Introduction:

The maternal health and neonatal health are the two major priorities in which WHO focuses on specially. The Millennium Development Goals (MDGs) and the sustainable Development Goals (SDGs) have specially targeted the Maternal Mortality (MMR) and Infant Mortality Ratio (IMR). According to report of 2017, a total of 2,95,000 women lost their lives due to pregnancy and childbirth across the Globe.

The seven Indian states are having high maternal mortality rates which includes Rajasthan, Uttar Pradesh, Madhya Pradesh, Chhattisgarh, Bihar, Odisha and Assam. In categorizing very High mortality Rates means 130 or more maternal deaths per 100,000 live births. If the United Nation's progress accelerates enough to achieve the 2030 Sustainable Development Goals (SDGs), in which reducing MMR to less than 70 per 100,000 live births, it would be successful for saving least 1 million women worldwide. Most of these maternal deaths occur in rural areas than in urban areas due to a higher prevalence of skilled birth attendants (74 %) in urban areas than in rural areas (43 %). Evidence indicates that the deaths of women during pregnancy are generally lower in countries where most women give birth utilizing the services of skilled providers, including those with midwifery skills. Thus, this study aimed to explore and gain insights into Midwives experiences of working practices & providing women cantered care.

The new trends in maternity and midwifery nursing are changing rapidly in the world. it requires professionals to react in it to remain up to date knowledge and new developments as they occur. High-quality of care, evidence-based practices are the key strategy for the improvement of maternal and new born health. New teaching methods used for practical training are proved to have lots of benefits in the professional training of nurses.

The International Confederation of Midwives (ICM) says, "Midwives are the responsible and accountable professional who works to give the necessary support, care and advice during pregnancy, labor, and the postpartum period of the women. it is midwife's own responsibility to conduct births and to provide quality care for the new born and the infants, when midwifery care is provided by educated, trained, regulated, licensed midwives, it is associated with improved quality of care and rapid sustained reductions in maternal and newborn mortality.

The technological advancement arising for the purpose of reduction in maternal and fetal mortality rates. This study categorized trends for reducing maternal mortality, trends for fetal mortality and trends in maternity and new born health.

### TO REDUCES THE RATE OF MATERNAL MORTALITY

**1. WHO near misses Approach-** WHO (2011) developed a standard approach for monitoring the implementation of critical interventions in maternal health care and a systematic process for assessment of quality of care.

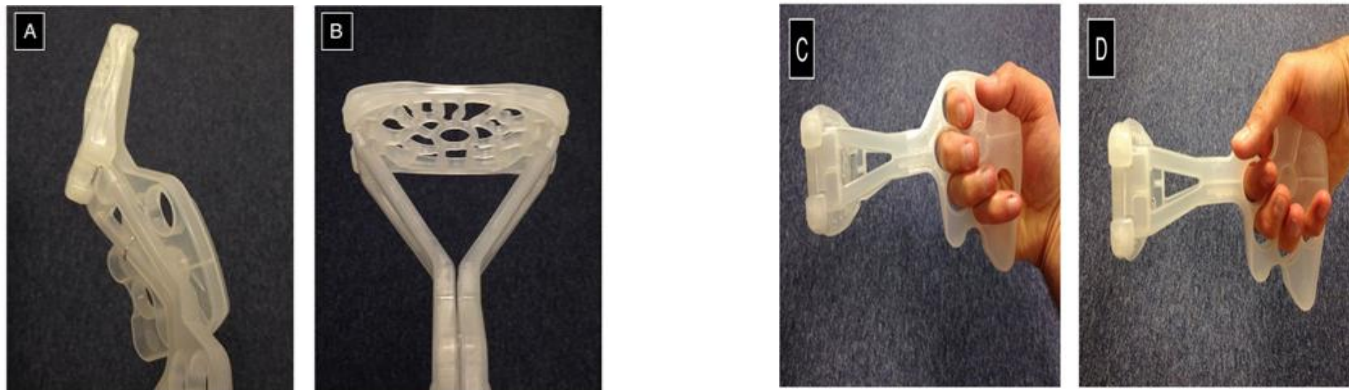


**2. Maternal Waiting Home**- According to WHO, Maternity waiting home is offer a low-cost way to bring women closer to needed obstetric care to prevent delay. These are-

- Delay in seeking appropriate medical help
- Delay in reaching an appropriate facility
- Delay in receiving adequate care
- Criteria for admission in waiting Homes are-
- Parity 0 or >6
- History of perinatal death.
- History of operative or complicated delivery.
- Height < 150 cm.
- Hypertension, Diabetes & Anaemia.
- Hydramnios.
- Preeclampsia toxemia.
- Non-cephalic presentation.
- Multiple pregnancy.
- Waiting home have exist in Northern Europe, Canada and the United States (Dadi, et al., 2018). To improve maternal and neonatal health.

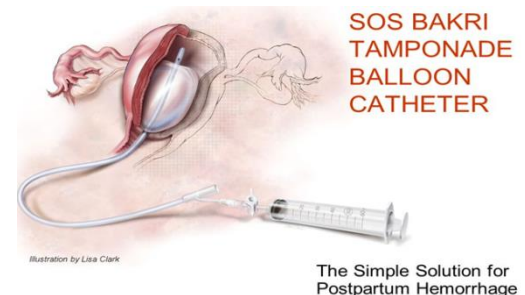
### **3. Postpartum Butterfly**

It is a device designed to treat PPH trough uterine compression. It is less invasive & less tiring than traditional bi-manual compression.



### **4. Trans-vaginal bakri balloon replacement**

Non-surgical option, an intrauterine device indicated to reduce or control PPH temporarily when conservative treatment is warranted.



## **FOR THE REDUCTION OF FETAL AND INFANT MORTALITY RATES**

### **1. Wireless fetal monitoring using smart phones**



**Continuous monitoring** wearable device



**Intermittent monitoring**  
Novii wireless fetal heart rate

**2. Non-invasive prenatal testing (NIPT)**- Helps to detect Trisomy 21(Down syndrome), Trisomy 18 (Edward syndrome), Trisomy 13 (Patau syndrome), and Monosomy X (turner syndrome) (caramins and chopra 2014)

**3. Vaginal Seeding**- It refers to the practice of inoculating a cotton gauze or cotton swab with vaginal fluids to transfer the normal vaginal flora to the mouth, nose or skin of the new born have been delivered by C-section. it uses to reduce the risk of developing allergy, asthma, autoimmune disorders.

**4. Reduce cesarean section birth among low-risk women**- “WHO proposes the Robson Classification system as a global standard for assessing, monitoring and comparing caesarean section rates within healthcare facilities over time and between facilities”. The Robson 10 group classification includes:

Nulliparous single cephalic >37 wks. in spontaneous labour

Nulliparous single cephalic >37 wks. induced or CS before labour.

Multiparous (excluding previous CS) single cephalic

Multiparous (excluding previous CS) single cephalic >37 wks. induced or CS before labour.

Previously CS, single cephalic >37 weeks.

All nulliparous breeches

All multiparous breeches (including previous CS)

All multiparous pregnancies (including previous CS)

All abnormal lies (including previous CS)

All single cephalic, <36 wks. (including previous CS)

**5. Reduce preterm births**- New approach to reduce incidence of preterm birth.

- Maternal progesterone supplementation.
- Cerclage.
- Treatment of intra-uterine infection.
- Prevent exposure to cigarette smoking.
- Improvement of maternal nutrition.
- Lifestyle modification to ameliorate maternal stress.

**6. Omega-3 for reducing preterm birth**- According to research adding Omega-3 to the diet of pregnant women has a positive effect on visual and cognitive development of the baby. Studies have also shown that higher consumption of omega-3 can reduce the risk of allergies occurs in infants (National Institute of Health, 2018). The three main omega-3 fatty acids.

- (ALA) Alpha-linolenic acid
- (EPA) Eicosapentaenoic acid
- (DHA) Docosahexaenoic acid



## NEW TRENDS IN EDUCATION OF MATERNITY AND NEWBORN HEALTH NURSING

**1. Telecommunication**- For day-to-day during high-risk pregnancy tests and steps, including:

**Electronic medical record (EMR) consultations:** Reviewing and making recommendations for care based on a patient's medical history and test results, all of which are detailed in the EMR.

**Genetic counseling:** Talking with patients about their risk factors for passing genetic conditions to their babies.

**Videoconferencing:** The doctor and patient can discuss findings during ultrasound examinations face-to-face over video.

**Virtual rounding:** Being at an inpatient's bedside across the state through mobile device technology.

**2. Mind map**- It is a diagram used to visually organize information. A mind map is hierarchical and shows relationships among pieces of the whole. It can also drawn by hand, either as "rough notes" during a lecture, meeting or planning session.

## NEW TECHNOLOGY IN MATERNITY & NEWBORN HEALTH NURSING

**1. Robotic Gynecological Surgery**- Robotics is a new trend in surgery especially in complex operations where movement is critical. It is capable for taking patient's vitals, medical history and updating medical records. The robotic nurse plays an essential role in a successful robotic surgery, as a part of the robotic surgical team, each one of the robotic nursing team “nurse coordinator, scrub-nurse and circulating-nurse” has a certain job description to ensure maximum patient's safety and robotic surgical efficiency. Well-structured training programs is to be offered to the robotic nurse to be well prepared, feel confident, and maintain high-quality of care during surgery.

**Uses-** It uses for the surgery like Hysterectomy & tubal ligations., Removal of fibroid tumors & Myomectomy, Removal of ovarian cysts & ovarian tumors, Infertility surgery, Endometriosis surgery, Genital Prolapse surgery.

**2. The Vita Heat During Labor**- The Vita HEAT is a portable system devise that moves with the woman throughout entire labor and delivery process. It is Portable, under-body system delivers warmth and helps to improve women satisfaction & comfort.

**3. Virtual Reality (VR) Eases Labor Pains**- Virtual reality (VR) is one of the newest non-pharmacological labor pain management devise (Frey et al., 2018). Technology can help patients learning for pain management skills like breathing exercises, meditation, and visualization. By the use of VR is completely drug-free, and effective for labor pain.

**4. Massaging Bra (The Lilu)**- Massaging Bra helps to secrete more milk into breast pump. The milk is collected in a specially designed bag that fits inside the unit. It used to stimulate milk glands and help to achieve let down by using the wireless, re-chargeable remote (Thomas, Chhugani, & Rahma, 2017). It is a powered bra that has a built-in massager, used to prevent blocked milk ducts and a strategy to relief breast engorgement (Medgadget, 2018).

**5. Clearblue Digital Pregnancy Test**- Clearblue Digital Pregnancy Test is a highly effective and advanced digital pregnancy test and more than 99% accurate at detecting fertility rates. It is the first one-step home ovulation test, enabling women to measure their surge in Luteinizing Hormone (LH) to determine their most fertile days.

**6. My Peri Tens Device**- This is a Kegel exerciser and muscle stimulator for women to strengthen pelvic floor exercise. It is new devise to help women with post-partum complications and incontinence.

#### **Benefits:**

**Pelvic Floor Trainers** help women to prevent bladder leaks, urges to urinate, urinary incontinence, and other pelvic floor issues during pregnancy.

**Better Bladder Control:** Regain and maintain bladder control women of all ages and sizes can avoid bladder leaks.

**Easy-To-Use Muscle Toners:** It is stimulator technology will do the pelvic exercises automatic. Apply lubricant onto the stimulator and place device comfortably inside the vagina, with the silver parts facing toward their hips. Only 20 minutes a day can help women get results effortlessly and proven results.

**Intimate Health:** After childbirth, women's pelvic floor muscles may have lost tone from atrophy or strain.

**7. A Contraceptive Computer Chip (Remote Control)**- A contraceptive computer chip has been developed that can be controlled by remote control. It is implanted under a woman's skin which releases a small dose of levonorgestrel on daily basis. It is Safe, effective, long-term birth control. A small electric charge melts an ultra-thin seal around the levonorgestrel, releasing the 30mcg dose into the body for 16 years. This device measures about 20mm x 20mm x 7mm and competitively priced.

### **CHALLENGES IN MIDWIFERY PRACTICES**

Studies have revealed a number of challenges to midwifery in low and middle-income countries including low professional autonomy, unmanageable workloads, lack of resources, lack of motivation, and inadequate staffing and many more. Studies revealed that the challenges experienced by midwives affected the quality of care they provide in Health care sectors.

#### **1. Inadequate infrastructure (lack of beds and physical space)**

One of the major challenge midwives face an inadequate infrastructure (lack of beds and physical space) to render quality care. Inadequate infrastructure, such as rooms to accommodate many laboring women, was challenging and frustrating for midwives. They further bemoaned that the lack of availability of beds affects the quality of midwifery care because women must be laid on mattress on the floor and they have to always bend or squat to deliver care to these women, and that has negative health implications for the midwives who have to bend and twist in painful ways as well as for the patients, who laid on mattress.

In some studies midwives further expressed that, cases they could handle in the facility were referred to district hospitals due to a lack availability of beds. This was inconvenient to the pregnant women and their families too.

#### **2. Shortage of Midwifery Staff**

The shortage of midwives in the district is a major issue across the facilities, as midwives lamented about this major shortage. Most of the midwives are compelled to work for 24hour shifts because there was no one to take over for them and change their shifts. They explained that working for a whole week without rest was stressful and effected their health too. this lack of midwives is a major challenge, which affects their ability to work effectively due to overload of work in the health care setting.

Most of the midwives indicates that apart from working around in 24 hours shifts, due to the shortages of midwives in rural areas, many of them hardly take their annual leave even in emergency situations.

### **3. Lack of motivation**

The one more arising challenge is lack of motivation among midwives. Because of this challenge midwives felt unnoticed and then their efforts to deliver quality maternal and child health services became unrecognized. If the government wants midwives to accept postings to rural and deprived areas, there is a need to implement rural incentive allowances for them. they need to be encouraged to accept these postings in areas where they could have a significant impact in reducing maternal mortalities and morbidities.

Although most of the midwives feels unmotivated by the government strategies and medical facilities. Some midwives still express great concern that although the study processes were much faster, they were not able to continue their educations due to staff shortages in the health care settings in rural and urban areas.

### **4. Logistical challenges**

Midwives express frustrations due to the lack of equipment and basic consumables articles. They recounted many situations where they could not perform full iterative midwifery care to expectant women due to a lack of supplies of articles and equipment. They had to improve their skills to save the lives of the mothers and the unborn babies. The midwives feels that they are being neglected because they made requisitions for the necessary supplies, but their voices were not heard till now.

### **5. Limited in-service training opportunities**

Due to the limited in-service training opportunities for midwives working in rural communities, they are far away from knowledge. For the improvement of their knowledge and practices their counterparts are working in towns and cities.

Participants pointed out that although they occasionally attended workshop training organized by Ghana Health Services and other institutions, due to the shortage of midwives in rural areas, many of them could not leave work to attend those workshops.

Participants reported that apart from the fact that they are unable to attend many workshops organized by the Ghana Health Service and other organizations to improve their knowledge and skills, they also do not have the opportunity for effective mentorship and coaching by senior and experienced midwives in rural areas.

### **6. Feeling of Demoralization**

The main concern reported by the midwives was a demoralization by their clients and supervisors. Midwives feels that they are blamed by the patients and their relatives, when something wrong happens like maternal deaths or stillbirths. On the basis of reports midwives feels verbally abused by the patients, that makes them feel that their work was undetermined. It was their general impression that midwives are having bad reputation in the society.

### **7. Societal challenges**

The midwives found low educational level of the population especially challenging for them. Populations insufficient education caused delayed arrivals at hospital causing maternal mortality and leading complications. Lack of cooperation between health care facilities is another problem faced by midwives, specially lack of a well-functioning health care referral system.

### **8. Personal struggles**

This is also a major challenging issue for midwives. They said heavy workload and stressful situations affects their personal life and family too. They are experiencing physical and mental health problems, limited personal development and face troubles in their families too.

### **Conclusion:**

Despite the effective management of maternity and newborn care, it can prevent maternal and fetal mortality rates. Midwives play a major role during the pre and postnatal periods. Due to the lack of efforts for the welfare and safety of midwifery personnel by the government, a shortage of midwifery practitioners, which includes an inadequate number of midwifery practitioners and increased workloads and absenteeism. Midwives should be provided access to midwifery education and development programs focusing on strategies that assure collaborative decision making and performance improvement among midwives. Upgradation of technology can be helpful for the health care providers in urban and rural settings, but there is a chance that having a lack of knowledge and experience among midwives may lead to an increase in quality of care. The government should organize a midwifery educational program updated trends in midwifery practices.

### **References:**

1. Aboushady, R. (2019, january). New trends in Maternity and Newborn Health Nursing. *ResearchGate*. Retrieved from [https://www.researchgate.net/publication/330352063\\_New\\_trends\\_in\\_Maternity\\_and\\_Newborn\\_Health\\_Nursing](https://www.researchgate.net/publication/330352063_New_trends_in_Maternity_and_Newborn_Health_Nursing)
2. Deborah Walker, B. L. (2014, May 31). Midwifery Practice and Education:. *THE ONLINE JOURNAL OF ISSUES IN NURSING*, 19(2). doi:10.3912/OJIN.Vol19No02Man04
3. Dr.Sathiyalatha Sarathi, Y. S. (2020). TRENDS IN OBSTETRICS AND GYNAECOLOGICAL NURSING. *ADALYA JOURNAL*, 9(2). Retrieved from <https://adalyajournal.com/gallery/6-feb-2718.pdf>

## ANEMIA IN PREGNANCY



**Ms. Yamini, Tutor,** Chirayu College of Nursing, Bhopal

### Introduction:

Anemia in pregnancy is the commonest medical disorder, 18-20 pregnant women are anemic in developed countries as compared to 40-75% in developing countries. It is responsible for significant high maternal and fetal mortality rate worldwide.

### Definition:

Anemia is a condition in which the number of red blood cells or their oxygen carrying capacity is insufficient to meet the physiological needs of the individual, which consequently will vary by age, sex, attitude, smoking, and pregnancy status (WHO2013).

**Anemia in pregnancy:** anemia in pregnancy is defined as hemoglobin (Hb) concentration is less than 11gm/gl.

### Classification

- MILD: 9-10.9 gm/dl.
- MODERATE: 7.8-9 gm/dl.
- SEVER: <7 gm/dl.
- VERY SEVER: < 4 gm/dl.

### Classification of anemia:

1. PHYSIOLOGICAL ANEMIA.
2. PATHOLOGICAL ANEMIA.
  - Iron deficiency.
  - Folic acid deficiency.
  - Vitamin B12 deficiency.
3. HEMORRHAGIC ANEMIA.
  - Acute- following bleeding in early month of pregnancy or APH.
  - Chronic- hookworm infestation , bleeding piles, etc.
4. HEMOLITIC ANEMIA-
  - Familial- congenital jaundice, sickle cell anemia.
  - Acquired- malaria, severe infection etc.
5. BONE MARROW INSUFFICIENCY-
  - Hypoplasia or aplasia due to radiation, drugs or severe infection.
6. HEMOGLOBINOPATHIES-
  - Abnormal structure of one of the globin chains of the hemoglobin molecule or globin chains of the hemoglobin molecule ex- sickle cell disease.

### Physiological anemia of pregnancy:

During pregnancy, maternal plasma volume gradually expands by 50%, an increase of approximately 1,200 ml by term. Most of the rise takes place before 32 to 34 week's gestation and thereafter there is relatively little change (Lettsky, 1987). The total increase in red blood cells is 25%, approximately 300 ml that occurs later in pregnancy. This relative hemo-dilution produces a fall in hemoglobin concentration, thus presenting a picture of iron deficiency anemia. However, it has been found that these changes are a physiological alteration of pregnancy necessary for the development of fetus.

### Iron requirement in pregnancy:

During pregnancy approximately 1500mg iron is needed for: Increase in maternal hemoglobin (200mg), The fetus and placenta (300-400mg), Replacement of blood lost at delivery (200mg). Lactation (1mg/day).

**Iron and folic acid requirement in pregnancy:**

- Elemental iron: 30mg to 60mg.
- Folic acid: 400 ug (0.4mg).
- It is recommended for pregnant women to prevent maternal anemia, puerperal sepsis, low birth weight, and preterm birth of babies.

**Cause:**

- Reduced intake or absorption of iron.
- Excess demand such as multiple pregnancy.
- Blood loss.

**Effect of anemia on the mother:**

- Reduced resistance to infection caused by impaired cell-mediated immunity.
- Reduced ability to withstand postpartum hemorrhage.
- Strain of even an uncomplicated labor may cause cardiac failure.
- Predisposition to PIH and preterm labor due to associated malnutrition.
- Reduced enjoyment of pregnancy and motherhood owing to fatigue.
- Potential threat to life.

**Effect to fetus/baby:**

- Intrauterine hypoxia and growth retardation.
- Prematurity.
- LBW.
- Anemia a few month after birth due to poor stores.

**Prevention:**

- The midwife can help to identify women at risk of anemia by
- Accurate history of medical, obstetric and social life.

**Management:**

- Avoidance of frequent childbirths.
- Dietary advice.
- Adequate treatment to eradicate illnesses likely to cause anemia.
- early detection of falling hemoglobin level.
- Curative management:  
120-180 gm is given.

Women having hemoglobin level of 7.5 mg % and those associated with obstetric medical complication must be hospitalized. Following therapeutic measures are to be instituted Diet, Antibiotic therapy, Blood transfusion, Iron therapy which may be oral/parental.

Oral iron : daily dose 120-180gm is given.

**References:**

1. GOODLAND, R.D. et al. 1983. Clinical science of normal plasma volume expansion during pregnancy. Am. J. Obstet. Gynecol. 145: 1001.
2. WORLD HEALTH ORGANIZATION. 1965. Nutrition in pregnancy and lactation. WHO Tech. Rep. Ser. 302.
3. WORLD HEALTH ORGANIZATION. 1968. Nutritional anemias. WHO Tech. Rep. Ser. 405.
4. LUND, C.J. et al. 1967. Blood volume during pregnancy. Significance of plasma red cell volumes. Am. J. Obstet. Gynecol. 98: 393.
5. RETIEF, F.P. et al. 1967. A study of pregnancy anemia, blood volume changes correlated with other parameters of haemopoietic efficiency. J. Obstet. Gynaecol. Br. Commonw. 74: 683.
6. DUFFUS, G.M. et al. 1971. The relationship between baby weight and changes in maternal weight, total body water, plasma volume electrolytes and proteins, and urinary oestriol excretion. J. Obstet. Gynaecol. Br. Commonw. 78: 97.
7. GIBSON, H.M. 1973. Plasma volume and glomerular filtration rate in pregnancy and their relation to differences in fetal growth. J. Obstet. Gynaecol. Br. Commonw. 80: 1067.
8. PIRANI, B.B.K. et al. 1973. Plasma volume in normal first pregnancy. J. Obstet. Gynaecol. Br. Commonw. 80: 884.
9. BAKER, S.J. 1983. Nutritional anemias. Part 2: Tropical Asia. Clin. Haematol. 10: 843.
10. WILLIAMS, M.D. et al. 1992. Anemia in pregnancy. Med. Clin. N. Am. 76(3): 631-647.
11. COOK, J.D. 1983. Nutritional anemia. Contemp. Nutr. 8: 366.
12. FLESSA, H.C. 1974. Hemorrhagic disorders

## CRITICAL THINKING IN NURSING

Ms. Ritu, Tutor, Chirayu College of Nursing, Bhopal



### What Is Critical Thinking in Nursing?

Critical thinking in nursing involves identifying a problem, determining the best solution, and implementing an effective method to resolve the issue using clinical decision-making skills. Reflection comes next. Carefully consider whether your actions led to the right solution or if there may have been a better course of action.

Remember, there's no one-size-fits-all treatment method — you must determine what's best for each patient.

### How Is Critical Thinking Important for Nurses?

As a patient's primary contact, a nurse is typically the first to notice changes in their status. One example of critical thinking in nursing is interpreting these changes with an open mind. Make impartial decisions based on evidence rather than opinions. By applying critical- thinking skills to anticipate and understand your patients' needs, you can positively impact their quality of care and outcomes.

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### Elements of Critical Thinking in Nursing:

To assess situations and make informed decisions, nurses must integrate these specific elements into their practice:

**Clinical judgment** -Prioritize a patient's care needs and make adjustments as changes occur. Gather the necessary information and determine what nursing intervention is needed. Keep in mind that there may be multiple options. Use your critical-thinking skills to interpret and understand the importance of test results and the patient's clinical presentation, including their vital signs. Then prioritize interventions and anticipate potential complications.

**Patient safety**- Recognize deviations from the norm and take action to prevent harm to the patient. Suppose you don't think a change in a patient's medication is appropriate for their treatment. Before giving the medication, question the physician's rationale for the modification to avoid a potential error.

**Communication and collaboration** - Ask relevant questions and actively listen to others while avoiding judgment. Promoting a collaborative environment may lead to improved patient outcomes and interdisciplinary communication.

**Problem-solving skills** - Practicing your problem-solving skills can improve your critical-thinking skills. Analyse the problem, consider alternate solutions, and implement the most appropriate one. Besides assessing patient conditions, you can apply these skills to other challenges, such as staffing issues.



**How to Develop and Apply Critical-Thinking Skills in Nursing?**

Critical-thinking skills develop as you gain experience and advance in your career. The ability to predict and respond to nursing challenges increases as you expand your knowledge and encounter real-life patient care scenarios outside of what you learned from a textbook.

Here are five ways to nurture your critical-thinking skills:

**Be a lifelong learner** - Continuous learning through educational courses and professional development lets you stay current with evidence-based practice. That knowledge helps you make informed decisions in stressful moments.

**Practice reflection** - Allow time each day to reflect on successes and areas for improvement. This self-awareness can help identify your strengths, weaknesses, and personal biases to guide your decision-making.

**Open your mind** - Don't assume you're right. Ask for opinions and consider the viewpoints of other nurses, mentors, and interdisciplinary team members.

**Use critical thinking tools** - Structure your thinking by incorporating nursing process steps or a SWOT analysis (strengths, weaknesses, opportunities, and threats) to organize information, evaluate options, and identify underlying issues.

**Be curious** - Challenge assumptions by asking questions to ensure current care methods are valid, relevant, and supported by evidence-based practice.

Critical thinking in nursing is invaluable for safe, effective, patient-centered care. You can successfully navigate challenges in the ever-changing health care environment by continually developing and applying these skills.

**References:**

1. <https://www.nursingworld.org/content-hub/resources/nursing-leadership/critical-thinkingnursing/#:~:text=Critical%20thinking%20in%20nursing%20involves,Reflection%20comes%20next>
2. <https://www.indeed.com/career-advice/career-development/critical-thinking-in-nursing>
3. <https://study.com/academy/lesson/critical-thinking-skills-in-nursing.html>

## COMMON ISSUES IN NURSING: HOW NURSE MANAGERS CAN HELP

**Mr. Rajkumar Rakshe, Tutor, Chirayu College of Nursing, Bhopal**



The nursing profession comes with many rewards and accompanying challenges. To support your nursing staff so they can focus on providing quality care, proactively address these common issues for nurses — and implement positive changes to help your team overcome daily hurdles.

### Nursing Issue #1: Inadequate Staff

Focusing on value-based and holistic patient-centered care requires a larger, more diverse, and highly educated nursing workforce. But maintaining adequate staffing remains an ongoing issue. Insufficient staffing can contribute to other nursing issues affecting job satisfaction, such as burnout, high staff turnover, scheduling dissatisfaction, less time to provide quality patient care, and a poor work-life balance.



#### Tips to Tackle Staffing Issues

- Nurse leaders constantly deal with the hiring and retention of nursing staff. There isn't a quick fix for the nursing shortage, but you can take steps to alleviate the issue.
- Review your onboarding program to ensure it continues past the initial orientation. A better grasp of your organization's values and mission may encourage nurses to stay and prompt them to recommend working there.
- Ensure your wage and benefit package is competitive. Evaluate comparable positions in similar organizations in your area and advocate for wage or benefit changes as necessary.
- Seek staff feedback on what's working well and what needs improvement. Facilitate open lines of communication through regular team meetings and opportunities to meet individually.
- Implement a staff survey to uncover underlying nursing practice issues. Communicating with nursing staff — and making internal improvements based on their input — can improve trust and nurture a more positive outlook for your nursing team.
- Offer flexible work schedules and hire part-time and per diem staff.

### Nursing Issue #2: Mental Health Concerns

Nurses experience daily on-the-job stress, often with little time to process the events. A shortage of nurses has placed greater demands on individuals, making the need for increased mental health awareness imperative.

#### Tips to Tackle Mental Well-Being

- Your team counts on you to advocate for their mental health and well-being. Be proactive in addressing their concerns.
- Raise awareness by normalizing conversations about mental health, encouraging nurses to express their concerns, and listening and learning from their feedback.
- Examine the workplace culture to determine if it provides support, encourages meaningful dialogue, and builds positive relationships.
- Plan a routine debriefing after an incident to allow time to address concerns and identify issues.
- Provide internal resources by offering employee assistance programs and educational programs. The Well-Being Initiative provides various resources to help nurses prioritize their mental health care.
- Promote self-care by encouraging communication around stress management. If necessary, assist staff in prioritizing tasks and encourage delegation as appropriate.
- Help your staff identify early signs of burnout or other mental health issues in themselves and their co-workers and encourage intervention.

**Nursing Issue #3: Lack of Advancement Opportunities**

Nurses may leave an organization if they don't see opportunities for advancement or feel their contributions aren't valued. Committing to nurturing career growth by offering chances for internal development, educational improvement, and succession planning may prompt nurses to stay.

**Tips to Tackle Career Growth**

- Use your leadership skills to foster an environment where your staff is knowledgeable about current healthcare trends.
- Promote education by advocating for time off for conferences, providing information on continuing education courses, and encouraging the pursuit of nursing certification or advanced degrees.
- Implement cross-training so nurses can become energized with additional roles that help prevent career stagnation.
- Develop a mentoring program by pairing nurses with peers or someone from a different unit or organization. These one-on-one relationships could grow over the years and assist with career development.
- Show transparency with succession planning by developing competencies to assess readiness for advancement. These plans may include annual reviews, adherence to the company's mission statement, commitment to positive organizational culture, and desire for further development.

**Nursing Issue #4: Fear of Workplace Violence**

An unsafe work environment can result in decreased job satisfaction, loss of work due to injury, and an inability to provide quality patient care. Acts of nursing workplace violence often go unreported. Nurses may be at an increased risk of physical or verbal abuse from patients, family members, or co-workers.

**Tips to Tackle Workplace Violence**

- As a leader, it's your responsibility to ensure a safe, secure environment for your staff and patients. Implement strategies to make workplace safety a priority.
- Nurture a healthy and positive work environment by promoting a culture that holds people accountable for negative behaviors such as incivility or bullying. Model the desired behavior by making yourself approachable and practicing peaceful communication.
- Note times when there's a higher risk of violence. These periods may include when patients get transferred, wake from anesthesia, or get diagnosed with cognitive impairment, substance abuse, or acute psychiatric needs.
- Identify and address how to safely provide care when physically close to a patient or while performing uncomfortable procedures. Encourage nurses to assess verbal and nonverbal behaviors displayed in body language to help identify signs of escalation.
- Train all staff in de-escalation techniques and workplace violence prevention.
- Develop a zero-tolerance policy regarding appropriate conduct for patients and staff and support a comprehensive workplace violence prevention program.
- These examples serve as a starting point for addressing common problems in nursing practice. Prioritize your focus on the nursing issues most relevant to your team so your staff can continue to provide quality patient care and feel satisfied in their careers.

**References**

1. [www.vecteezy.com](http://www.vecteezy.com)
2. [www.nursingworld.org](http://www.nursingworld.org)

## THE IMPORTANCE OF SELF-CONFIDENCE AND SELF ESTEEM IN A HUMAN LIFE....

Ms. Sonali Nair, Tutor, Chirayu College of Nursing, Bhopal



### Introduction:

Self-confidence is more important than you can imagine. It can change your whole life for the better. While a lack of confidence will have negative effects on your social relations, career, achievements, and even your mood, whereas self-esteem is how we value and perceive ourselves. Its based on our opinions and beliefs about ourselves, which can feel



### What is self-confidence and self-esteem?

Self-esteem is all about your overall sense of self-worth. It's about how much you like or appreciate all the little things that make you unique. In other words, if you looked long and hard in the mirror could you honestly say that you feel good about yourself?

Everyone can be critical of themselves from time to time. But if you have low self-esteem it can weigh you down and have a detrimental impact on your mental health.

### Differences between self-confidence and self-esteem.

Self -esteem and self-confidence are often used interchangeably. However, they are very different. Self-confidence is a measure of our belief in our own abilities, where as self-esteem relates to our sense of self and how we interact with the world. The confusion of these two terms often sends people down the wrong path.

### Why is self-confidence important?

Self-confidence not only has a huge impact on different areas of a person's life but also impacts every smaller function of our daily lives. These are some *importance of* self-confidence:

#### 1.It leads to better self-esteem

Self-esteem is a combination of believing in oneself and believing in one's self-worth. Having confidence in oneself is a gateway to developing better self-esteem and vice versa. Self-esteem helps people to better cope with life's difficulties and challenges, inculcate happiness and love in life, and have mental peace.

#### 2. Decreases anxiety

Having self-confidence is a way to decrease anxiety and fears in a person's life. Almost all of the issues related to social anxiety, self-esteem, and some other forms of anxiety have a root cause of low self-confidence in a person.

#### 3. Positive self-worth

The importance of self-confidence is positively related to making people comfortable in their skin. Confident people accept their flaws and know that this does not decrease their self-worth. It becomes easier to accept one's weaknesses because you are confident in your abilities that you will get over them one day.

#### 4. Makes a better leader

One of the qualities of a great leader is to have self-confidence. A leader is also an eloquent and confident speaker and has a charismatic personality.

#### 5. Increases motivation

When you have confidence, you will automatically gain more motivation to perform those tasks as compared to someone who has low confidence. People with low confidence are preoccupied with the fear of failure.

#### 6. Brings happiness

A confident person does not hesitate from doing anything in life. There are no regrets of missed opportunities and no self-accusatory and ruminating thoughts. When there is no regret in life, life automatically becomes happier than it normally is.

**Why is it important to have a strong sense of self-esteem?**

**It improves our relationships with others.** Having healthy self-esteem sets the tone for the relationships you have with other people. Because you can only connect with others as deeply as you can connect with yourself.

**It's easier to bounce back from hardships.** Some studies suggest that when our self-esteem is higher, emotional wounds such as rejection and failure feel less painful.

**It helps us be assertive.** We tend to be more confident in our decision-making.

**It allows us to set boundaries.** We're less prone to people-pleasing and find it easier to express our needs.

**It makes us less vulnerable to anxiety.** Studies suggest that a healthy sense of self-esteem may act as a buffer to anxiety. That's because when our self-esteem is higher, we tend to release less cortisol (the stress hormone) into our bloodstream. The cortisol is less likely to linger in our system and this, in turn, makes us less vulnerable to anxiety.

**It helps us stand up for ourselves.** We're less likely to tolerate abuse or mistreatment because we know we deserve to be treated better.

**It helps us achieve our goals.** A healthy sense of self-esteem allows us to recognize our strengths and learn from our mistakes. We persevere because we don't have an intense fear of failure and genuinely believe in our capabilities.

**Ways to improve your self-esteem and self-confidence?****Practice self-acceptance**

Becoming more accepting of yourself helps you to feel OK about yourself and other people, regardless of the situation.

Everyone makes mistakes. When you practice self-acceptance, you can:

acknowledge that mistakes are part of learning

identify ways you may be able to solve problems differently or change to get a different outcome

be critical of your behavior and try to change it without being critical of yourself.

**Get to know yourself**

- Take notice of experiences or thoughts that increase or decrease your self-confidence or self-esteem.
- Identify your strengths, abilities and achievements. Be honest and include everything you're proud of, no matter how small. Think about what they mean to you and why they're important to you.
- Think about what you'd like to change or improve about yourself, and how you can do that.

**Reprogram your thinking**

- Pay attention to the language you use when you talk to yourself or describe yourself to others. We are often kinder and more generous to other people than we are to ourselves.
- Recognize and challenge your inner critic. Focus on the messages that make you value yourself, and turn down those that make you think negatively about your value or ability. Reprogram your thinking with positive self-talk and affirmations.

**Be more assertive**

Learn to assert your needs. Don't feel guilty about asking others for what you want, or saying no to what you don't want.

**Make changes in your life**

- You may decide you want to make changes in your life to improve your self-esteem and self-confidence.
- Think about what you can change that will improve how you feel about yourself. For example, you may want to make changes in your studies, job or relationships, or develop new skills.
- Make a plan so that you can:
  - Identify specific goals that will challenge you
  - Break each goal down into achievable steps
  - Build on your success after each step.

**Surround yourself with positive influences**

Spend time with people who like you for who you are. Avoid people who are constantly negative or critical, but don't withdraw from genuine social contact.

**Reward yourself**

Celebrate your achievements as you practice building your self-esteem and self-confidence. Make time to treat yourself with experiences and activities you value.

**Share with others**

If you can, tell a good friend what you're doing. Their encouragement and feedback on the changes you're making could be invaluable support.

You can also help other people to see themselves as capable and worthwhile.

**Conclusion:**

In conclusion, it may be assumed that successful people have unlocked and comprehended the value of self-confidence and self-esteem which they have used it to their advantage. It makes no difference if the assignment is small or large; it takes to trust in a person to complete the task successfully and beautifully.

**References:**

1. [www.torontopsychologists.com](http://www.torontopsychologists.com)
2. [www.myonlinetherapy.com](http://www.myonlinetherapy.com)
3. [www.psychowellnesscenter.com](http://www.psychowellnesscenter.com)

## LEADERSHIP QUALITIES

Ms. Namita Sahu, Tutor, Chirayu College of Nursing, Bhopal



### What is Leadership?

Before describing what makes a good leader, it may be helpful start with a definition of leadership. There are as many definitions of leadership as there are people who have defined it.

**According to Bill Gates**, "As we look ahead into the next century, leaders will be those who empower others."

**American scholar Warren Bennis said** that "Leadership is the capacity to translate vision into reality." While we do not have one set definition for leadership, the examples above paint a leader as someone who has a strong strategic vision and goal, knows how to motivate and mobilize people around that goal and knows when to listen and follow others who bring their own skills and qualities to the table.



### What are the Most Important Leadership Qualities?

#### Empathy

Empathy is the ability to understand and feel what someone else is going through—the ability to put oneself in the shoes of another.

In the workforce, this can relate to understanding where employees are coming from and to work with them to ensure they best fit the position they are trying to fill. This will help you to best match a person's strengths with the needs of the organization.

#### Confidence

Good leaders are confident in their actions and goals and speak courageously, which helps followers to rally around a goal.

According to recent research from Elizabeth McClean, assistant professor of management and organizations at Eller, this is especially important for women.

"Women have traditionally been told not to be assertive," says McClean "but my research shows that when suggesting ideas for change, women who speak up agentically—for example, suggesting changes to work tasks and using confident language—got their ideas endorsed more than those who spoke up in a tentative manner."

#### Creativity

A good leader understands that a level of creativity is needed for effective problem solving. When beginning a brainstorming session, it is important to create an environment where all ideas are appreciated and valued, even the silly or crazy ones. Some of the best solutions and products can come from an idea that initially seems outrageous.

Creative leaders are not afraid to make waves and look at a problem from an untraditional perspective.

#### Accountability

Accountability is the ability to follow through on commitments and take ownership of successes and failures. A good leader who exemplifies accountability can inspire followers to take similar accountability for their actions.

"A good leader holds you accountable to be better—to be the best you can be while maintaining empathy and compassion when needed. A good leader holds themselves and others accountable to the same standards," says **Rachel Calvert Young** '10 BSBA (Management), human resources manager at Northrup Grumman.

**Transparency**

Transparency is the ability to openly share information with others and is generally associated with openness, communication and accountability. This can help followers to have a better understanding of what their leader is trying to achieve and can help them take ownership in those efforts.

According to **Heather Molina** '23 MBA: "The more context and information you can share about the 'why' on something helps others buy into the mission, objective, strategy and/or tactic."

**Delegation**

While good leaders possess accountability and follow through on their own tasks, they also know when to tap into the skills and strengths of others. This quality requires the leader to trust the ability of their followers to work on their behalf and produce quality outcomes.

By delegating work to others and being humble enough to understand that others may be able to perform a task better, the leader is able to focus their time on other responsibilities and the team will be able to reach their goal quicker.

**Compassion**

Compassion is the ability to feel sympathy for others, often in times of need. While empathy is about creating an environment where all are valued, compassion is action-oriented—helping others overcome obstacles in a way that benefits the individual in need while still helping them accomplish the goals in place.

"The job, although very important, does not define who I am as a human being. I carry the ups and downs of life. Although I do try to separate my personal life from my professional, it's hard when I'm going through a difficult stage in life," says Fernanda Bueno '18 MS (Marketing), product marketing analyst at Peacock TV.

As Bueno describes, issues in one's personal life can affect their professional life and ability to complete tasks. Good leaders acknowledge this and make adjustments to their plans and expectations to ensure that those around them are taken care of.

**Humility**

To have humility means to not be too assertive or arrogant—to be humble. Good leaders who practice humility give credit where it is due and celebrate the successes of others, instead of celebrating just their own.

According to **Scott Gossett** '97 BSBA (MIS), CEO of Clutch Solutions, "a good leader will never build anything if they are focused on themselves and not on the wellbeing of their team."

**Grit**

Grit is the perseverance and passion needed to reach a long-term goal, despite all obstacles. Good leaders know that the path to success is anything but easy and linear and they are up for the challenge.

**Connor Arendts** '17 BSBA (MIS), account executive at Sisense, has experienced the importance of grit in his career in software sales. His advice: "Understand your long-term goals and define a plan to get there efficiently."

**Vision**

Visionary leaders are able to look at a problem from a "bird's eye view" and develop paths to find a solution. They help others to stay focused on the goal and can pivot and re-center a team when things don't go as planned.

In order to gain or strengthen this quality, practice problem solving both at a personal and organizational level. This skill will come with time and experience in both failing and succeeding.

**Integrity**

With all of these in mind, there is one final quality to remember—integrity, which is described as the quality of having strong moral values and honesty. As Karl Eller, our namesake, once said: "Make absolute integrity the compass that guides you in everything you do. And surround yourself only with people of flawless integrity. Integrity is all you've got."

**Conclusion**

In summation, the role of leadership and management can work in different capacities, yet be the same when developing an organization. Leadership is nothing if it doesn't build a systems' based management structure, and management would have no support without the work of leadership as the backbone of ideals.

**References:**

1. Dess, Gregory, Gerry McNamara, Alan Eisner, and Seung-Hyun Lee. Strategic Management: Creating Competitive Advantages. 10th ed. New York: McGraw Hill Education, 2021.
2. Carpenter, Mason A., and William Gerard Sanders. Strategic Management: A Dynamic Perspective; Concepts and Cases. 2d ed. Upper Saddle River, NJ: Pearson Prentice Hall, 2008.
3. Hitt, Michael A., R. Duane Ireland, and Robert E. Hoskisson. Strategic Management: Competitiveness and Globalization; Concepts and Cases. 13th ed. Stamford, CT: Cengage Learning, 2020.
4. House, Robert J., Peter W. Dorfman, Mansour Javidan, Paul J. Hanges, and Mary F. Sully de Luque. Strategic Leadership across Cultures: The GLOBE Study of CEO Leadership Behavior and Effectiveness in 24 Countries. 1st ed. Thousand Oaks, CA: SAGE, 2014.

## LUCID DREAM

Mr. Faisal Siddiqui, M.Sc. (N) II Year, CCON, Bhopal



A **lucid dream** is a dream during which the dreamer is aware that they are dreaming. During a lucid dream, the dreamer may gain some amount of control over the dream characters, narrative, and environment; however, this is not actually necessary for a dream to be described as lucid.



Zhuangzi dreaming of a butterfly

### Etymology

The term 'lucid dream' was coined by Dutch author and psychiatrist Frederik van Eeden in his 1913 article *A Study of Dream* though descriptions of dreamers being aware that they are dreaming predates the actual term. Eeden studied his personal dreams since 1896. He wrote down the dreams that seemed most important to him, and out of all these dreams, 352 were what is now known as "lucid dreams". He created different names for the different types of dreams he experienced; each name being created from the data he had collected. He named seven different types of dreams: initial dreams, pathological, ordinary dreaming, vivid dreaming, demoniacal, general dream-sensations, and lucid dreaming. Frederick Van Eeden said the seventh type of dreaming, lucid dreaming, was the most interesting and worthy of the most careful observation of studies. Eeden studied lucid dreaming between January 20, 1898, and December 26, 1912. While describing this state of dreaming, Eeden said, 'you are completely aware of your surroundings and are able to direct your actions freely, yet the sleep is stimulating and uninterrupted.

### History

#### 19th century

In 1867, the French sinologist Marie-Jean-Léon, Marquis d'Hervey de Saint Denys anonymously published *Les Rêves et Les Moyens de Les Diriger; Observations Pratiques* ('Dreams and the ways to direct them; practical observations'), in which he describes his own experiences of lucid dreaming, and proposes that it is possible for anyone to learn to dream consciously.

#### 20th century

In 1913, Dutch psychiatrist and writer Frederik (Willem) van Eeden (1860–1932) coined the term 'lucid dream' in an article entitled "*A Study of Dreams*". Some have suggested that the term is a misnomer because van Eeden was referring to a phenomenon more specific than a lucid dream. Van Eeden intended the term lucid to denote "having insight", as in the phrase *a lucid interval* applied to someone in temporary remission from a psychosis, rather than as a reference to the perceptual quality of the experience, which may or may not be clear and vivid.

### Scientific research

In 1968, Celia Green analyzed the main characteristics of such dreams, reviewing previously published literature on the subject and incorporating new data from participants of her own. She concluded that lucid dreams were a category of experience quite distinct from ordinary dreams and said they were associated with rapid eye movement sleep (REM sleep). Green was also the first to link lucid dreams to the phenomenon of false awakenings.

Lucid dreaming was subsequently researched by asking dreamers to perform pre-determined physical responses while experiencing a dream, including eye movement signals.

Neuroscientist J. Allan Hobson has hypothesized what might be occurring in the brain while lucid. The first step to lucid dreaming is recognizing one is dreaming. This recognition might occur in the dorsolateral prefrontal cortex, which is one of the few areas deactivated during REM sleep and where working memory occurs. Once this area is activated and the recognition of dreaming occurs, the dreamer must be cautious to let the dream continue but be conscious enough to remember that it is a dream. While maintaining this balance, the amygdala and parahippocampal cortex might be less intensely activated. To continue the intensity of the dream hallucinations, it is expected the pons and the parieto-occipital junction stay active.

Using electroencephalography (EEG) and other polysomnographical measurements, LaBerge and others have shown that lucid dreams begin in the Rapid Eye Movement (REM) stage of sleep. LaBerge also proposes that there are higher amounts of beta-1 frequency band (13–19 Hz) brain wave activity experienced by lucid dreamers, hence there is an increased amount of activity in the parietal lobes making lucid dreaming a conscious process.

### Alternative theories

Other researchers suggest that lucid dreaming is not a state of sleep, but of brief wakefulness, or "micro-awakening". Experiments by Stephen LaBerge used "perception of the outside world" as a criterion for wakefulness while studying lucid dreamers, and their sleep state was corroborated with physiological measurements. LaBerge's subjects experienced their lucid dream while in a state of REM, which critics felt may mean that the subjects are fully awake. J Allen Hobson responded that lucid dreaming must be a state of both waking and dreaming.

### Definition

Paul Tholey laid the epistemological basis for the research of lucid dreams, proposing seven different conditions of clarity that a dream must fulfill in order to be defined as a lucid dream:

Awareness of the dream state (orientation)

Awareness of the capacity to make decisions

Awareness of memory functions

Awareness of self

Awareness of the dream environment

Awareness of the meaning of the dream

Awareness of concentration and focus (the subjective clarity of that state)

### Prevalence and frequency

In 2016, a meta-analytic study by David Saunders and colleagues on 34 lucid dreaming studies, taken from a period of 50 years, demonstrated that 55% of a pooled sample of 24,282 people claimed to have experienced lucid dreams at least once or more in their lifetime. Furthermore, for those that stated they did experience lucid dreams, approximately 23% reported to experience them on a regular basis, as often as once a month or more. In a 2004 study on lucid dream frequency and personality, a moderate correlation between nightmare frequency and frequency of lucid dreaming was demonstrated. Some lucid dreamers also reported that nightmares are a trigger for dream lucidity. Previous studies have reported that lucid dreaming is more common among adolescents than adults.

A 2015 study showed that people who had practiced meditation for a long time tended to have more lucid dreams. Julian Mutz and Amir-Homayoun Javadi claimed that "Lucid dreaming is a hybrid state of consciousness with features of both waking and dreaming" in a review they published in *Neuroscience of Consciousness* in 2017.

Mutz and Javadi found that during lucid dreaming, there is an increase in activity of the dorsolateral prefrontal cortex, the bilateral frontopolar prefrontal cortex, the precuneus, the inferior parietal lobules, and the supramarginal gyrus. All are brain functions related to higher cognitive functions including working memory, planning, and self-consciousness. The researchers also found that during a lucid dream, "levels of self-determination" were similar to those that people experienced during states of wakefulness.

### Suggested applications

#### Treating nightmares

It has been suggested that those who suffer from nightmares could benefit from the ability to be aware they are indeed dreaming. A pilot study performed in 2006 showed that lucid dreaming therapy treatment was successful in reducing nightmare frequency. This treatment consisted of exposure to the idea, mastery of the technique, and lucidity exercises. It was not clear what aspects of the treatment were responsible for the success of overcoming nightmares, though the treatment as a whole was said to be successful. In another study, Spoormaker, Van den Bout, and Meijer (2003) investigated lucid dreaming treatment for nightmares by testing eight subjects who received a one-hour individual session, which consisted of lucid dreaming exercises. The results of the study revealed that the nightmare frequency had decreased and the sleep quality had slightly increased.

### Risks

Though lucid dreaming can be beneficial to a number of aspects of life, some risks have been suggested. Those who have never had a lucid dream may not understand what is happening when they experience it for the first time. Individuals who experience lucid dreams could begin to feel isolated from others due to feeling different. It could become more difficult over time to wake up from a lucid dream. Someone struggling with certain mental illnesses could find it hard to be able to tell the difference between reality and the actual dream.

Long term risks with lucid dreaming have not been extensively studied. Some people experience something like Sleep Paralysis, it is in a state in between dreaming and waking, where you can't move, where you're aware that you are awake, and yet still may be experiencing hallucinations from your dream. Sleep paralysis is uncommon, affecting anywhere between seven. and 40 percent of people. There is also a possibility of "sleep claustrophobia" which is when a person is lucid in a dream scenario that they are unable to wake from or manipulate.

### References:

1. Kahan T.; LaBerge S. (1994). "Lucid dreaming as metacognition: implications for cognitive science". *Consciousness and Cognition*. 3 (2): 246–264
2. "Frederik van Eeden" *www.lucidity.com*. Retrieved 2018-04-23.
3. Frederik van Eeden (1913). "A study of Dreams" *Proceedings of the Society for Psychical Research*. 26.
4. Eeden, Frederik. "A Study of Dreams". *lucidity.com*.
5. LaBerge, Stephen (1985). *Lucid Dreaming*. Los Angeles: J.P. Tarcher. ISBN 0874773423
6. *Lucid dreaming can be induced by electric scalp stimulation, study finds*

## A QUALITY TOOL FOR PDCA (PLAN-DO- CHECK- ACT)

Ms. Priyanka Bijoliya, M.Sc. (N) II Year, CCON, Bhopal



### INTRODUCTION:-

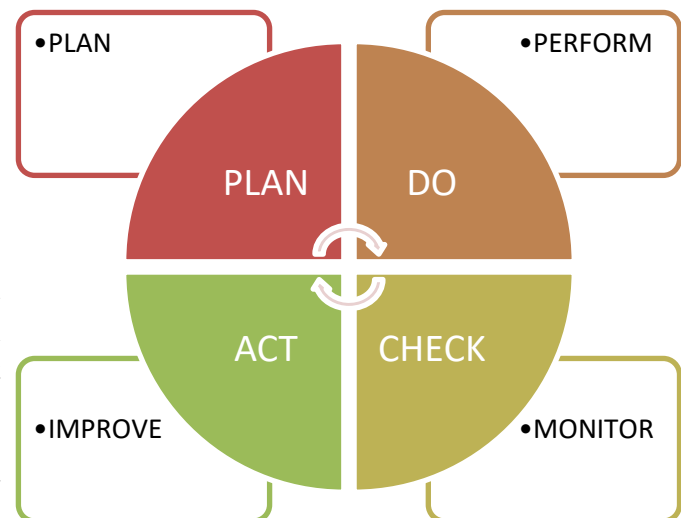
The Plan-do-check-act cycle is a four-step model for carrying out change. Just as a circle has no end, the PDCA cycle should be repeated again and again for continuous improvement. The PDCA cycle is considered a project planning tool.

**These seven quality tools which are basic for all other tools are:**

- Flow chart
- Pareto diagram
- Check sheet
- Control chart
- Histogram
- Scatter plot
- Cause-and-effect diagram

The seven quality tools were first emphasized by Ishikawa (in the 1960s), who is one of the quality management gurus. His original seven tools include stratification, which some authors later called a flow chart or a run chart.

They are also called the seven "basic" or "old" tools. After that other new tools have been developed for various purposes but the basis for every work is related to the 7QC tools. These tools are also fundamental to Kaizen and Juan's approach to quality improvement.



### When To Use The PDCA Cycle:-

Use the PDCA cycle when:

Starting a new improvement project

Developing a new or improved design of a process, product, or service

Defining a repetitive work process

Planning data collection and analysis in order to verify and prioritize problems or root causes

Implementing any change

Working toward continuous improvement

### The Plan-Do-Check-Act Procedure

- **Plan:** Recognize an opportunity and plan a change.
- **Do:** Test the change. Carry out a small-scale study.
- **Check:** Review the test, analyze the results, and identify what you've learned.
- **Act:** Take action based on what you learned in the study step. If the change did not work, go through the cycle again with a different plan. If you were successful, incorporate what you learned from the test into wider changes. Use what you learned to plan new improvements, beginning the cycle again.

### Plan-Do-Check-Act Example

The Pearl River, NY School District, a 2001 recipient of the Malcolm Baldrige National Quality Award, used the PDCA cycle as a model for defining most of their work processes, from the boardroom to the classroom.

The PDCA model was the basic structure for the district's:

Overall strategic planning

Needs analysis

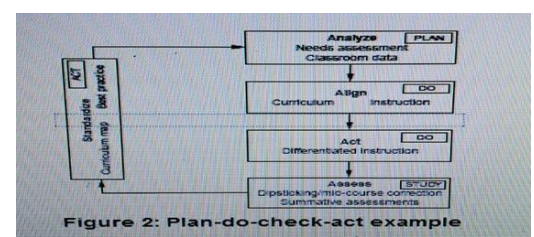
Curriculum design and delivery

Staff goal-setting and evaluation

Provision of student services and support services

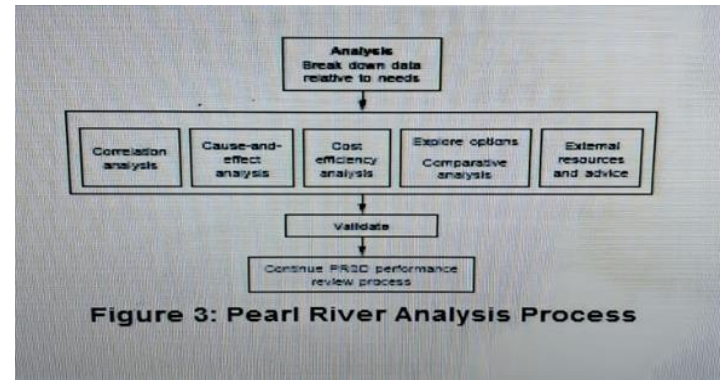
Classroom instruction

Figure 2 shows their "A+ Approach to Classroom Success." This is a continuous cycle of designing curriculum and delivering classroom instruction. Improvement is not a separate activity—it is built into the work process.



**PLAN**

The A+ Approach begins with a "plan" step, which the school district calls "analyze." In this step, students' needs are analyzed by examining a range of data available in Pearl River's electronic data "warehouse." The data reviewed includes everything from grades to performance on standardized tests. Data can be analyzed for individual students or stratified by grade, gender, or any other subgroup. Because PDCA does not specify how to analyze data, a separate data analysis process (Figure 3) is used here as well as in other processes throughout the organization.

**DO**

The A+ Approach continues with two "do" steps:

The "align" step asks what the national and state standards require and how they will be assessed. Teaching staff also plans curricula by looking at what is taught at earlier and later grade levels and in other disciplines to ensure a clear continuity of instruction throughout the student's schooling. Teachers develop individual goals to improve their instruction where the "analyze" step showed any gaps.

The "act" step is where instruction is provided, following the curriculum and teaching goals. Within set parameters, teachers vary the delivery of instruction based on each student's learning rates and styles

**CHECK**

Formal and informal assessments take place continually, from daily teacher assessments to six-week progress reports to annual standardized tests. Teachers also can access comparative data on the electronic database to identify trends. High-need students are monitored by a special child study team.

Throughout the school year, if assessments show students are not learning as expected, mid-course corrections are made (such as re-instruction, changing teaching methods, and more direct teacher mentoring). Assessment data become input for the next step in the cycle.

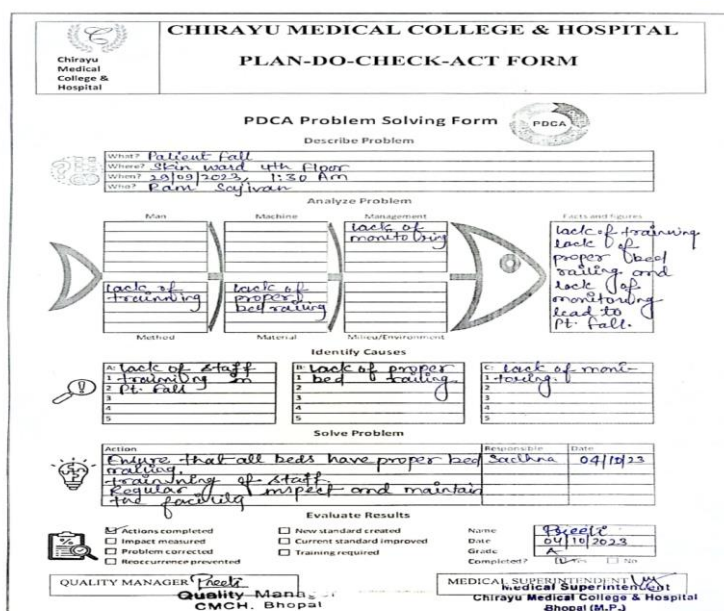
**ACT**

In this example, the "act" step is "standardization." When goals are met, the curriculum design and teaching methods are considered standardized. Teachers share best practices in formal and informal settings. Results from this cycle become input for the "analyze" phase of the next A+ Approach cycle.

**ROOT CAUSE ANALYSIS CHECKLIST**

The main purpose of PDCA-cycle application lies in process improvement .

When process improvement starts with careful planning, it results in corrective and preventive actions supported by appropriate quality assurance tools which lead to true process improvement. The application of the seven basic quality tools in correlation with four steps of PDCA-cycle is shown.



**CHIRAYU MEDICAL COLLEGE & HOSPITAL**  
**PLAN-DO-CHECK-ACT FORM**

**PDCA Problem Solving Form**

**Describe Problem**

What? Patient fall  
Where? Skin ward 4th floor  
When? 20/09/2023, 1:30 AM  
Who? Pankaj Sanyal

**Analyze Problem**

Man: lack of training  
Machine: lack of proper bed railing  
Management: lack of monitoring  
Method: lack of training  
Material: lack of proper bed railing  
Milieu/Environment: lack of monitoring

**Identify Causes**

A: lack of staff training on Pt fall  
B: lack of proper bed railing  
C: lack of monitoring

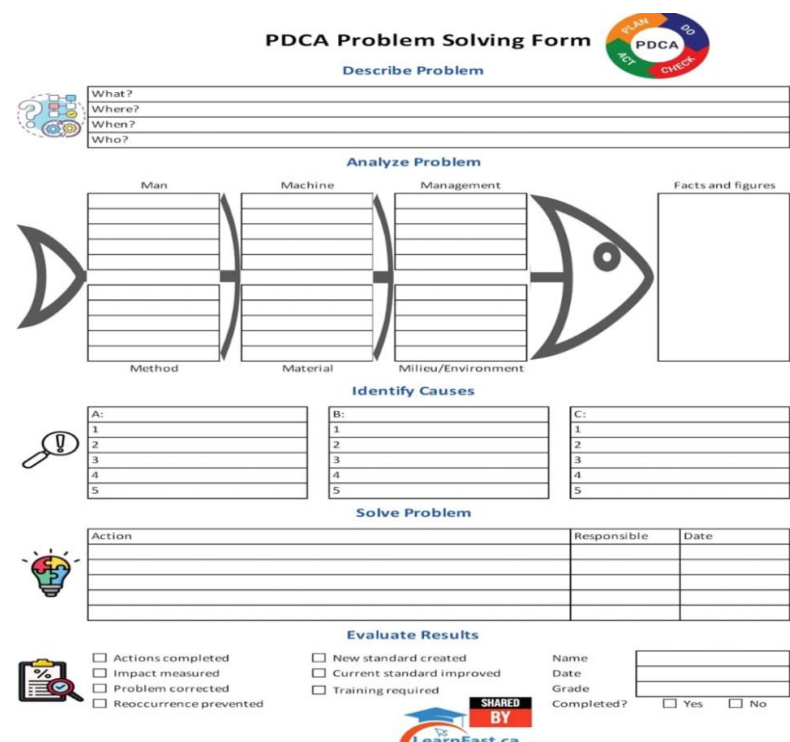
**Solve Problem**

Action: Ensure that all beds have proper bed railing  
Responsible: Sachna  
Date: 09/10/23

**Evaluate Results**

Actions completed: ☒ New standard created: ☐  
Impact measured: ☐ Current standard improved: ☐  
Problem corrected: ☐ Training required: ☐  
Recurrence prevented: ☐

QUALITY MANAGER: Pankaj Sanyal  
MEDICAL SUPERINTENDENT: Dr. Sachna  
Chirayu Medical College & Hospital  
Bhopal (M.P.)



**PDCA Problem Solving Form**

**Describe Problem**

What?  
Where?  
When?  
Who?

**Analyze Problem**

Man:   
Machine:   
Management:   
Method:   
Material:   
Milieu/Environment:   
Facts and figures:

**Identify Causes**

A:   
1:   
2:   
3:   
4:   
5:   
B:   
1:   
2:   
3:   
4:   
5:   
C:   
1:   
2:   
3:   
4:   
5:

**Solve Problem**

Action:   
Responsible:   
Date:

**Evaluate Results**

☐ Actions completed  
☐ Impact measured  
☐ Problem corrected  
☐ Recurrence prevented

☐ New standard created  
☐ Current standard improved  
☐ Training required

Name:   
Date:   
Grade:   
Completed? ☐ Yes ☐ No

SHARED BY: LearnFast.ca

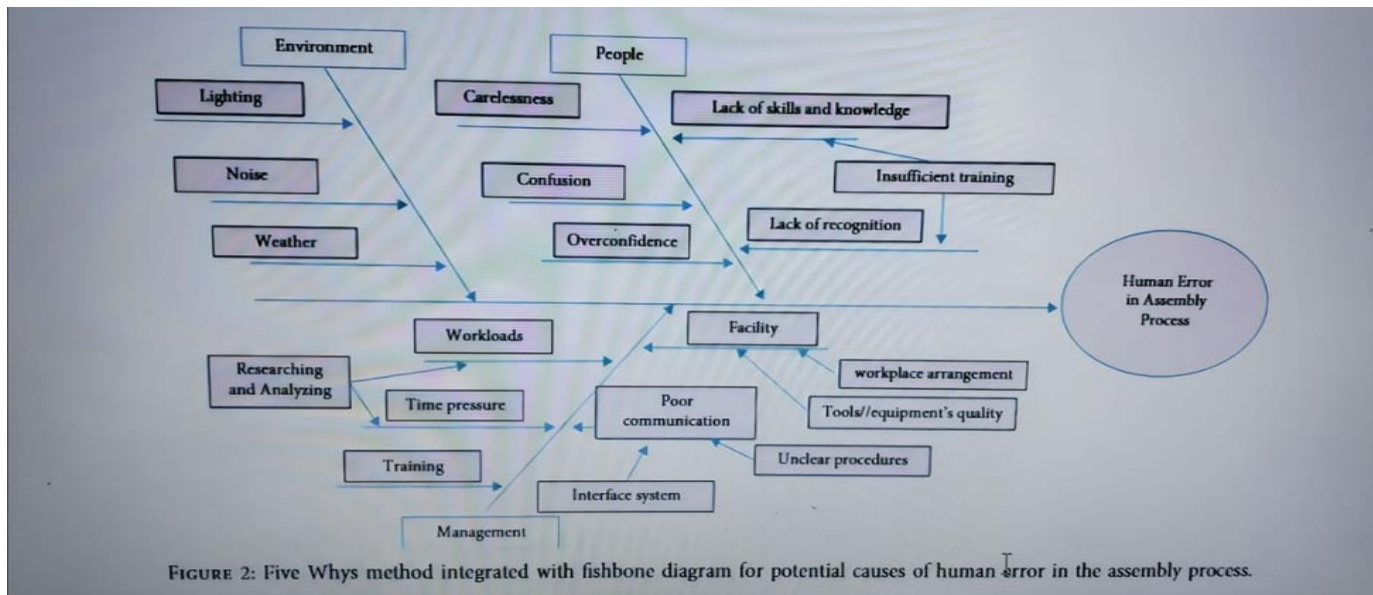
## QUALITY CONTROL TOOLS IN SIX SIGMA

Six Sigma is an organization-wide approach used to specify exactly how organization managers set up and achieve objectives. It demonstrates how breakthrough improvements tied to significant bottom-line results can be achieved.

The intelligent use of data, emphasis of statistical analysis and designed experiments.

Six Sigma prescribes an improvement process known as DMAIC methodology:

- Define - improvement of project goals, goals based on customer needs and wants;
- Measure - current process and establish metrics to monitor the path to achievement of goals;
- Analyze - current process to understand problems and their causes;
- Improve - process by identifying and piloting solutions to problems;
- Control - improved process with standardization and ongoing monitoring.



## Benefits of the PDCA Cycle

Here are a few benefits of the PDCA cycle that directly impact your business:

- The PDCA Cycle is a simple yet powerful tool that results in successful change while helping to reduce waste and increase process efficiency.
- Repeating the PDCA Cycle multiple times simplifies processes and minimizes errors, helping to create standard operating procedures.
- The PDCA Cycle is a versatile technique used for various use cases across industries, such as project management, change management, product development, and quality management.
- The PDCA Cycle is an exceptionally effective methodology that gives you visibility into core processes and captures data to prove results.

## Limitations of the PDCA Cycle

The PDCA Cycle also has its limitations. Here are a few challenges for the process improvement model:

PDCA is a continuous loop and an ongoing process, meaning it requires buy-in from leadership and a firm commitment to the process.

It's only useful if carried out repeatedly, and one-time implementations would only lead to wasted resources.

Although the PDCA Cycle is a versatile technique, it isn't suitable for time-sensitive projects.

## CONCLUSION:-

This paper aimed at defining the role and significance of 7QC tools within a quality management system. The principle of continuous improvement using the seven basic quality tools which guarantee organizations to move from static to dynamic improvement status was presented. As shown, the 7QC tools have an important place in data collecting, analyzing, visualizing and all other phases in PDCA-cycle, DMAIC and DMADV phases, and also in Lean Six Sigma. Furthermore, systematic application of 7QC tools will enable a successful quality improvement process.

## REFERENCES

1. Basu, R. Implementing Quality – A practical guide to tools and techniques, Thomson Learning, UK, 2004, ISBN 1-84480-057-1.
2. Osanna, P.H., Durakbasa, M.N. Afjeji- Sadat, A. Quality in industry, Vienna University of Technology, TU AuM, Wien, 2004.
3. Tague, N.R. The quality toolbox, ASQ Quality press, Wisconsin 2005, ISBN 0- 87389-639-4.
4. Pimblott, J.G. Management improvement - where to start, Quality forum, Vol. 16, No. 4, December 1990, pp. 165-173.
5. N.N. Quality management systems, translation of DGQ educational material, 10. issue 2001, SZK, Ljubljana, Slovenia, 2002.
6. T. S. Lee and E. E. Adam, "Forecasting error evaluation in material requirements planning (MRP) production-inventory systems," Management Science, vol. 32, no. 9, pp. 1186–1205, 1986.

## IN- SERVICE EDUCATION

**Ms. Poonam Harode, M.Sc. (N) I Year,** Chirayu College of Nursing, Bhopal



### Introduction:

In service education is a planned educational experience provided in the job setting and closely identified with service in order to help the person to perform more effectively as a person and as a worker. In service education is the vehicle by which goals and the multiple articulated means available to achieve them can be explored.

### Definition:

In-service education is a planned learning experiences provided by the employing agency.

### Aims:

- Improvement of client through upgrading the services rendered with scientific principles.
- To keep in face in changing society to their needs.
- Acquisition of new knowledge.
- Improvement of performance.
- To develop specific skills required for practice.

### Concept of in-service education:

- Help a person to improve performance effectively.
- Planned educational activities.
- Provided in job setting.
- Closely identified with services

### Components:

- Orientation skill training program.
- Continuing education program.
- Leadership training (development of).
- Management skills development.
- Staff development program.

### Orientation skill training programme:

Orientation training program introduces a new employee to these basic aspects of her job. In hospital field, if any new nurse are appointed, first the supervisor has to discuss with them the job chart, policies, procedures, and fulfilment of objectives, standing orders, policies of institution.

### Continuing education:

The activities which contribute to the development of 3 domains and leaderships, management for the nurses. These skills are very helpful as the nurse is expected to function with the help of auxiliary personnel in her working condition.

### Types:

1. Centralized in service training: In nursing service department, one department will held the responsibility for improvement of knowledge, skills, practice of their nursing staff.
2. Decentralized in service education: This is planned for staff members who work together, giving care for clients with similar conditions and share common nursing goals.
3. Combined or coordinated in service education approach: There will be a central nursing in service education department consists of nurse in each division, who holds leadership responsibility for staff development activities.

**Management skills and leadership training:**

For the administrators and the senior personnel, for the persons who possess higher qualifications, who is having the chances for promotion and the supervisors, the authorities will give in service training to obtain management skill and leadership skills in order to supervise the institution to achieve the targets by reaching goals.

**Staff development programme:**

To meet the educational needs of nursing students, there must be provision for regular staff development program.

**Factors affecting in-service education:**

1. Cost of health care: In-service education program may increase the efficiency of nursing services, but it adds additional expenditure on health care delivery system.
2. Man power: In-service education requires need qualified human resources, leads to increase human resources.
3. Changes in nursing practice lead to frequent changes in the program and in-service education.
4. Standards for nursing practice.
5. Organization of nursing departmental planned approaches is regular.

**Methods of delivering in service education:**

1. Forum
2. Ward teaching
3. Discussion
4. Laboratory
5. Conferences
6. Seminars Workshops
7. Field trips

**Conclusion:**

In service education is defined on continued program of education provided by the employing authority with the purpose of developing the competence of personnel entire functions appropriate to the position they hold or to which they will be appointed in service.

**References:**

1. B T Basavanthappa, Nursing administration, JAYPEE Publications, Ist edition, Page no: 519- 521
2. B T Basavanthappa, Nursing education, JAYPEE Publications, Ist edition, Page no: 302- 303
3. Jean Barrett, Ward management and teaching, Konark publishers, Ist edition, 2004, Page no: 346- 348
4. K P Neeraja, Text Book Of Nursing Education, JAYPEE Publications, Ist edition, Page no: 396- 398

## NURSING EMPOWERMENT

**Ms. Muskan Kaushal, M.Sc. (N) I Year, Chirayu College of Nursing, Bhopal**



### Introduction:

Nursing empowerment means the ability to effectively motivate and mobilize self and others to accomplish positive outcomes in nursing practice and work environment. Nursing empowerment is instilling a sense of power by granting decision-making authority, and/or creating opportunities to influence decisions, and providing ability to make choices by nurses.

### Nursing empowerment essential for quality improvement:

Creating an empowered team is a vital nurse leadership function that can significantly influence staff morale, productivity, staff retention and associated costs, patient care quality, and patient safety. And also expecting and receiving the quality health care is the basic human right of the consumers. Nursing empowerment facilitates nurses in delivering quality care to the clients.

### Common tasks to improve the ability to be empowered;

1. Enhancing leadership skills
2. Be a positive change agent
3. Get certified
4. Be an EBP cheerleader

**1. Enhancing leadership skills:** Nurses should be encouraged to participate in leadership and management internship programs. Inquire if your employer has formal or informal opportunities for nurses to shadow organizational nursing leaders. Many healthcare organizations encourage nurses to participate in organizational committees that make decisions and develop policies that impact nursing job responsibilities and practice.

**2. Be a positive change agent:** Evaluate the environment to find areas for improvement that will increase the efficiency of working area, heighten job role satisfaction, or improve patient outcomes. Workgroups allow nurses to collaborate to accomplish specific tasks, such as initiating a new protocol for a procedure that will improve patient safety and systems efficiency, resolve knowledge deficits, or increase nurses' workplace satisfaction.

**3. Get certified:** Speciality certification reflects level of expertise in a specialized area. Forming a study group with co-workers for specialty certification exams. Research has shown that when hospitals are staffed with baccalaureate-prepared nurses who hold specialty certifications, 30-day patient mortality is dramatically lower. Nurses who attain specialty certification are more invested in the success of their organization, collaborate more effectively with their healthcare team, and are more empowered in their work area.

**4. Be an ebp cheerleader :** Evaluate new EBP data to find more efficient ways to perform tasks and procedures or provide patient care. When nurses implement EBP and research councils into their practice, patient care outcomes are improved, as well as patient satisfaction with the level of care received. Nurses must enhance their knowledge base by completing continuing-education courses offered by employers, community colleges, or universities or by attending workshops held by employers or nursing conventions at the local, state, or national level.

### Factors contributing to nurse empowerment:

- **Decision-making:** Control of nursing practice within an organization.
- **Autonomy:** Ability to act on the basis of one's knowledge and experience.
- **Manageable workload:** Reasonable work assignments
- **Reward and recognition:** Appreciation received for a job well done
- **Fairness:** Consistent, equitable treatment of all staff

**Empowered nurses**

Highly motivated

Able to motivate and empower others by sharing the sources of power

Less job strain

**Structural empowerment related to**

Strong nursing leadership predicted staff nurses' perceptions of structural empowerment on their

Leader empowering

Emotionally intelligent leadership

Authentic leadership

Positive leadership

**Conclusion:**

As Nurses manages people, material, task and funds in the day to day activities, she/ he must be empowered completely in order to take wise decisions and smooth functioning of the health care delivery system. The empowered nurse gains autonomy and takes ownership of the happenings. Nursing empowerment also contributes for job satisfaction, productivity and higher standards of patient care.

**References:**

1. Patricia SYW. Leading and Managing in Nursing. 6th ed. Elsevier; 2015. Page no 167-183.
2. Donna MN. Encouragement and Empowerment: Unlocking the Keys to Excellence. MEDSURG Nursing Academy of Medical-Surgical Nurses (AMSN). 17(6); 2008: 374, 390. [www.medsurnursing.net](http://www.medsurnursing.net).
3. [www.ahfonline.net/Empowerin](http://www.ahfonline.net/Empowerin)
4. [www.encyclopedia.com](http://www.encyclopedia.com)
5. Barbara SB, Karlene MK. The Nurse as Executive. 4th ed. Aspen publication; 1995. Page no 113-118.
6. <http://www.fpm.anzca.edu.au/>
7. Mohanta GC. Participation and Empowerment: PPT. 2016.
8. Rita J, Charlotte D. Are you empowered?. Nursing Made Incredibly Easy. 2013. <http://www.NursingMadeIncrediblyEasy.com>
9. Diane K, Whitehead, Sally A, Weiss, Ruth M, Tappen. Essentials of nursing leadership and Management. 5th ed. F.A. Davis Company Philadelphia; 2009. Page no 65-71.
10. Debra AD, Laurie EF, Allison L, Lori M. The Role of Nurses in Hospital Quality Improvement. Centre for studying health system change HSC - Research Brief. 2008.
11. Heather K, Spence LCA, Wong, Greta G, Cummings AL, Grau. Resonant Leadership and Workplace Empowerment: The Value of Positive Organizational Cultures in Reducing Workplace Incivility. Nursing economics. 32(1); 2014:5-15, 44.
12. Latha Venkatesan. Concept of Nursing Empowerment: <https://www.youtube.com/2015>
13. Ghada Khawand Ayle. Empowering nursing role in decision-making: Medhealth. 2011.

## POLYCYSTIC OVARY SYNDROME (PCOS)

**Ms. Priyanka Putta, M.Sc. (N) I Year, Chirayu College of Nursing, Bhopal**



Is an endocrine system disorder where small fluid-filled sacs develop on the ovaries. PCOS affects women in their reproductive years. It is also known as or Stein- Leventhal syndrome

Symptoms include changes to the menstrual cycle and excess hair growth. Untreated, it can lead to infertility and other complications. The exact cause is unknown.

Early diagnosis and treatment are recommended. Weight loss may also decrease the risk of associated health risks, such as insulin resistance, type 2 diabetes, high cholesterol, heart disease, and high blood pressure.

### FAST FACTS ON PCOS

PCOS is one of the most common hormonal endocrine disorders affecting 8-20 percent of women, many of whom do not have a diagnosis.

PCOS is linked to the development of other medical conditions, such as insulin resistance. type 2 diabetes, high cholesterol, high blood pressure, and heart disease.

More than half of women with PCOS develop type 2 diabetes before the age of 40 years.

Around 70 percent of ovulatory fertility issues are related to PCOS.

### CAUSES

Currently, there is no known cause of PCOS. However, there are associations with excess insulin. low-grade inflammation, and genetics.

### ASSOCIATED HEALTH RISKS

There are several health risks associated with PCOS. These include:

- Type 2 diabetes
- Infertility
- High cholesterol
- Liver disease
- Abnormal uterine bleeding
- High blood pressure
- Obesity possibly leading to issues with low self-esteem and depression
- Metabolic syndrome
- Non-alcoholic fatty liver (steatohepatitis)
- Depression and anxiety

### SYMPTOMS

• Apart from cysts on the ovaries, symptoms of PCOS include:

- Irregular menses
- Excess androgen levels
- Sleep apnoea
- High stress levels
- High blood pressure
- Infertility
- Female pattern balding
- Insulin resistance
- Type 2 diabetes
- Pelvic pain
- Depression and anxiety
- Weight management difficulties including weight gain or difficulty losing weight excessive facial and body hair growth, known as hirsutism.

## TESTS AND DIAGNOSIS

No single test can determine the presence of PCOS, but a doctor can diagnose the condition through medical history, a physical exam that includes a pelvic exam, and blood tests to measure hormone, cholesterol, and glucose levels.

An ultrasound may be used to look at the uterus and ovaries.

## TREATMENT

There is no cure for PCOS, but treatment aims to manage the symptoms that affect an individual

This will depend on whether the individual wants to become pregnant and aims to reduce the risk of secondary medical conditions, such as heart disease and diabetes.

There are several recommended treatment options, including:

**Birth control pills:** These can help regulate hormones and menstruation.

**Diabetes medications:** These help manage diabetes, if necessary.

**Fertility medications:** If pregnancy is desired, these include the use of clomiphene (Clomid), a combination of clomiphene and metformin, or injectable gonadotropins, such as follicle-stimulating hormone (FSH) and luteinizing hormone (LH) medications. In certain situations, letrozole (Femora) may be recommended.

**Fertility treatments:** These include in-vitro fertilization (IVF) or inseminations.

Excessive hair growth may be reduced with the drug spironolactone (Aldactone) or eflornithine (Vaniqa). Finasteride (Propecia) may also be recommended, but it should not be handled by women who may become pregnant.

**Anyone using spironolactone should use birth control, due to the risk of birth defects if taken while pregnant. Breast-feeding on this medication is not recommended.**

Other possible options to manage hair growth is laser hair removal, electrolysis, hormonal treatments or vitamin and mineral use.

## SURGICAL OPTIONS INCLUDE:

**Ovarian drilling:** Tiny holes made in the ovaries can reduce the levels of androgens being produced

**Oophorectomy:** Surgery removes one or both ovaries.

**Hysterectomy:** This involves removal of all or part of the uterus.

**Cyst aspiration:** Fluid is removed from the cyst.

## HOME REMEDIES:

There is no cure for PCOS, but some home and lifestyle interventions can make a difference and relieve some symptoms.

These include:

- Eating a healthy, well-balanced diet including plenty of fruits and vegetables
- Participating in regular physical activity
- Maintaining a healthy weight, to reduce androgen levels and reduce the risk of diseases such as diabetes and heart disease
- Not smoking, as this increases levels of androgens and the risk of heart disease

## PREGNANCY AND MENOPAUSE

Women who are affected by PCOS may experience the effects throughout their lifetime. There may be an increased risk of miscarriage, gestational diabetes, preeclampsia, and preterm births. After delivery, there is an increased risk of the newborn being placed in the neonatal intensive care unit or death before, during, or soon after birth. These complications are more common in multiple births, for example, twins or triplets. Symptoms such as excessive hair growth and male pattern baldness can last beyond menopause and may become worse. With aging also comes the risk of the secondary health complications related to PCOS, including heart disease.

## CONCLUSION:

The causes of PCOS are unclear, but early diagnosis can help relieve symptoms and reduce the risk of complications. Anyone who may have symptoms of PCOS should see a doctor.

## REFERENCES:

1. Advanced diagnosis of polycystic ovary syndrome-new prediction models with standard parameters. Strowitzki T. Fertil Sterile. 2021; 115:92-93. [PubMed] [Google Scholar]
2. A review of therapeutic options for managing the metabolic aspects of polycystic ovary syndrome. Abdalla MA, Deshmukh H. Atkin S, Satyapal T. Ther Adv Endocrinol Me tab. 2020;11:2042018820938305. [PMC free article] [PubMed] [Google Scholar]
3. The Rotterdam criteria for polycystic ovary syndrome: evidence-based criteria? Wang R. Mol BW. Hum Repro'd 2017;32:261-264. [PubMed] [Google Scholar]

## MENTAL HEALTH ISSUES AMONG STUDENTS

Ms. Nisha, M.Sc. (N) I Year, CCON, Bhopal



### Introduction:

Mental health problems can affect many areas of students' lives, reducing their quality of life, academic achievement, physical health, and satisfaction with the college experience, and negatively impacting relationships with friends and family members. These issues can also have long-term consequences for students, affecting their future employment, earning potential, and overall health.

As students advance in education, their workload increases year to year. Momentum theory proposes an increase in workload increases performance. A Sci alert study show that workload quantity and stress are closely related. In 2021 university and college union did a workload survey. They found that the workload is becoming unmanageable as time progresses.

The American college health association surveyed student stress. They found that stress is the main block to academic success. A report by frontiers shows academic workload can lead to anxiety and depression. Today academic pressure has become a growing problem among students. Researches shows it can lead to serious mental health consequences.

### Mental Status:

Mental health problems can affect a student's energy level, concentration, dependability, mental ability, and optimism, hindering performance. Research suggests that depression is associated with lower grade point averages, and that co-occurring depression and anxiety can increase this association. Depression has also been linked to dropping out of school.

Many college students report that mental health difficulties interfere with their studies. On the American College Health Association 2015 survey, college students identified the following

mental health issues as negatively impacting their academic performance within the last 12 months

Stress (30% of students)

Anxiety (22%)

Sleep difficulties (20%)

Depression (14%)

### Consequences for Others

- Peers, family members, faculty, and staff may be personally affected out of concern for these students.
- Depression and anxiety can have harmful effects on relationships and work productivity.
- Suicide and suicidal thoughts can affect the larger campus community.
- Roommates, peers, faculty, and staff also experience profound grief over student suicides and suicidal behavior.



### Consequences for Communities and the Larger Society

The community is negatively affected when students are unable to finish their degrees and contribute valuable skills in a competitive job market. One study found that five percent of students do not finish their education due to psychiatric disorders and estimated that 4.29 million people would have graduated from college had they not been experiencing such disorders.

### References:

1. Eisenberg, D., Downs, M., & Golberstein, S. (2009). Stigma and help-seeking for mental health among college students. *Medical Care Research and Review*.
2. American College Health Association. (2015). *National College Health Assessment II: Spring 2015 reference group executive summary*. Hanover, MD: Author. Retrieved from [http://www.acha-ncha.org/reports\\_ACHA-NCHAIL.html](http://www.acha-ncha.org/reports_ACHA-NCHAIL.html)

## MENTAL HEALTH

Mr. Ajab, M.Sc. (N) I Year, CCO N, Bhopal



### Introduction:

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices.

### Tips for improving your mental wellbeing:

- Try to relax and reduce stress.
- Find ways to learn and be creative.
- Spend time in nature.
- Connect with others.
- Look after your physical health.
- Try to improve your sleep.

### Types of Mental Health:

- Anxiety disorders, including panic disorder, obsessive-compulsive disorder, and phobias.
- Depression, bipolar disorder, and other mood disorders.
- Eating disorders.
- Personality disorders.
- Post-traumatic stress disorder.
- Psychotic disorders, including schizophrenia.

### Mental Health can affect you?

Our bodies and minds are not separate, so it's not surprising that mental ill health can affect your body. Depression can come with headaches, fatigue and digestive problems, and anxiety can create an upset stomach, for example. Other symptoms can include insomnia, restlessness and difficulty concentrating.

### Mental Health examples:

Mental illness, also called mental health disorders, refers to a wide range of mental health conditions — disorders that affect your mood, thinking and behavior. Examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviors.

### Take care of your body:

- Get vaccinated for the flu each year. ...
- Keep up with regular health appointments.
- Eat healthy.
- Get enough sleep.
- Move more and sit less.
- Limit alcohol intake.
- Avoid using illegal drugs or prescription drugs in ways other than prescribed.
- Avoid smoking, vaping, and the use of other tobacco products.

### References:

- <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
- <https://www.samhsa.gov/mental-health>

## WOMEN EMPOWERMENT

Mr. Vipin Kumar Sen, M.Sc. (N) I Year, CCON, Bhopal



**There is no chance of the welfare of the world unless the condition of women is improved. It is not possible for a bird to fly on one wing." - Swami Vivekananda**

### Women Empowerment

Our society comprises men and women. In earlier times, men were considered to be the leading members of a family. They were responsible for earning the livelihood and were the decision takers of the family. On the other hand, women were responsible for doing household work and upbringing of the children. So, the roles were mainly based on gender. There was no involvement of women in decision making. If we assess our entire sector, then, research says that women's issues are either focused on her reproductive role and her body or on her economic role as a worker. But none of them is focused on empowering the women.

### What Does Women Empowerment Mean?

Women Empowerment is the process that creates power in women to live a happy and respectable life in a society. Women are empowered when they are able to access opportunities in a variety of fields such as in education, profession, lifestyle, etc., without any limitations and restrictions. It includes raising their status through education, awareness, literacy and training. It also includes the authority to take decisions. When a woman makes a crucial decision, she feels empowered.

Women's empowerment is the most crucial point for the overall development of a country. Suppose, in a family, there is one earning person, while in another family, both men and women are earning, then who will have a better lifestyle. The answer is simple, the family where both men and women are earning money. Thus, the country where men and women work together develops at a faster rate.

### Need for Women Empowerment

History says that women were ill-treated. The Sati Pratha in the ancient times to the girl child abortion in the present scenario, women continue facing such violence. Not only this, heinous crimes against women such as rape, acid attack, dowry system, honour killing, domestic violence, etc., are still happening in India.

Out of the total population, 50% of the population should consist of women. However, due to female foeticide practices, girl child numbers are decreasing sharply in India. It has also impacted the sex ratio in India. The literacy rate in girls is very low. Most of the girls are not even provided with primary education. Moreover, they are married early and made to raise children and shoulder only household work. They are not allowed to go out and are dominated by their husbands. Women are taken for granted by men as they are considered property. Even at the workplace, women are discriminated against. They are paid less for the same work as compared to their male counterparts. Inspire of the various measures taken up by the government after Independence and even during British rule the Women haven't been fully empowered. We may be proud of women in India occupying highest offices of President, Prime Minister, Lok Sabha Speaker, Leader of the Opposition or women like Ms. Chandra Kochar occupying highest positions in the Corporate Sector but the fact remains that we still witness dowry deaths, domestic violence and exploitation of women. The female foeticide is not an uncommon phenomenon. The male female ratio though improved over last few years is still far from satisfactory. It is 940 women per 1000 men for India in some states it is as much lower as 877. These are the states where female foeticide is maximum. The female literacy rate is also lower than the male literacy rate. The ground reality is deprivation, degradation and exploitation of women specially women from rural areas and those belonging to deprived sectors of the society. The Urban elite class women have no doubt been benefitted by the efforts of women empowerment.

### Women Empowerment: Concept

For centuries women were not treated equal to men in many ways. They were not allowed to own property, they did not have a share in the property of their parents, they had no voting rights, and they had no freedom to choose their work or job and so on. Now that we have come out of those dark days of oppression of women there is a need for strong movement to fight for the rights of women and to ensure that they get all the rights which men have or in other words a movement for the Empowerment of Women.

### References:

1. Strategy for New India, <https://www.niti.gov.in> (last visited Apr.23,2022)
2. Women Empowerment Schemes, <https://wed.nic.in> (last visited Apr.24,2022)
3. Jugal Kishore Mishra, Empowerment of women in India, 4. The Indian Journal of Political
4. Mudra, <https://www.mudra.org.in> (last visited Apr.26,2022)
5. Working Women Hostel, <https://wedhry.gov.in> (last visited Apr.27,2022)

## SMART ALARM SYSTEM

Mr. Gulshan Sahu, B.Sc. (N) IV Year, CCON, Bhopal



*"The advancement of all sciences, especially where there all has been such as radial change, have been attended with Persecution."*

### 7 Important technological advancements for nurses

- Enhanced Communication.
- Electronic Records.
- GPS tracking.
- Enhanced Diagnostic Devices.
- Drug Delivery.
- Smarter Alarm Systems.
- Lifting Patients with Ease

### Smarter Alarm Systems

Smart alarms connect the user straight to their security alarm through a smart app. They can alert you to movement out of hours, and give you the ability to monitor the situation in real-time. You can also arm and disarm the system through the app from anywhere in the world.

The Smart Alarm Monitor improves upon existing patient monitors by including color-coded alarm message boxes and by adding a clinical decision support tool that displays, in order of likelihood, the possible complications and the underlying risk factors present in the patient's medical history.

Go in any hospital across the country and there will be the sound of beeps coming from the patients' rooms. These beeps kept the nurses from running from room to room trying to see what was going on. However, many times these alarms were false or a machine was just beeping to be reset. It caused what is known as "alarm fatigue." These beeping devices take the nurse's attention away from important tasks for things that are not of a trivial matter.

To correct this problem, smart alarm technology is used to monitor vital signs for the nursing staff. All vitals run through one system. Checking blood pressure or pulse rates has never been so easy. This integrated system measures physiological indicators. If there is a real cause for alarm, the machine will let the nurse know. These alarm systems are more modernized and efficient.

### References:

1. Sheber P. Bashers & Yasmeen Khan Advanced Nursing practice 2nd edition 2017 Page number 59 to 63.
2. Navdeep Kour Brar. Ch. Rawat Advanced practice 1st Edition Page 941,989
3. [www.https // SlideShare Com.](https://SlideShare.Com)
4. [www.https// slideshare.com.](https://slideshare.com)

## ELECTRONIC HEALTH CARE RECORDS

Ms. Tanisha Khadedda, B.Sc. (N) IV Year, CCON, Bhopal



### Future emerging technologies that will change the practice of nursing.

Genetics and Genomics.

Less invasive & more accurate tools for diagnosis & treatment.

3D printing.

Robotics & bio metrics.

Computerized physician/ provider order, entry & clinical decision support

### Nursing Skill sets needed to appropriately respond to emerging technologies:

Being able to use technology to facilitate mobility, communication & Relationship

Having expertise in-depth knowledge, acquisition & distribution.

Understanding and using genomics in nursing.

Integration.

### Tech Advancements that are Changing nursing:

There was a time when the Most impressive technology You could find in a hospital were pagers and Pulse oximeters. Now, technology fills every corner of every hospital and impact Patients and health care worker. A like if you are new to nursing and thinking of earning your Bachelor of Science in nursing the program will expose you to a variety of current technology and your need to be prepared to enhance new technology as they arrive.

### Technology as arrives:

They are:

- Electronic Health Care Records
- Communication System
- Diagnostic tools
- Treatments.

### Electronic Health Care Records:

An Electronic Health Record (EHR) is a digital version of a patient's paper chart. EHRs are real-time, patient-centered records that make information available instantly and securely to authorized users. While an EHR does contain the medical and treatment histories of patients, an EHR system is built to go beyond standard clinical data collected in a provider's office and can be inclusive of a broader view of a patient's care. EHRs are a vital part of health IT and can:

Contain a patient's medical history, diagnoses, medications, treatment plans, immunization dates, allergies, radiology images, and laboratory and test results

Allow access to evidence-based tools that providers can use to make decisions about a patient's care.

Automate and streamline provider workflow

One of the key features of an EHR is that health information can be created and managed by authorized providers in a digital format capable of being shared with other providers across more than one health care organization. EHRs are built to share information with other health care providers and organizations – such as laboratories, specialists, medical imaging facilities, pharmacies, emergency facilities, and school and workplace clinics – so they contain information from *all clinicians involved in a patient's care*.

With EHRs, your organization can help build a healthier future for our nation.

For more information on EHR systems, see the following resources.

### References:

- Jain A. Jain S, Rawat s. handbook of clinical advancement in nursing ,6th edition 2022
- [www.ncbi.nlm.nih.gov/pmc/article/pmc](http://www.ncbi.nlm.nih.gov/pmc/article/pmc).
- [HTTPS:LL EBN.BMJ.COM/ CONTENT /21/1/7](https://ll.ebn.bmj.com/content/21/1/7).

## NEW ERA OF TECHNOLOGY

Ms. Deepika Bhandari, B.Sc. (N) IV Year, CCON, Bhopal



Nursing has been aridly accepted as one of the most trusted of honorable professions for many decades, and rightfully so with a long history of delivering personalized high quality care nurses are often seen of experienced as

### **Recent changes in the nursing practice:**

Education of nurses has drastically changed over the past several hundred years, but assault the practice itself ? no longer reliant on home remedies' or trailing physicians, nurses are more equipped than ear with a wealth of scientific advancement of a greater cover of autonym.

The recent advancement in nursing also shortened recovery times for many procedure allowing nurses to enjoy greater efficiency as more emphasis on outpatient care.

Perhaps one of the most notable changes in nursing practice since the 1970's is the in weasels in diversity of ethnicity gender in the nursing profession creating an Ewan craven richer poll of talent of experience.

### **Let us see on of the most notable advancement in nursing:**

#### **Technology :-**

Technology is the most notable advancement in nursing patients records have shifted farm primarily paper to primarily digital other tool like mobile monitoring devices smart beds, wearable devices mobile apps have all been added to the nursing arsenal as have been named important changes in recent changes in nursing practice.

#### **Recent technological culture:**

#### **Few drops of advancement...**

Enhanced communication  
Electronic recodes.  
Electronic monitoring system.  
Lifting patient with ease.  
Enhanced diagnostic devices  
Drug delivery system  
Senator alarm systems  
GPS tracking.

#### **Future avenging technologies that with change the practice of nursing –**

- Genetics of genomics
- Less invasive of more actuate tool for diagnosis treatments
- 3D Printing
- Robotics biometrics
- Computerized physical productive decision support.

2. Enhanced Diagnostic devices .

3. Drug delivery- Numerous hospitals have implemented drug delivery systems that come in an implantable devices form.

4. Telemedicine.

5. Simulation in education.

6. Advancement in nursing roles.

#### **Why this advancement is needed ?**

Provision of efficient all effective care.

Demonstration of leadership on initiation of change cutter.

Decelerate the in-depth nursing knowledge.

Understanding adapting the wetter of evidence based practice.

Critical analysis of influence of health policy.

#### **Conclusion –**

Nursing has transferred tremendously since its inception continue to change with future nursing trends. The use of artificial intelligence continue to grow as this technology all onus nurses to focus on patient cite. This increased equity will create many opportunity for patient to seek healthcare.

#### **References:**

1. <https://www.rightpatient.com>
2. <https://www.waldenu.edu>
3. <https://avanthealthcare.com>



## ENHANCED COMMUNICATION



Ms. Sulochna Dangoliya, B.Sc. (N) IV Year, CCON, Bhopal

Most hospitals have advanced healthcare software to enable communication between medical staff and patients. Using smart phones and apps, nurses can receive text messages and receive alarms from their patient's through their phones.

### Smarter Alarm Systems

Go in any hospital across the country and there will be the sound of beeps coming from the patient's rooms. These beeps kept the nurses from running from room to room trying to see what was going on. The smart alarm technology is used to monitor vital signs for the nursing staff. Checking blood pressure or pulse rates has never been so easy. This integrated systems measures physiological indicators.

### Near-Infrared Vein Finder

The NIR technology is recommended as a useful guiding device in nursing care, medical practitioners, and students for their training and helps in locating the vein for cannulation , providing venous access for blood sampling , therapy, and other medical purposes for pediatric, elderly, and other patients with difficult venous access.

### Smart Beds

Smart beds can monitor a patient's blood pressure, body temperature, heartbeat, oxygen levels, and more, and deliver it to a central node which can be accessed remotely. Smart beds can even turn a patient every few hours to reduce the risk of bedsores.

### Patient Remote Monitoring

Remote monitoring , it keeps the patient more in touch with the physician over a period of time outside of the acute care setting , such that you don't have to wait for disasters to happen" to bring the deteriorating condition to a providers attention.

### GPS Tracking

Hospital efficiency has been increased through GPS tracking. Tagging and tracking medical equipment is much easier than it was before. Radio frequency identifications tags helps nurses find the nearest blood pressure machine or another piece of equipment. It sounds like a simple matter, but being able to centrally monitor equipment has increased bed management and patient care incredibly.

### Enhanced Diagnostic Devices

Enhanced diagnostic devices, not only does it improves the cost-effective nature of testing, but it also lowers the risk of infections. Handheld biosensors have the ability to detect all sorts of diseases. It just requires a small body specimen to give a definitive results. Another tool is ultrasound technology. When needing help placing an IV, an ultrasound machine can pinpoint the exact location to minimize patient distress.

### Drug Delivery

Numerous hospitals have implemented drug delivery systems that comes in an implantable devices form. These devices release medication into the patients at the required times. An RN can schedule the dosing and make sure that their patients gets the medications they need, in the correct dosing, at the appropriate time. This reduces the chance of a patient error, potential lawsuits, and also allows the nurses to focus on other areas that need their attention.

### References:

- <https://www.slideshare.net/deepadeepa33/enhanced-communication-206236178>

## EMERGING TECHNOLOGY

Ms. Radhika Parmar and Ms. Swati Verma, B.Sc. (N) IV Year, CCON, Bhopal



“THE ADVANCEMENT OF ALL SCIENCES, ESPECIALLY WHERE THERE HAS BEEN SUCH A RADICAL CHANGE, HAVE BEEN ATTENDED WITH PERSECUTION.”

-DANIEL D. PALMER

### And You Keep Full Control Because...

You can make your practice totally in to advanced state.

### It's up to you

### And Because..

You can get advancements to practice in an advanced way.

**All have the freedom to work in advanced setup when competency rules over!!!**

Skill with technology make the practice advanced.

### Yes we have advanced

Professionally

Technologically

### PROFESSIONALLY

- Clinical Administration
- Clinical Practice

### CLINICAL ADMINISTRATION

- Nursing officer
- Nurse Manager
- Assistant Nursing Superintendent
- Deputy nursing superintendent
- Nursing superintendent
- Chief nursing officer
- Director of nursing
- Dena of nursing
- Infection control nurse specialist
- Pain management nurse specialist

### CLINICAL PRACTICE

- Tissue viability nurse specialist
- Infection control nurse specialist
- Patient management nurse specialist
- Patient safety nurse specialist
- Safe medication nurse specialist
- Oncology nurse specialist
- Intravenous /central line nurse specialist
- Stem cell transplant nurse specialist

### TECHNOLOGY

#### Recent Technological Culture few drops of advancements..

- Enhanced communication – electronics monitoring system
- Electronic records - lifting patient with ease
- Smarter alarm system – GPS tracking
- Enhanced diagnostic devices – drug delivery systems

**Future emerging technologies that will change the practice of nursing:**

- Genetics and Genomics
- Less invasive & more accurate tools for diagnosis & treatment
- 3D printing
- Robotics & bio metrics
- Computerized physician/ provider order, entry & clinical decision support

**Nursing Skill sets needed to appropriately respond to emerging technologies:**

- Being able to use technology to facilitate mobility, communication & Relationship
- Having expertise in-depth knowledge, acquisition & distribution
- Understanding and using genomics in nursing
- Integration

**Nursing Challenges in Integrating new technology in Practice:**

- Balancing the human element with technology
- Balancing cost and benefits
- Training a technology enabled nursing workforce & assuring ongoing competency.
- Assuring that technology use is ethically.

**7 important technological advancements for nurses:**

- Electronic records.
- GPS tracking.
- Enhanced diagnostic devices.
- Drug delivery.
- Smarter alarm systems.
- Lifting patients with ease
- Enhanced communication

**Why advancement is needed?**

- Provision of efficient & effective care.
- Demonstration of leadership & initiation of change culture.
- Deliberate the in depth nursing knowledge.
- Critical analysis and influence of health policy.

**Take Home Message**

- Don't wish it were easier
- You were Better, Don't wish for fewer problems
- Wish for more skills Don't wish for less challenges,
- Wish for more Wisdom
- 

- CARL SHOAF

**References:**

1. Wilkinson IB, Raine, T. wiles K, Goodhart A. HALL.C.O Neill H, Oxford handbook of clinical medicine, 10<sup>th</sup> edition,Oxford University press, 2021.
2. Jain A. Jain S, Rawat s. handbook of clinical advancement in nursing ,6<sup>th</sup> edition 2022
3. [www.ncbi.nlm.nih.gov/pmc/article/pmc](http://www.ncbi.nlm.nih.gov/pmc/article/pmc)

## TELEHEALTH: RECENT ADVANCEMENT IN NURSING

**Ms. Meenu Yadav, B.Sc (N) IV Year, Chirayu College of Nursing, Bhopal**



One recent advancement in nursing that has gained significant attention is the integration of telehealth and telemedicine into nursing practice. Telehealth refers to the use of digital communication technologies, such as video conferencing, remote monitoring, and mobile health apps, to deliver healthcare services remotely. This advancement has revolutionized the way nurses provide care, especially in light of the COVID-19 pandemic, which accelerated the adoption of telehealth services.

Telehealth has expanded access to healthcare services for patients in remote or underserved areas, allowing them to receive timely and convenient care without the need to travel long distances to see a healthcare provider. Nurses can now conduct virtual consultations, monitor patients' vital signs remotely, and provide education and counseling through telehealth platforms.

Moreover, telehealth has proven to be an effective tool for managing chronic conditions, promoting preventive care, and facilitating follow-up appointments. Nurses can use telehealth to check in on patients, assess their progress, and provide ongoing support and guidance, leading to better health outcomes and increased patient satisfaction.

Additionally, telehealth has improved collaboration among healthcare providers by enabling real-time communication and information sharing. Nurses can consult with physicians, specialists, and other members of the healthcare team virtually, leading to more coordinated and comprehensive care for patients.

Overall, the integration of telehealth into nursing practice represents a significant advancement that has the potential to transform the way nurses deliver care, enhance patient outcomes, and improve healthcare access for individuals across diverse populations. As technology continues to evolve, telehealth is expected to play an increasingly vital role in nursing practice and contribute to the advancement of healthcare delivery.

### References:

1. <https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8446920/&ved=2ahUKEwjjuIXywtWFAxU2bPUHHXvvBuIQFnoECBwQAQ&usg=AOvVaw11tifbyIkBvsQRUvXFDsYg>
2. <https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8590973/&ved=2ahUKEwjjuIXywtWFAxU2bPUHHXvvBuIQFnoECBsQAQ&usg=AOvVaw27XrLlcTCQWFaUa7VqHmAp>
3. <https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://online.uic.edu/degrees/nursing/rn-to-bsn/telehealth-impact-future>

## ARTIFICIAL INTELLIGENCE IN NURSING

**Ms. Smitha Sabu, B.Sc. (N) IV Year, CCON, Bhopal**



### Introduction:

Artificial Intelligence (AI) comprises many health care technologies transforming nurses role and enhancing patient care. In healthcare, AI typically refers to the ability of computer to independently convert data into knowledge to guide decision or autonomous actions. However, precisely defining AI can be challenging because of its breadth of application, including risk prediction algorithms, robots and speech recognition all of which augment nursing practice and are on a fast track to changing health care as a whole.

Nursing AI tools include clinical decision support, mobile health and sensor based technologies and voice assistant and robotics.

### Clinical decision support

Clinical decision support tools including alerts in the electronic health record, clinical practice guidelines, order sets, report and dashboards, enhance nurses ability to make clinical decisions. They may supply the end user information or provide actionable options based on the data. Clinical decision support can offer predictors and suggestions with accuracy and specificity beyond EHR. When coupled with AI, Clinical decision support can offer predictions and suggestions with accuracy and specificity beyond human capacity. AI-based clinical support includes automatically generated nursing diagnosis, fall risk prediction and guided decision trees to prevent catheter associated urinary tract infection. AI offers three advantages over traditional methods.

- The ability to quickly consider large volume of data in the risk prediction
- Increased intervention specificity
- Automated adjustment in variable selection and calculation.

### Mobile health and sensor –based technologies

The COVID-19 pandemic transformed patient care delivery, including an increased need to retrieve data from patients remotely and between clinic visits. Mobile health and sensor –based technologies provide opportunities to reshape a nurse's ability to deliver care and monitor patients, particularly in limited resources and staffing. These technologies are particularly useful for managing chronic illness because over 75% of health care spending in the US, according to the Center for Medicine Care and Medical Services.

### Implementing AI in nursing

Researchers have been leveraging AI for several decades, but its use in practice remains relatively new. When nurses implement AI, such as clinical decision tools, they can process large amounts of data quickly to identify risks, recommend intervention and streamline workflow. However, AI totally transform nursing practice, limitations must be addressed with input from nurses. Understanding how AI functions compared to traditional tools can help nurses choose the best option based on the specific care situation. When assessing pressure injury or fall risk, for example.

### References:

- <https://www.sciencedirect.com/science/article/pii/S2405844024017493>
- [https://www.google.com/search?q=artificial+intelligence+in+nursing+ppt&sca\\_esv](https://www.google.com/search?q=artificial+intelligence+in+nursing+ppt&sca_esv)

## RECENT CHANGES IN NURSING PRACTICE & EDUCATION

Ms. Alfiya Khan, B.Sc. (N) IV Year, CCON, Bhopal



### Recent Changes in Nursing Practice & Education

Nursing has been widely accepted as one the most trusted and honourable profession for many decades, and rightfully so with a Long history of delivering personalized, high quality Care, nurses are often seen and experienced as "angels on Earth".

There have been many changes in nursing Practice over the years. But one constant through it all: nurses are essential to providing quality healthcare. And even with many imminent changes in nursing for the future, this fact is sure to remain unchanged.

This article will examine recent changes in nursing practice, discuss education trends, and touch on the role that universities have a education Providers.

### Changes in Nursing Practice over The years: A Brief history

As for back as the 17<sup>th</sup> century most infirmities were treated by female members of the family who specialized in household remedies.

Physician were often unavailable so these early nurses and midwives provided the majority of care for the till the aging and birthday mothers through the early 19<sup>th</sup> centuries.

By the medical schools had been formed M.D. degrees were awarded to any student who participated in the lecture only 16 week long course schedule during that time doctors could graduate without ever touching a patient and there was no such thing as a school for nursing.

### Lady with the lamp:

Fortunately a few decades later Florence nightingale demonstrated the undividable importance of military nursing care during the crimen war she complied her thoughts and published notes on nursing in 1859 which is considered the first nursing manual of any kind.

One year later nursing had earned a respected position as a respected profession following the successful opening of the nightingale training school for nurse in England and marking one of the most significant changes in nursing practice over the years.

### Recent changes in the nursing practice:

Education of nurses has drastically changed over the past several hundred years what about the practice itself? No longer reliant on home remedies or travelling physician nurses are more equipped than ever with a wealth of scientific advancement and a greater level of autonomy.

Perhaps one of the most notable recent changes in nursing practice since the 1970's is the increase in diversity of ethnicity and gender in the nursing profession creating an even larger and richer pool of talent and experience.

What are the most notable changes and their effects on the profession.

- Technology
- Leadership
- Responsibilities
- Career opportunities
- Autonomy
- Education

### Changes in nursing : a culture of health:

Studies show that due in port to many of the recent changes in the nursing practice the nursing workforce is becoming more diverse and more educated every year this is excellent for patient care but provides a new challenge for those nurses who are pursuing further advancement their careers.

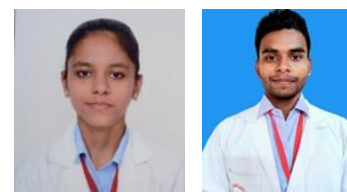
In addition to earning higher degrees in nursing itself some nurse leaders are opting to round crut their education with six sigma certifications business and strategies certifications and other management related classes to grow beyond their MSN training.

### References:

1. <https://www.waldenu.edu › resources>
2. <https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://www.wgu.edu/blog/7-nursing-technologies-transforming-patient-care1903.html&ved=2ahUKEwjX0YTXw9WFAxXkdvUHHW77BdgQFnoE>
3. <https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://nursejournal.org/articles/technology-changing-nursing-roles/&ved=2ahUKEwjX0YTXw9WFAxXkdvUHHW77BdgQFno>

## DigitAll: INNOVATION AND TECHNOLOGY FOR GENDER EQUALITY

Ms. Deepika Bhandari and Mr. Abhay Raj, B.Sc (N) IV Year, CCON, Bhopal



*“We must ensure that technology amplifies women’s voices so that they may have a stronger impact on the future course of our world.”*

### Introduction:

DigitALL: Innovation and Technology for Gender Equality aligns with the core mission and vision of the Foundation which promotes technological change and education to achieve gender equality, and the empowerment of women and girls. Bringing women and other marginalized groups into technology results in more creative solutions and has greater potential for innovation that meet women’s needs and promote gender equality. Furthermore, advancements in digital technology offer immense opportunities to address humanitarian and development challenges, and to achieve the Sustainable Development Goals.

### Primary goals:

The primary goal of this theme is to enhance women's safe and equal access to digital technologies offers immense opportunities to address development and humanitarian challenges and spark innovative and creative solutions that meet women's needs and promote their empowerment.

### Innovation and technology for gender equality:

Innovation and technological change are deep shifts reshaping life in the twenty-first century. Technological progress allows for unprecedented advances with the potential to improve social, economic and political outcomes for all.

Yet these advances and outcomes are not equally shared. Three billion people remain unconnected to the Internet, the majority of whom are women and girls. Women also lag behind men in the effective use of technology, as that capability interacts with other dimensions of discrimination, such as education and skills gaps and curbs on autonomy.

How can technology help gender equality?

Innovation and technology have the potential to play a critical role in promoting gender equality, but it’s important to ensure that these technologies are designed and implemented with a gender lens to ensure that they benefit all members of society equally.

Innovation and technology can play a significant role in advancing gender equality by creating new opportunities and breaking down traditional barriers.

### Proportion of male and female in technical role:

The 2019 global data show that 4.1 billion people have access to the Internet, while the other 3.6 billion do not.

According to 2019 ITU data, the proportion of Internet users is above the global average: 61.2 percent for women and 64.5 per cent for men.

### Survey estimation:

It is estimated that Worldwide roughly 327 million fewer women than men have a smart phone and can access mobile Internet. Women are on average 26% less likely than men to have a smartphone

A survey done in the year 2023 shows that the availability of digital technology, particularly through smartphones and in the form of internet, has indeed expanded in India in recent years – 89% of all respondents said they use the internet, 63% said they have their own smartphones, and 73.2% said they are able to use someone else’s smartphone. However, it is also clear from the survey that access to digital technology is distributed differentially, with women, rural residents, marginalised caste categories, and low-income households facing continued disadvantages.

### Research:

According to the research done by Jianxia du in 2017 conclude that males showed more favourable attitude towards technology use than females, especially on the dimensions of belief (e.g., believing in the societal usefulness of technology) and self-efficacy (e.g., self-confidence in one's ability to learn and use technology effectively).

The UNESCO Science Report 2021 found that women are still under-represented in fields such as computing, digital information technology, engineering, mathematics and physics.

Deloitte Global in the year 2022 predicts that large global technology firms, on average, will reach nearly 33% overall female representation in their workforces in 2022, up slightly more than 2 percentage points from 2019. The proportion of women in technical roles will also nudge up, though it has tended to lag the overall proportion of women by about 8 percentage points.

**Barriers to digital use:**

While both men and women identify poor connectivity and cost of internet as the most common hurdles to their internet use, women were more likely to report both lack of time and family restrictions as other hurdles to their internet use. Of the total responses, men (19%) were more likely than women (8.8%) to say that there were no hurdles in their internet usage.

**Advantage of introducing technology into business strategies:**

So how to build digital solution with girls and women ?

- 1.By creating digital solutions with girls?
- 2.By doing user testing of digital products with girls?
- 3.By conducting remote consultations with girls?

**Conclusion:**

In conclusion, innovation and technology have played a crucial role in advancing gender equality by creating new opportunities for education, economic empowerment and addressing gender-based violence. However, it is important to ensure that technology is used in a way that is inclusive and equitable, and that broader social and cultural changes are also pursued to achieve true gender parity.

**References:**

1. <http://www.europeanbusinessreview.co>
2. [m/technological-innovation http://www.europeanbusinessreview.com/technological-innovation-entrepreneurship-and-development/entrepreneurship-and-development/](http://www.europeanbusinessreview.com/technological-innovation-entrepreneurship-and-development/entrepreneurship-and-development/)
3. <https://innovationcompany.co.uk/innovation-questions>
4. <https://www.usaid.gov/innovation-technology-research>
5. <https://www.unicef.org/eap/innovation>[https://www.unicef.org/eap/innovationand-technology-gender-equality](https://www.unicef.org/eap/innovation-and-technology-gender-equalityand-technology-gender-equality)
6. <https://school.careers360.com/innovation--technology--gender-equality><https://school.careers360.com/innovation-and-technology-for-gender-equality-essay-essyessay-essy>
7. [.https://eige.europa.eu/taxonomy/term/1059?language\\_content\\_entity=en](https://eige.europa.eu/taxonomy/term/1059?language_content_entity=en)
8. <https://en.wikipedia.org/wiki/Technology>

## **LETS DO BRAINSTROMING**

**Ms. Ravina Dhangar, B.Sc. (N) III Year, CCON, Bhopal**



1. What has fifty legs but can't walk?
2. What is better than presence of mind in automobile accidents?
3. What is the best thing to take when you are run over?
4. What is the best way to cure acid indigestion?
5. What is a nurse's favorite type of music?
6. Kids can make it, but never hold it or see it?
7. Talk to short. I am tall when I am young, and I am short when I am old?
8. What has a head and tail but no body?
9. What's bought by the yard and worn by the foot?
10. What has 13 hearts but no other organs?
11. What month of the year has 28 days?
12. I can cause distress and make you feel low, but taking deep breaths can help me go, what am i?
13. When life throws challenges, I stand tall, bouncing back from setbacks, I won't fall, what am i?
14. In cliff cult times, this practice is grand clearing the mind with presence first hand, what am i?
15. Quality sleep is vital for body and mind restoring energy, learning fatigue behind, what am i?

**Note:** Please find answers on page number 138

## **NURSE'S FAVOURITE**

**Ms. Vandana Dhameriya, B.Sc. (N) III Year, CCON**



1. What's a Nurse's favorite type of flower in the hospital garden?
2. How did the nurse feel about the first day of spring?
3. Why did the nurse bring a ladder to the gym?
4. Why did the nurse bring a ladder to the riverbank?
5. What nurse's favorite type of dances floor?
6. What a nurse favorite type of book?
7. Why did the nurse bring a ladder to weddings?

**Note:** Please find answers on page number 138

## NURSES'S TOOL TO SAVE LIVES

**Ms. Suchita Manote, B.Sc. (N) III Year, CCON**



1. I measure the heat without a flame under your tongue.
2. I march in a line, a colorful crew swallowed down with a sip or two who am I, a nurse's bridge fighting illness with a cascade?
3. In an emergency, I'll show the way carrying those in need where they'll stay what am I?
4. I am a daily changer but not the weather in the wards I am know to put things together, what am I?
5. On your arm, I snugly fit squeezing gently, your pressures submit. What am I?
6. I hang above with a steady stream delivering meds with a silent dream what am I?
7. A second skin so thin and clear keeping germs for, not near what am I?
8. Listen close, you will find in every life a rhythmic bind what am I?
9. I listen to the beat, but not with my feet. To hear your heart I must be neat what am I?
10. I am used in a pinch not control but before I let the red river roll. What am I?
11. Not a whistle blower or fluid boozzer, I am used to ease the user what am I?

**Note:** Please find answers on page number 138

## NURSES'S DIVINE ROLE

**Ms. Anjali Patel, B.Sc. (N) III Year, CCON**



1. With a touch, I ease the pain, under my care, you regain. Who am I with gentle sway, building health, night and day?
2. What's can be touched, but can't be seen?
3. When darkness falls, and quiet reigns, I light the wards, my vigil sustains. Who am i?
4. What is nurse's favorite type of clothing?
5. How did the nurse impress the healthcare team?

**Note:** Please find answers on page number 138

## **THE NURSES AND HER WEAPONS**

**Ms. Pallavi Suryawanshi, B.Sc. (N) III Year, CCON**



1. Listener adore me, near hearts I abide in silence I listen, your pulse in my guide what am I?
2. In an emergency, ill show they were carrying those in need where they will stay, what am I?
3. When sitting or lying you cant miss I'm for moments when you cant reach the abyss, what an I?
4. With a cuff and a pump, I feel the beat hand-cranking pressure that's quit neat. What am I?
5. What's a nurse's favorite board game?
6. In difficult times, this practice is grand, clearing the mind with presence first hand what am I?
7. I am a way to unwind and relay, through deep breathing and calm tracks what am I?
8. When troubles arise and sadness appears talking to professional cases fears, what am I?
9. In solitude, I find peace and tranquility, quieting the mind, embracing serenity, what am I?
10. What's a vampire's favorite type of doctor?
11. What goes up but never comes down?

**Note:** Please find answers on page number 138

## INSTRUMENTS



**Ms. Rani Malviya, B.Sc. (N) III Year, CCON**

1. I'm a device, a shining light guiding surgeons through the light.
2. I'm a machine that keeps you under counting breaths, a silent thunder. What am I?
3. I'm device, suction is friend, removing smoke, keeping the air blend, what am I?
4. I'm a pump, I circulate, keeping fluids in a steady state. What am I?
5. I am a silent killer and can cause lung cancer, What am I?
6. I'm a bandage soft and rolled wrapping wounds, keeping them controlled , What am I?
7. I'm a needle sharp and fine. Mending tissues with a line. What am I?
8. I'm the liquid that helps breakdown in the stomach. What am I?
9. I'm a reel of thread so fine and thin used to sew and close skin within. What am I?
10. I spin on wheels but never race, I carry those who cannot pace. In hospitals, I am a common sight, giving mobility and an easier fight. What am I?

**Note:** Please find answers on page number 138

## **BABY MINDING**

**Ms. Supriya Pandey, B.Sc. (N) III Year, CCON**



1. I watch over the young, as they grow teaching more than you know, who guard the health of sprout ensuring they are strong, inside & out tell who I am ?
- 2.. A child is diagnosed with Wilms' tumor. During assessment, the nurse in charge expects to detect
3. A Nancy is assessing pyloric and stenosis, she note which type child likely vomiting?
4. A child birth failed to Pass meconium within first 24 hour after birth;
5. when administering an intramuscular injection to an infant, the nurse should use which site?
6. An important features of second Pregnancy is?
7. Urine containing HCG (Human Chorionic Gonadotropin is important sign of?

**Note:** Please find answers on page number 139.

## HEALTHCARE SYSTEM

**Ms. Nisha Prajapati, B.Sc. (N) III Year, CCON**



1. Listeners adore me, near hearts I abide; in silence I listen, your pulse is my guide. What am I?
2. I'm checked so often ,but I never check out; to know how you 're doing, I leave no doubt what am I?
3. I'm not a musician ,yet I hold the key, to calming your veins, with fluid harmony. What am I?
4. I don't need to travel ,but I'm always on the move; helping those resting, I'm in the groove. What am I?
5. Wrapped with care ,but not a gift; when wounds needs me, I am swift. What am I?
6. Hold me close, and squeeze me tight; I'll help reveal your hidden plight. What am I?
7. My job is to guide, through veins I slider, administering meds, with the greatest of pride. What am I?
8. I come in many sizes with a plunger and a needle small, I deliver meds so you won't fall. What am I?
9. On my surface, the patients story is told, with notes and numbers, progress unfolds, What am I?
10. I stand tall with many beds within; caring for the sick is how we begin. What am I?
11. A second skin so thin and clear, keeping germs far, not near. What am I?

12. I clip on a finger, glowing with might; for oxygen levels ,I provide the light What am I?
13. I bring immunity, a tiny pinch at that; with a jab, the disease wont go splat. What am I?
- 14.. To emergencies I come out, flat and able, ready to carry, from street to table. What am I?
15. I am spread on the skin, for healing's start, applied by nurses who play their part. What am I?
16. Listen close, you will find, in every life, a rhythmic bind. What am I?
17. I am not sports gear, though I support by the squeeze what am I?
18. To hydrate or medicate, through your veins, I participate what am I?
19. Stand tall with me, and detail you'll see, from heart to lung, I help the. What am I?
20. Life's essence I keep in cases of need, carefully give indeed. What am I?
21. What can be measured but has no length, width or height?

**Note:** Please find answers on page number 139.

## MULTISYSTEM

**Ms. Sakshi Bharti, B.Sc. (N) III Year, CCON**



1. These organs enable you see things. They each contain an iris and a lens. What is it?
2. These are hard structure in your mouth with which you bite and chew. What is it?
3. This is the organ in the middle of your face with which you smell and you breath what is it?
4. This organ pumps blood. It also means love what is it?
5. You use this for thinking. What is it?
6. Those are tubes for carrying deoxygenated blood all over the body. What is it?
7. This filters the good and blood substances in your body. What is it?
8. You use this for taking air in and out of your body. What is it?
9. These are hard things in your body that give your body shape. What is it?
10. You use these for walking, lifting, etc. What is it?

**Note:** Please find answers on page number 139.

## I AM A NURSE

**Ms. Priyanka Gour, B.Sc. (N) III Year, CCON**



1. What is the difference between a hill and pill?
2. What would you call a small ward?
3. What's a nurse's favorite type of art?
4. Why did the nurse bring a ladder to the ambulance?
5. My job is to guide through veins I slide administering meds with the greatest of pride what am I?

**Note:** Please find answers on page number 139.

## **MEDICAL EQUIPMENT**

**Ms. Heera Mahesan, B.Sc. (N) III Year, CCON**



1. What is the medical professional responsible for administering medications and providing patient care?
2. I am a medical device used to assess the patients in breathing. What am I?
3. What is the process of cleaning and sterilizing medical equipment?
4. I am a condition characterized by inflammation and swelling of the airways. What am I?
5. I am a health care professional who specializes in caring for newborn babies. Who am I?
6. I hang above with a steady stream, delivering needs with a silent dream. What am I?
7. Listen closely you will find in every life, a rhythmic bind. What am I?
8. Call me a vessel, but I hold no sails, instead in me medicine prevails. What am I?
9. In my binding grip pressure is key. Without me, veins would be hard to see. What am I?

**Note:** Please find answers on page number 139.

## GENERAL SCIENCE

**Ms. Isha Vedi, B.Sc. (N) III Year, CCON**



1. The part of the body is the one that commands all your body.
2. You can use them to swim walk, run and drive. They link your shoulder's to your hands.
3. They are essential in walking, kicking ,cycling. They link your feet to your hips.
4. They are the terminal parts of your legs. Some people have a strong affection to them. Just can't like them they can smell really bad if you don't wash them.
5. This body part is vital to craft people ,like painters sculpturers and drawers. Some other people use them a lot when working dentists, writers, surgeons bricklayers.
6. With them you can read, play walk and see.
7. With this parts of the body you can whistle, kiss, talk and eat.
8. It helps you identify food, drinks and even people. it also can tell you if the beans are burning in the kitchen.
9. Playing musical instruments, typing text messaging or just carrying rings are some the functions of this body part.
10. It is the link to your feet and your legs and your legs one of its function is to help on the walking movement.

**Note:** Please find answers on page number 140.

## **ESSENTIAL EQUIPMENT IN NURSING**

**Ms. Rikta Hazra, GNM III Year, CCON**



1. I come in many sizes, with a plunger and a needle small, I deliver medicines so you won't fall. What am I ?
2. I don't need to travel, but I'm always on the move; helping those resting, I'm in the groove. What am I?
3. I slide in your mouth or under your arm, with rinsing mercury to reveal your charm. What am I ?
4. In an emergency, I'll show the way, carrying those in need where they'll stay. What am I ?
5. Hold me close and squeeze me tight ; I'll help reveal your hidden plight. What am I ?
6. I am the sound of life, a beat, a wave, a nurse's delight to save. What am I ?
7. To hydrate or medicate, through your venis, I participate. What am I ?
8. Life's essence I keep, in cases of need, carefully I give indeed. What am I ?
9. Rolling through the wards, I am a bed on wheels for the journey towards. What am I ?
10. Through pen on paper, the details we compile, in a Patient's History, mile by mile.
11. I am spread on the skin, for healing's start, applied by nurses who play their part. What am I ?

**Note:** Please find answers on page number 140.

## NURSING CARE

**Ms. Kuhelika Bera, GNM III Year, CCON**



1. What's a nurse's favorite tree?
2. How does a nurse feel about surprises in the ward?
3. Why did the nurse bring a ladder to the mountains?
4. Why did the nurse bring a ladder to the moon?
5. . Why did the nurse bring a ladder to the forest?

**Note:** Please find answers on page number 140.

## A VIEW TO ANATOMY

**Ms. Shovan Mondal, GNM III Year, CCON**



1. I take care of the food you eat and send the nutrients into the blood.
2. I am involved in blood flow
3. I allow you to breathe.
4. I allow the continuation of generations of peoples.
5. I support and protect your soft body parts.
6. I take away dead cells.
7. I am attached to your bones and allow your body to move.
8. I control the hormones in your body.
9. I cover your body and make sure too much water doesn't leave the body.
10. I control thoughts and feelings.
11. I ensure there is the right amount of liquid in the body.

**Note:** Please find answers on page number 140.

## **BLOOD**

**Ms. Ritika Nagar, B.Sc. (N) II Year, CCON**



1. The disease marasmus in children is caused due to deficiency of\_\_\_\_\_
2. Cancer of blood is called\_\_\_\_\_
3. Louis Pasteur is famous for\_\_\_\_\_
4. Leprosy is caused by\_\_\_\_\_
5. Communicability of a disease depends upon the availability of a\_\_\_\_\_
6. AIDS day is celebrated on\_\_\_\_\_
7. The segment of antigen that are specially recognized by individual antibody is known as\_\_\_\_\_
8. What is released in body during disease which result in fever\_\_\_\_\_
9. Histamines the inflammation producing substance are produced by which cells of the body\_\_\_\_\_
10. What is the medical term for the process of blood cell formation?\_\_\_\_\_

**Note:** Please find answers on page number 141.

## **REVIEW OF PHARMACOLOGY**

**Ms. Jigyasa Thakre, B.Sc. (N) II Year, CCON**



1. Who is the father of pharmacy in India?
2. Who is the father of chemotherapy?
3. The head quarter of India pharmacopeia commission is located at:
4. What is gout?
5. Which hepatitis is known as 'infectious hepatitis'?
6. What is the chemical name of aspirin?
7. Which of the following test is used to detect typhoid bacillus?
8. Which is the oldest system of medicine in India?
9. Which organ is responsible for metabolizing the drug?
10. What is the other name of Paracetamol?

**Note:** Please find answers on page number 141.

## IMMUNITY: THE HUMAN POWER OF DEFENSE

Ms. Vaishnavi Geetkar, B.Sc. (N) II Year, CCON



1. The component of cell mediated immunity\_\_\_\_\_
2. A type of antibody that has been found only in mammals\_\_\_\_\_
3. Cyclosporine is used as\_\_\_\_\_
4. An insect bite may induce an allergic response which results in local inflammation. Inflammation is mediated by chemicals such as\_\_\_\_\_
5. Women who consumed the drug thalidomide for relief from vomiting during early months of pregnancy give birth to children with\_\_\_\_\_
6. In DPT Vaccine T stands for \_\_\_\_\_
7. Christmas disease is also called as\_\_\_\_\_
8. DDT stands for\_\_\_\_\_
9. Viral disease have no cure because\_\_\_\_\_
10. Inflammatory response in allergy is caused by the release of \_\_\_\_\_
11. Malignant tertian malaria is caused by\_\_\_\_\_
12. Allergic rhinitis is also known as\_\_\_\_\_
13. Sporogony of malaria parasite occurs in\_\_\_\_\_
14. Morbid fear of disease\_\_\_\_\_
15. The disease in which thick cough stops the passage of throat and form a layer of a mucous membrane is called\_\_\_\_\_

**Note:** Please find answers on page number 141.

## ANGINA PECTORIS

**Ms. Sushmita Mewada, B.Sc. (N) II Year, CCON**



1. The lack of oxygen supply to myocardium of heart leads to\_\_\_\_\_
2. The sensation of pain that is described most commonly by the patient with Angina is\_\_\_\_\_
3. The predominant cause of Angina\_\_\_\_\_
4. The main reason for Angina Pectoris is\_\_\_\_\_
5. The most dangerous type of Angina\_\_\_\_\_
6. A clinical condition characterized by chest discomfort due to abnormal coronary artery spasm\_\_\_\_\_
7. The medication is administered sublingually for managing Angina Pectoris\_\_\_\_\_
8. The common location for pain of Angina Pectoris\_\_\_\_\_
9. In Angina Pectoris, pain occurs due to\_\_\_\_\_
10. Diagnostic tests for Angina Pectoris\_\_\_\_\_

**Note:** Please find answers on page number 141.

## COMMUNICABLE DISEASES

**Ms. Sneha Asharma, B.Sc. (N) II Year, CCON**



1. Breakdown fever is:
2. Mantoux test is done for the diagnosis of:
3. Dengue is caused by:
4. Which diagnosis test is used for typhoid?
5. Causative organism of Chicken Pox:
6. The example of spirochetal diseases is:
7. An infectious disease that most often affects the lungs and is caused by a type of bacteria:
8. The first line drug for tuberculosis is:
9. The term hepatitis refers to the inflammation of:
10. Tiny organisms that cause communicable diseases:

**Note:** Please find answers on page number 141.

## **BLOOD AND ITS COMPONENTS**

**Ms. Nandani Yasday, B.Sc. (N) II Year, CCON**



1. How many component are present in the blood?
2. In which year the 1<sup>st</sup> blood transfusion was performed?
3. Who performed the 1<sup>st</sup> transfusion successfully?
4. Who is the father of blood grouping?
5. Proteins found in plasma that are body's natural defences:
6. Name the area where stem cells are present in the body.
7. Which blood group is the universal donor?
8. What is known as 'The river of life'?
9. The pH value of human blood:
10. Life span of RBC:
11. Smallest WBC:
12. Life span of WBC:
13. A blood clot in vessels is called:
14. Natural anticoagulants present in blood:
15. Viscosity of Blood:

**Note:** Please find answers on page number 141.

## **CORONARY ARTERY DISEASE**

**Ms. Ranu, B.Sc. (N) II Year, CCON**



1. What is the most common cause of death worldwide?
2. What are the modifiable risk factors for Coronary Heart Disease?
3. What is the major independent risk factor of Coronary Heart Disease?
4. What is the single most useful test for identifying risk of Coronary Artery Disease?
5. Common symptom of Coronary Artery Disease:
6. Ischemia is:
7. What is prudent diet?
8. What is the principle preventive strategy for Coronary Heart Disease?
9. What is the role of the coronary artery?
10. What is the ultimate recommended cholesterol/HDL ratio for CHD prevention?

**Note:** Please find answers on page number 142.

## HOSPITAL ACQUIRED INFECTION

**Ms. Shubham Dangi, B.Sc. (N) II Year, CCON**



1. Which infection occurs in the area of the skin incision?
2. CLABSI Stands for:
3. \_\_\_\_\_ for catheter-associated urinary tract infection is an important part of a multimodal approach that focuses on high-yield interventions.
4. Factors influencing the hospital acquired infection are\_\_\_\_\_
5. CLABSI most commonly occurs due to introduction of microorganisms at the time of \_\_\_\_\_
6. The first care bundles developed by IHI were the \_\_\_\_\_
7. The saving 100000 lives campaign that to prevent VAP and associated deaths by implementing a set of interventions termed as \_\_\_\_\_
8. Hospital acquired infection is also knows as:
9. DVT stands for:
10. CAUTI stands for:

**Note:** Please find answers on page number 142.

## **PAEDIATRICS: A CHILD BASED NURSING**

**Mr. Ankit Lawana GNM II Year, CCON**



1. The word "Pediatric derived from which word?
2. What is the basic growth assessment of child?
3. What is the full form of ICDS?
4. Elementary and secondary education act was passed in the year:
5. Who is the first Indian pediatrician?
6. What is the full form of MDM?
7. What is the full form of SNP?
8. Who is the father of modern medicine?
9. Rehabilitation act was established in the year:
10. What is the full form of AMBU?
11. What is the full form of KMC?
12. Education for all handicapped children act was established in the year?
13. Who is the father of pediatrics?
14. What is the full form of ANP?
15. What is the full form of BNP?
16. What is the full form of BFHI?
17. What is the formula of BMI?

**Note:** Please find answers on page number 142.

## **NURSING: A CHANNEL TO HEALTHY LIFE**

**Ms. Megha Parmar, GNM II Year, CCON**



1. Nursing means taking care and looking after the \_\_\_\_\_
2. Florence Nightingale became the \_\_\_\_\_ of modern nursing in 1851.
3. When Florence was 24, she decided to become \_\_\_\_\_
4. Four years B.Sc. nursing program was started in \_\_\_\_\_
5. Duration of ANM course \_\_\_\_\_
6. The most commonly used method in teaching.
7. Responses from receiver to sender is known as \_\_\_\_\_
8. Low level of maternal serum alpha fetoprotein are found in \_\_\_\_\_
9. Florence founded an institute for training of \_\_\_\_\_ in London.
10. Florence Nightingale played a great role in the Crimean \_\_\_\_\_

**Note:** Please find answers on page number 142.

## **MENTAL HEALTH: A PRIORITY**

**Ms. Trisha Ghosh, GNM II Year, CCON**



1. Which communication style involves expressing one's thoughts and feelings while respecting the rights of others?
2. Which is the most stigmatized mental illness?
3. A Patient orientation is assessed during the Mental Status Examination to determine:
4. The Mental Health Act came into force in the year:
5. National Mental Health Program (NMHP) was started by the government of India in:
6. Coining new terms is known as:
7. What is the full form of OCD?
8. Loss of memory is also known as:
9. A false sensory perception is called:
10. The maximum score of Mini Mental Status Examination is:
11. Disorder of motor activity in which the person constantly maintains a position without any movement is:
12. Delusion is a disorder of:
13. False perception without external stimuli is known as:
14. Who is considered the father of 'modern psychiatry'?
15. Fear of germs or dirt is known as:

**Note:** Please find answers on page number 142.

## THE DEVELOPMENT OF CHILD: A PROCESS

**Ms. Shrashti Gour, GNM II Year, CCON**



1. Maximum development of the brain occurs at:
2. Bone Dysplasia is due to:
3. Hormone responsible for skeletal maturation of foetus:
4. A child takes self decisions at the age of:
5. The protein deficiency in children called:
6. First booster dose of DPT is given at:
7. When physiological jaundice appear in newborn baby?
8. The APGAR scoring is done to appraise the infant for:
9. Which immunoglobulin is found in human milk colostrum?
10. When administering an I.M. injection to an infant the nurse in charge should use which site?

**Note:** Please find answers on page number 143.

## **ALL ABOUT MENTAL HEALTH AND DISORDERS**

**Ms. Debalina Manna, GNM II Year, CCON**



1. A mental disorder which a person feels that lice are crawling on his arm, but actually there are no lice on his skin, the person is suffering from:
2. False idea or belief that patient accepts as real are called:
3. Mr. Raju says that he is the first leader of the world and he is born with a special mission in life. These are the symptoms of:
4. Preoccupation with a fear of having a serious physical illness not based on real or organic pathology is:
5. What is the major contraindication of ECT?
6. Which is the major indication of ECT?
7. Extra-pyramidal symptoms are side effects of:
8. In psychiatry department, a psychotic behave client shouting, “Let me out. There’s nothing wrong with me. I don’t belong here”. What deference mechanism is the client implementing?
9. What medication should the nurse is expected to administer to actively reverse the overdose sedative effects of benzodiazepines?
10. Lithium is the drug of choice to treat:
11. Suicidal tendencies are most commonly seen in:
12. What is the main side-effect of ECG?
13. Fear of going outside to open space is called:

**Note:** Please find answers on page number 143.

## URINARY TRACT INFECTION IN CHILDREN

**Mr. Atanu Patra, GNM II Year, CCON**

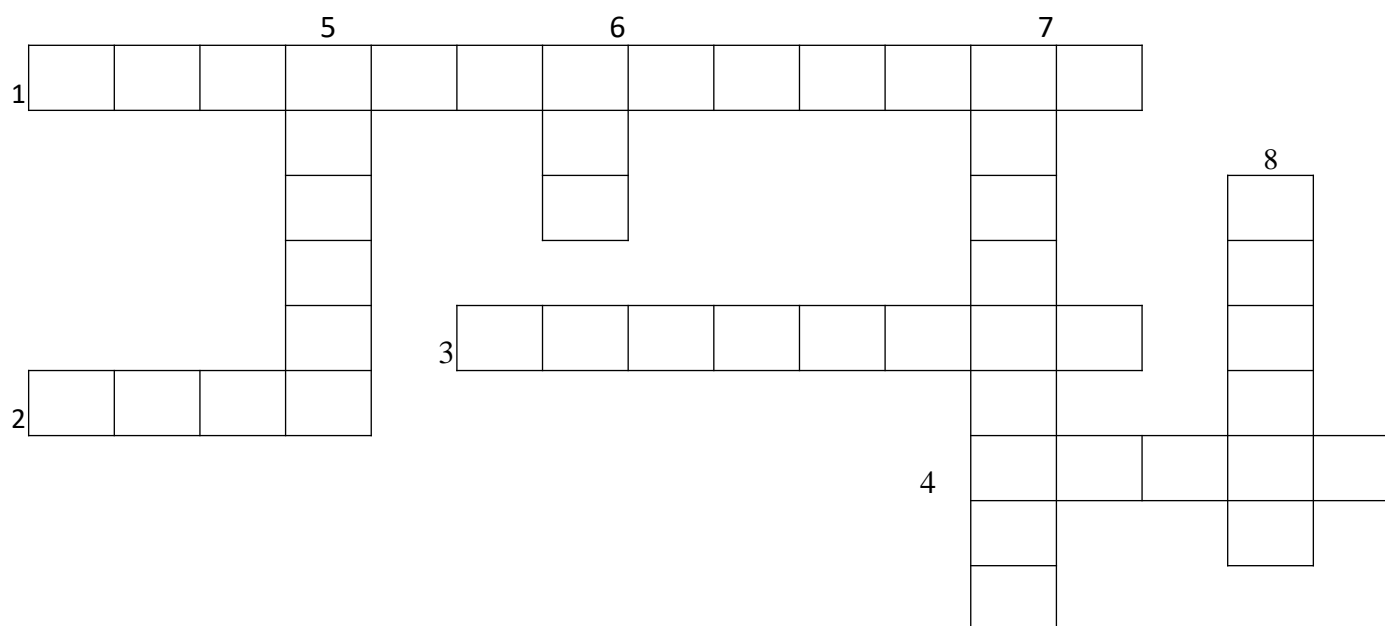


1. When urine is collect by urethral catheterization the colony count that is significant to be termed as UTI is:
2. Age below which any UTI should be admitted and treated with parenteral antibiotics is:
3. Acute hemorrhagic cystitis is most commonly caused by:
4. The drug of choice for UTI prophylaxis in a 2 month old infant is:
5. For urinalysis and culture most clinicians obtain urine from infants and young children by which method?
6. Failure of production of urine is called:
7. The most common cause of UTI in children:
8. The mostly affected part of urinary system in pyelonephritis is:
9. The kidney surface shows irregular coarse scarring in:

**Note:** Please find answers on page number 143.

## FERTILIZATION

Ms. Laxmi Parmar, Ms. Payal Devliya, B. Sc (N) I Year



### Across:

1. The process of the fusion of the gametes
2. The term used for bulges observed on side of the body of hydra
3. The type of fertilization in hen
- 4 Eggs are produced here.

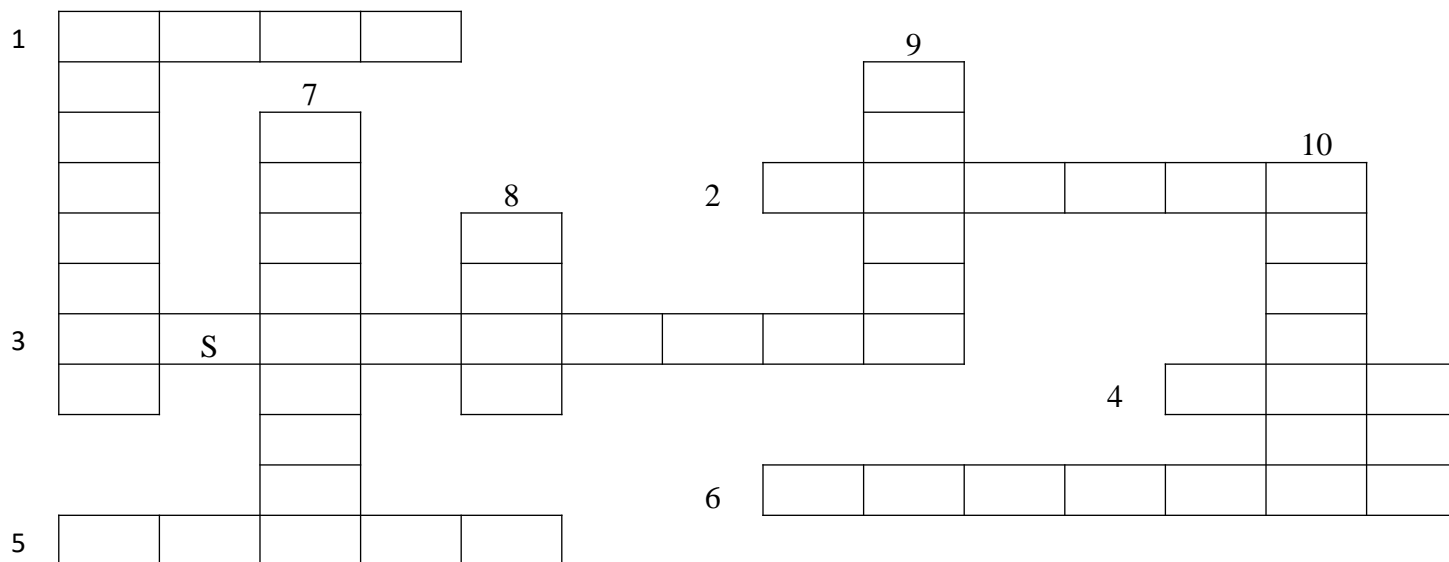
### Down:

- 5 Sperms produced in these male reproductive organs.
- 6 Another term for in vitro fertilization
- 7 Those animals lay eggs
- 8 A type of fission in animal

**Note:** Please find answers on page number 144.

## SOLAR SYSTEM

Mr. Mahak Mewada, B. Sc (N) I Year

**Across:**

1. Object that orbits a planet
2. This is otherwise known as "Ringed Planet".
3. Small rocky bodies orbiting the sun
4. Star at the center of solar system
5. It is made up of crust, mantle
6. It is the 5<sup>th</sup> planet from Sun

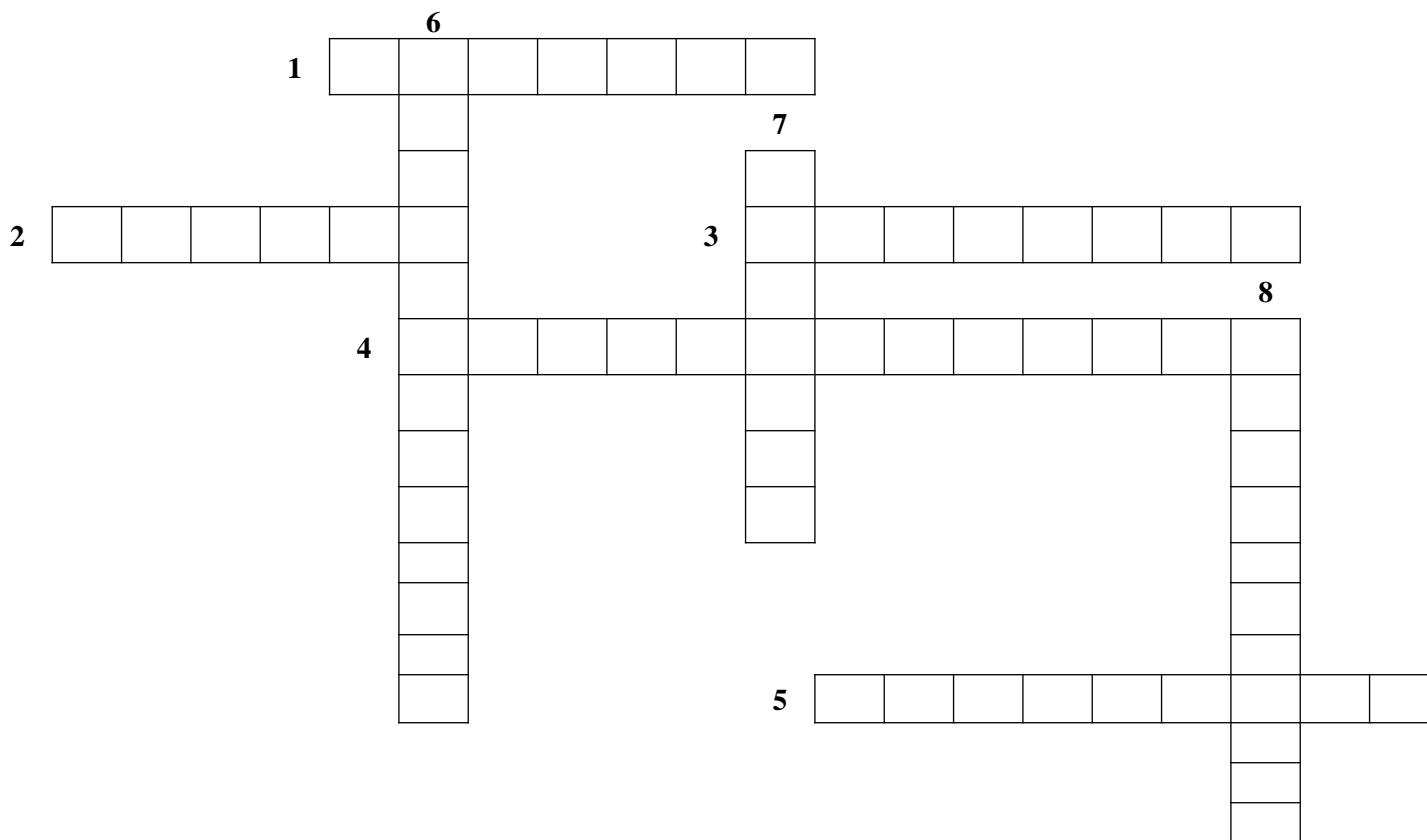
**Down:**

7. Distance light travels in one earth year
8. Mission Mangal movie is based on which planet
9. This is one of the two ice giants of solar system
10. Eight and most distant major planet

**Note:** Please find answers on page number 144.

## HUMAN BODY SYSTEM

Mr. Yash Gondane, B. Sc (N) I Year



### Across:

1. This is what organs are made out of
2. This system will fight off anything that will make you sick
3. A gland that makes substances such as sweat, saliva etc.
4. This system pumps blood through the body
5. This system manages fluid throughout the body

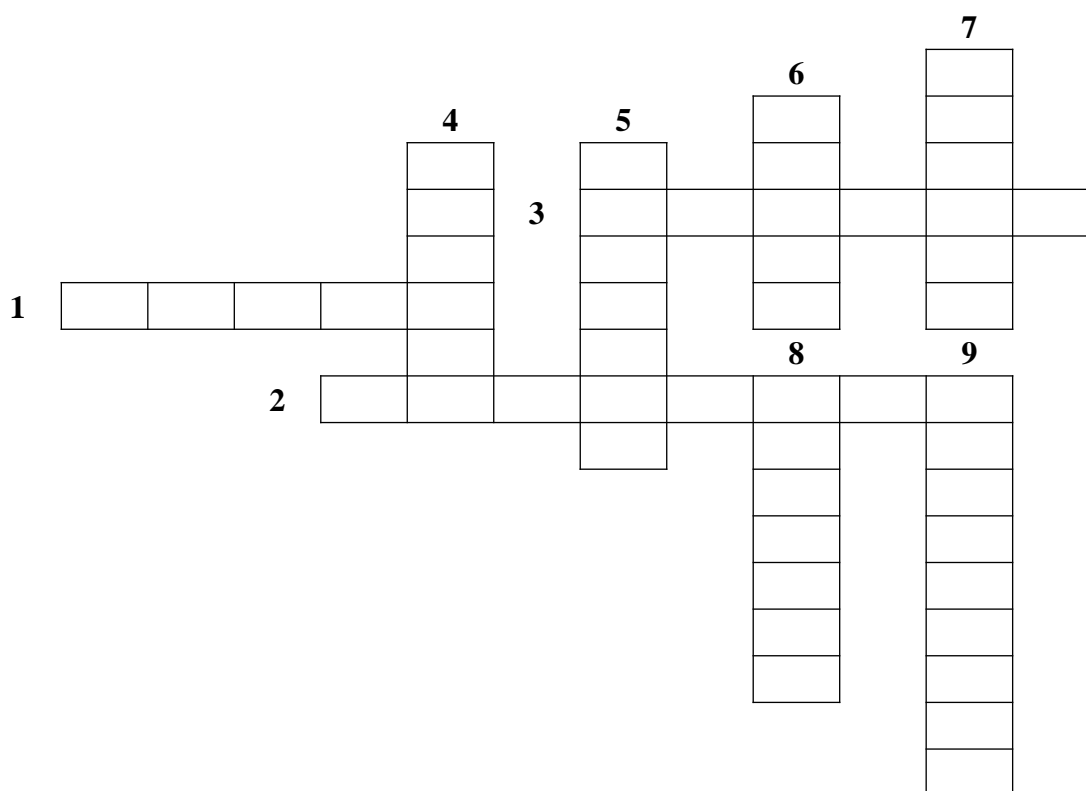
### Down:

6. Located or occurring between cells.
7. It is responsible for signal transmission throughout the body
8. This system is responsible for gas exchange

**Note:** Please find answers on page number 144.

## DIGESTIVE SYSTEM

Mr. Sumit Rajput, Mr. Devendra Nagar, B. Sc (N) I Year



### Across:

1. The small hair like projections inside the small intestine
2. It produces pancreatic juice
3. The small intestine is ..... feet long

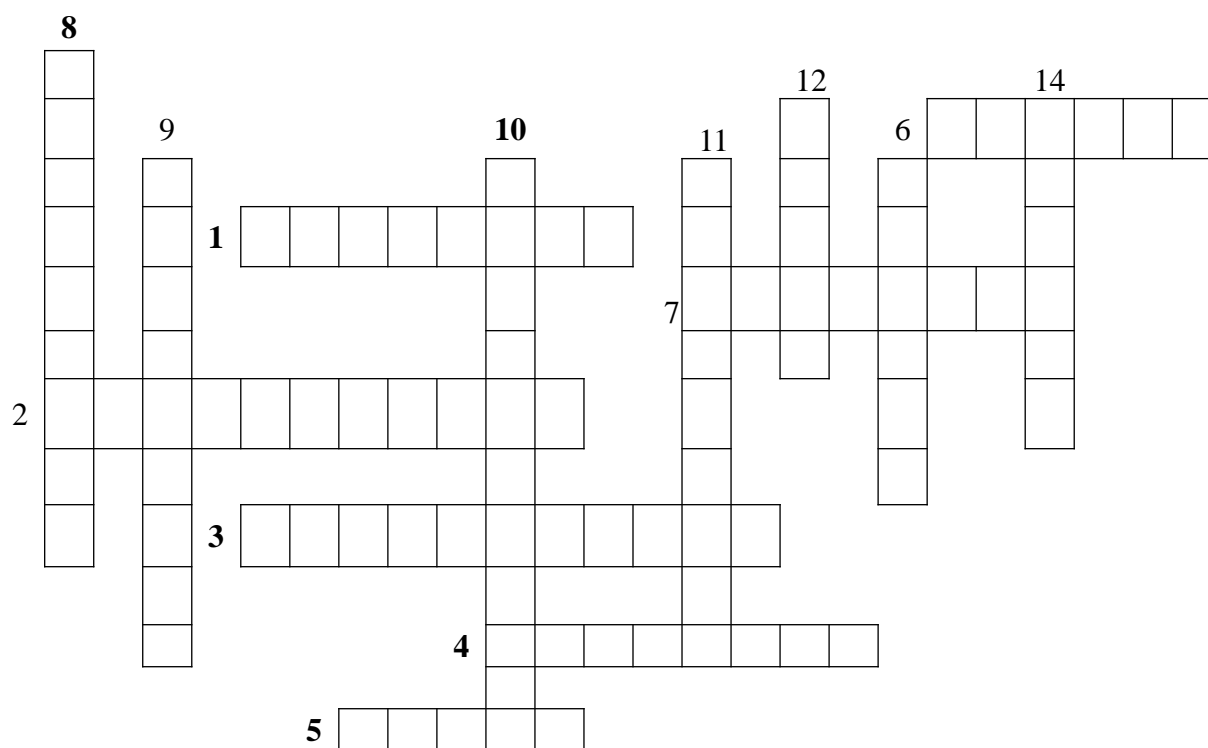
### Down:

4. .... is secreted inside the mouth
5. Place where food is stored and digest
6. This bite and chew food
7. Large section of large intestine
8. Proteins that help speed up metabolism
9. A form of catabolism and breaking down of substances

**Note:** Please find answers on page number 144

## CIRCULATORY SYSTEM

Mr. Krishnapal Rajput, Mr. Hirdesh Vishvakarma, Mr. Yogendra, B. Sc (N) I Year

**Across:**

1. It carries deoxygenated blood to the heart from other areas of the body
2. A waxy fat like substance made in the liver and found in all cells of the body
3. Delicate blood vessels that exist throughout the body
4. It is also known as mitral valve
5. Carries oxygen-poor blood throughout the body and carry it back to heart
6. Wall separating the right and left sides of the heart
7. The blood vessels that bring oxygen rich blood from heart to all body cells

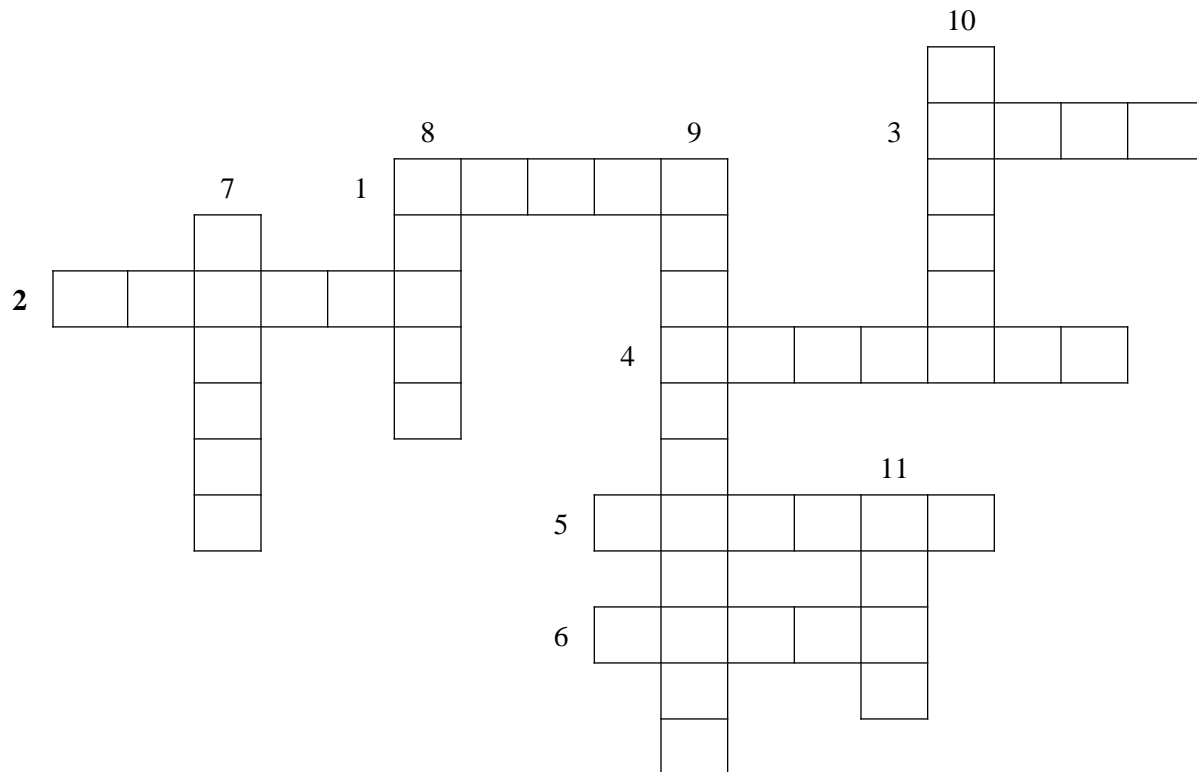
**Down:**

8. A Chamber of heart which receives blood from atrium
9. A word is relating to lungs
10. Protein in red blood cells that carries oxygen
11. It helps to prevent and stop bleeding
12. A largest artery of the body
13. Upper chambers in the heart, which receives blood from circulatory system
14. It is the fluid component of the blood

**Note:** Please find answers on page number 145

## REVIEW OF SYSTEMS

Mr. Vivek Rajput, Mr. Abahishek Sen, B. Sc (N) I Year



### Across:

1. It is a key metabolic organ, which governs energy metabolism
2. Insulating sheath that forms around nerves
3. The colored part of eye
4. It is also known as throat
5. It is also called as voice box
6. These are made up of connective tissue, reinforced with calcium

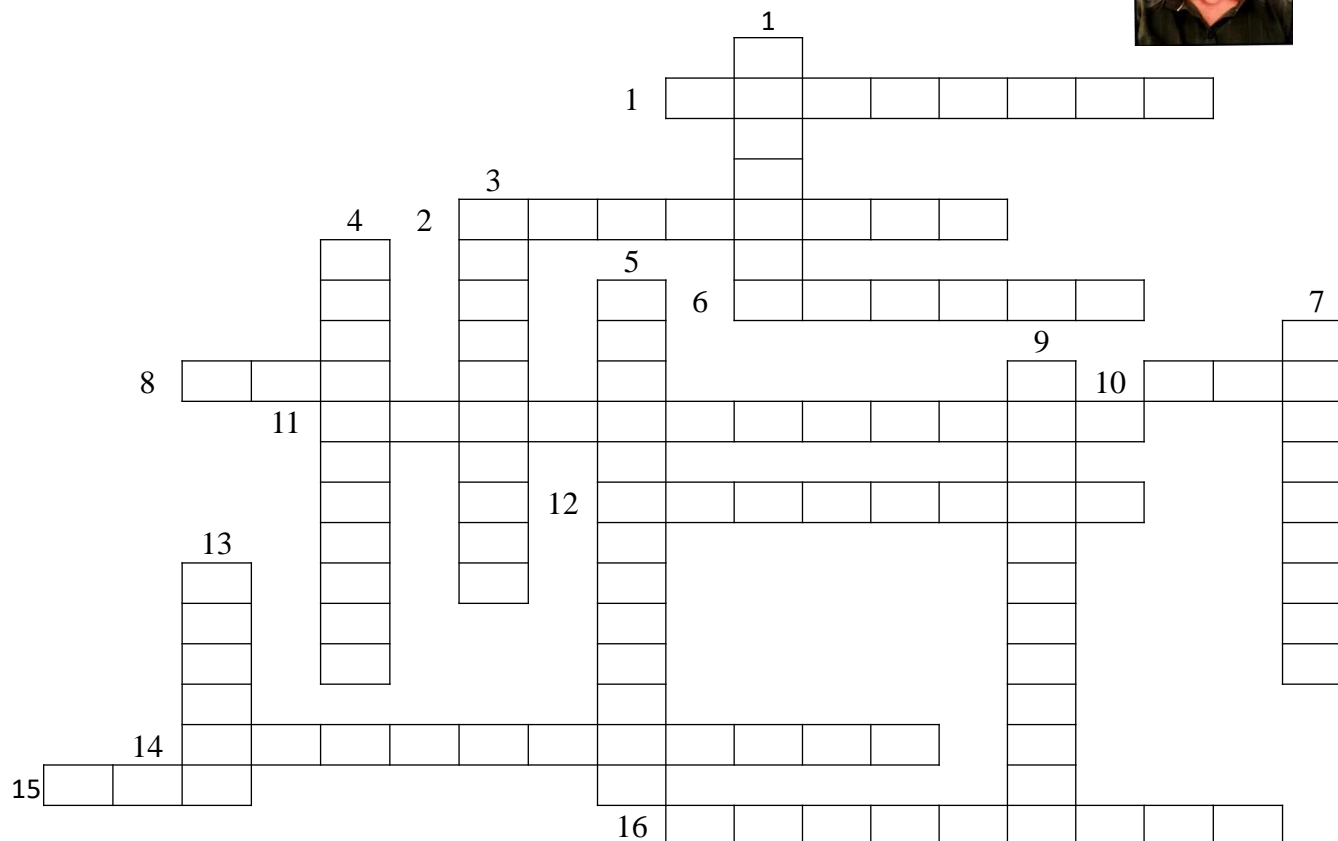
### Down:

7. Tissues that attaches a muscle to other body parts
8. Central organ of respiratory system
9. Organ and other structures that allow to breathe
10. It helps in filtration process of human body
11. Part projecting above the mouth on face

**Note:** Please find answers on page number 145.

## CARDIOVASCULAR SYSTEM

Mr. Sudhir Yadav, B. Sc (N) I Year



### Across:

1. Condition of heart when the chambers are relaxed.
2. Abnormally narrow opening of 1 of the heart valves.
4. Nervous system responsible for increased cardiac contractility
6. Volume of blood Ejected by heart in I heart beat
8. Junctions between cardiac muscles cells allow free movement of ions & change.
10. Number of motor units in heart.
11. Ability of cardiac muscle cells to spontaneously depolarize.
12. Arteries that supply oxygenated blood to myocardium.
14. Abnormally fast heart rate (>100 beats/Mins)
15. Neurotransmitter released by the parasympathetic system at the heart.
16. Circuit that sends deoxygenated blood to the lungs returns

### Down:

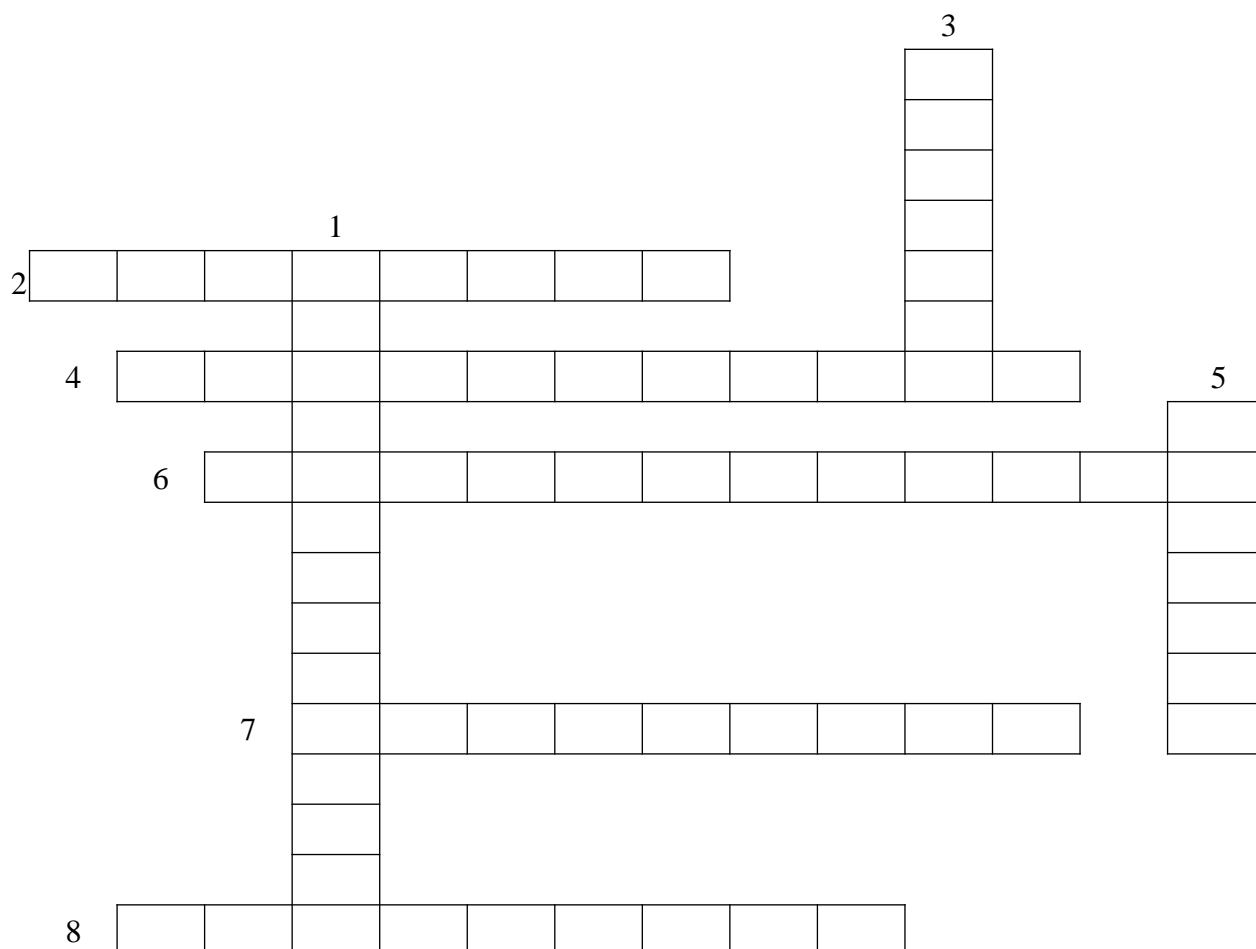
1. Connective tissue the holds valves in place aka "Skeleton of the heart"
3. Node that is the of the hearts Primary Pacemaker
5. Additional Source (besides SR) of Cate for heart excreation & contraction
7. Valves that divide ventricles from arteries.
9. Completely uncoordinated electrical excreation of cardiac cells.
13. Normal condition of the surface of valves & endocardium of heart.

**Note:** Please find answers on page number 145.



## CELL BIOLOGY

Ms. Kavita Dangi, B.Sc (N) I Year



### Across:

2. Enables for cell movement
4. Site of photosynthesis in plants
6. Energy Production by ATP synthesis
7. Responsible for protein synthesis
8. Stores enzymes responsible for intracellular digestion

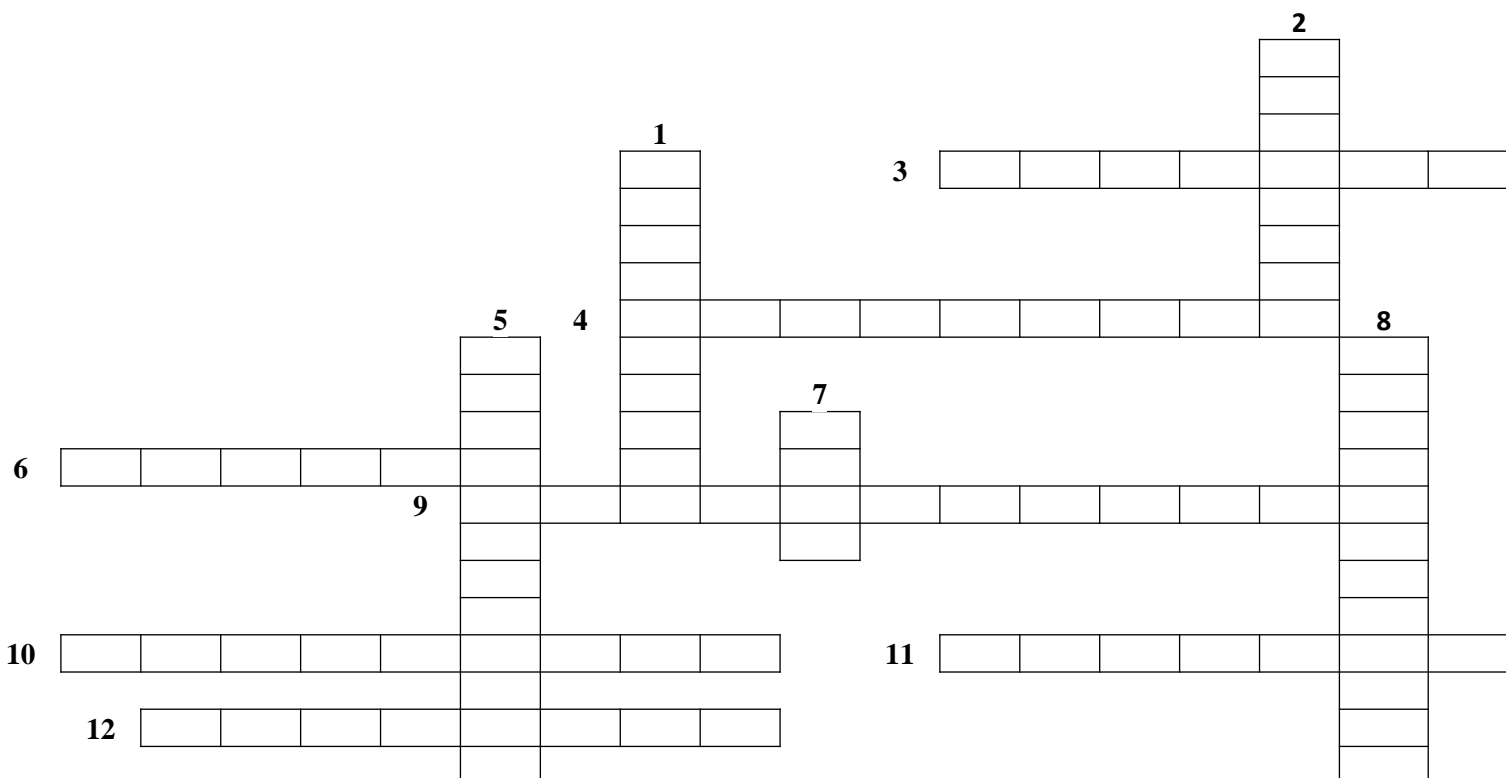
### Down:

1. Control central of the cell store DNA
3. Responsible far the modification sorting and transport of macro - molecules throughout the cell.
5. Central sound only in plants. Responsible to plant turgidity allows a plant to stand upright.

**Note:** Please find answers on page number 145.

## NERVOUS SYSTEM

Mr. Vivek Verma, B.Sc (N) I Year



### Across:

3. Contains the genetic mater (DNA) the cell.
4. Controls breathing heat rate and blood pressure
6. Basic building block of the nervous system
9. Hearing advanced visual processing
10. Receives information from other nervous comprehension of language.
11. Transmits information from the brain to the blood and from the body to the brain
12. Filter sensory information and controls mood status

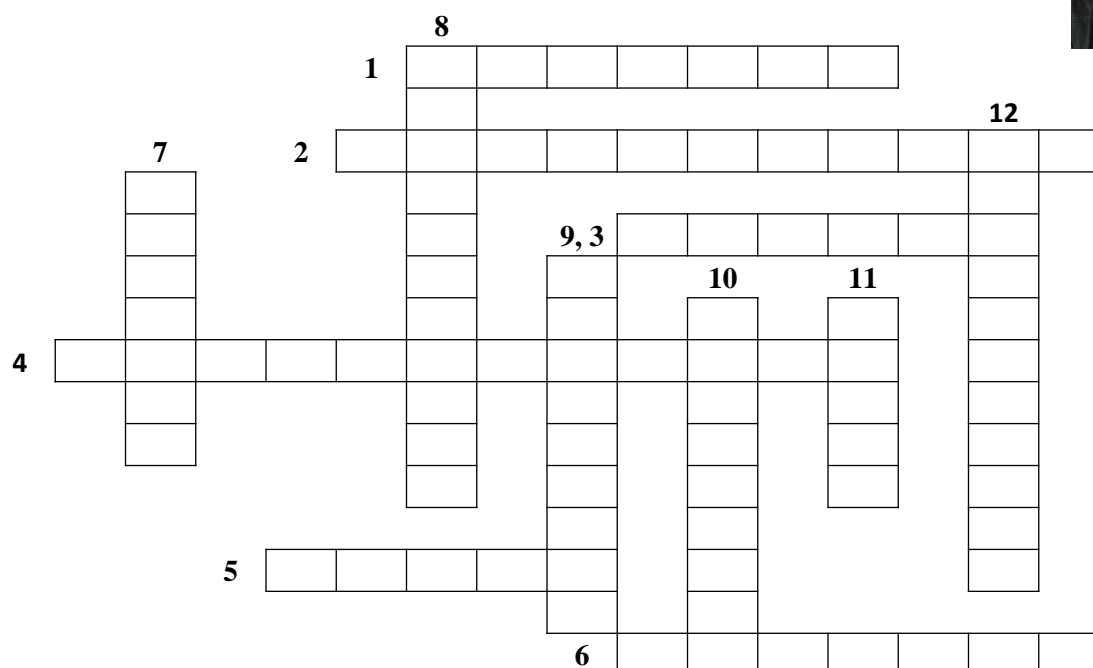
### Down:

1. Wrinkled outer area of the brain
2. Known as little brain and deals with motor control
5. Connected to other neutrons
7. A nerve fiber which conducts electrical impulses
8. Lobe of brain, which is responsible for sense of touch

**Note:** Please find answers on page number 146

## INTERNAL ANATOMY

Mr. Shyam Parmar, B. Sc (N) I Year

**Across:**

1. I am the organ in the digestive system.
2. I am the system that moves blood.
3. We are the organs that help fish reproduce.
4. I am the system that have reproductive functions
5. I am the organ which helps in metabolism
6. I am the system that includes the brain

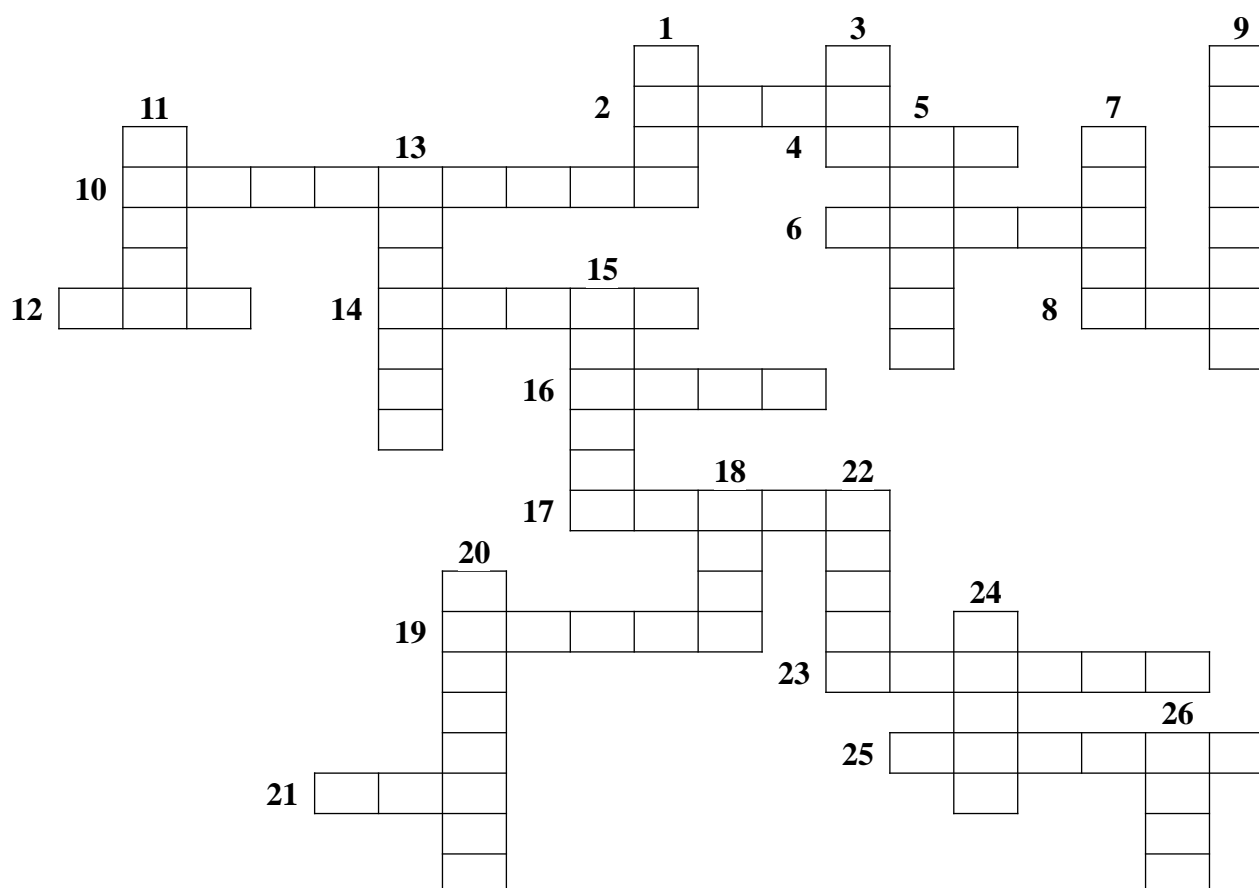
**Down:**

7. I am the system that removes wastes
8. I am the organ that helps fish maintain buoyancy in water.
9. I am the system that eliminates waste
10. I am the system with the other name of GI tract
11. I am the organ with 4 chambers
12. I am the system whose main function is breathing and gas exchange.

**Note:** Please find answers on page number 146.

## HUMAN PHYSIQUE

Mr. Priyanshu Kumar , Nehal Alam, B. Sc (N) I Year

**Across:**

2. A part projecting above the mouth on the face
4. Long tube in the body through which food moves
6. They carry electrical impulses
8. Part of human foot
10. Tube extends from lower end of stomach
12. Also known as upper extremity
14. Helps in eating and speaking
16. Part of finger tip
17. Joint with forearm and upper arm
19. Part of joint connecting the foot with leg
21. It is a organ of vision
23. It is otherwise called as pharynx
25. It is present in the tip of palm

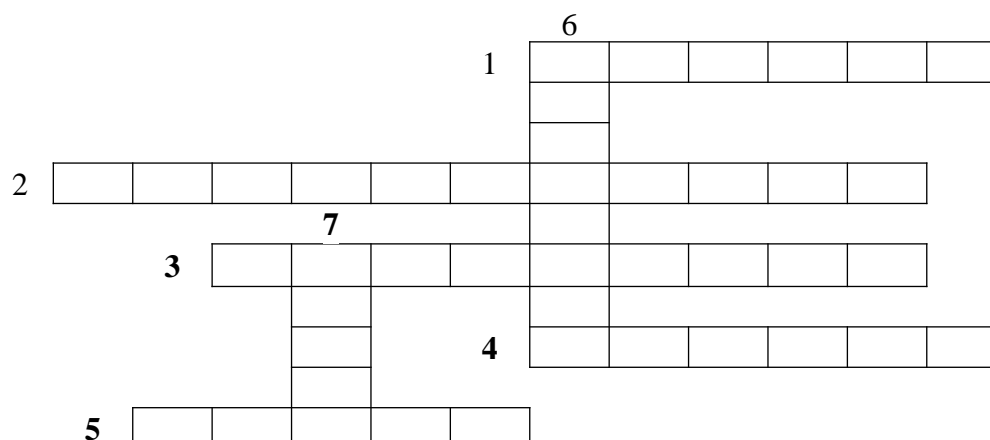
**Down:**

1. Hinge joint that is responsible for weight bearing and movement
3. Each of the limbs on which person walks
7. Part of body between neck and abdomen
9. Upper joint of each persons arm and between the neck
11. It helps to support metabolism
13. It stores food
15. Its is responsible for taste sensation
18. A Calcified material
20. It releases pancreatic juice
22. Joint of distal upper limb
24. Main functional unit of human body
26. Organ of hearing

**Note:** Please find answers on page number 146.

## ANATOMICAL TERMS

Ms. Radha Dangi, Ms. Tanu Parmar, B. Sc (N) I Year

**Across:**

1. Another name of "Voice Box"
2. The process where blood moves throughout
3. Outer layer of skin
4. Tissue that attaches a muscle to other parts, usually bones
5. The number of times the heart beats in one minute

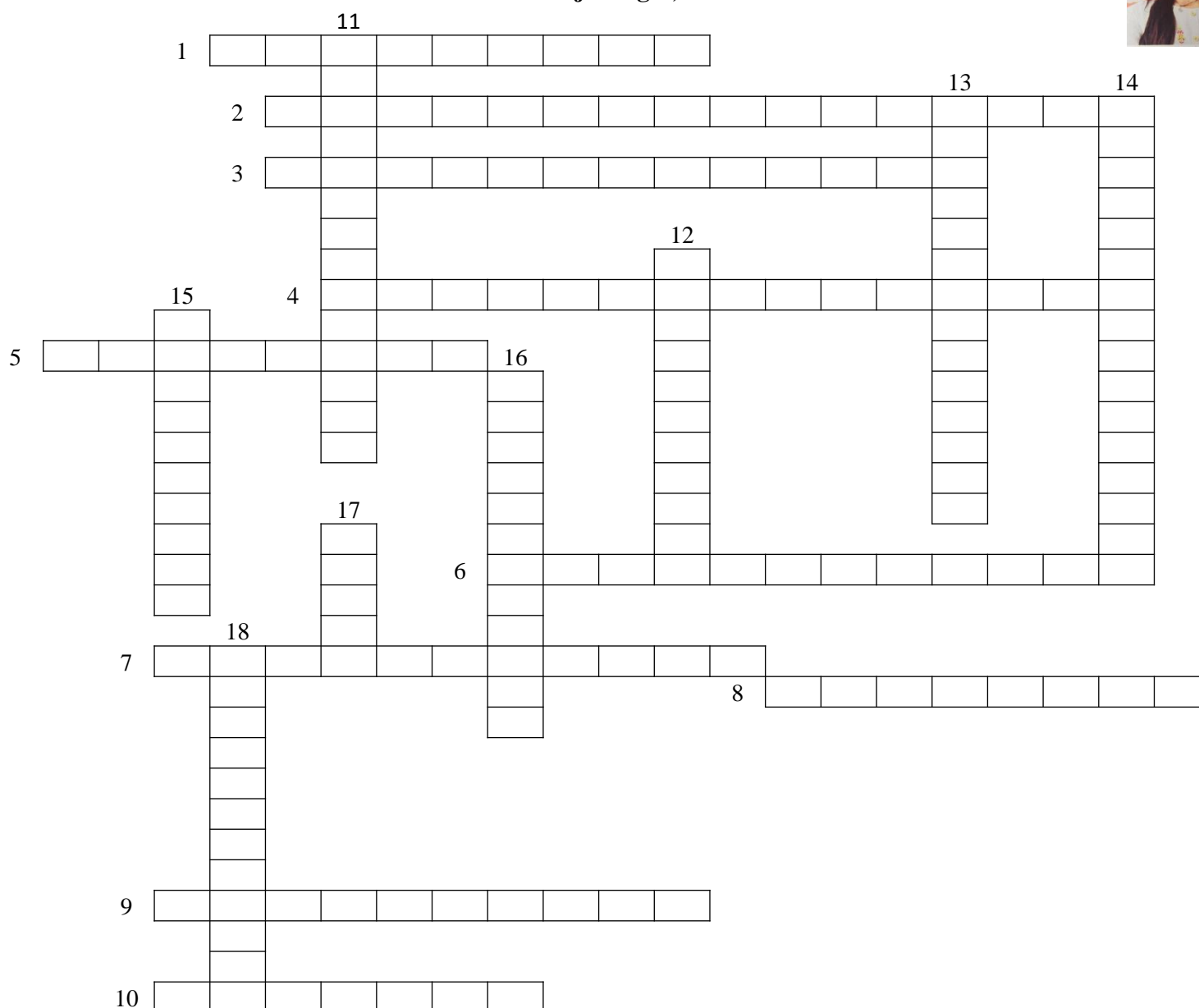
**Down:**

6. Tissue which connects bone to bone
7. The opening in the eye that light passes through

**Note:** Please find answers on page number 146.

## MICROORGANISMS AND THEIR EFFECTS

Ms. Pooja Nagar, GNM I Year



### Across:

1. Invasion by pathogens
2. Between invasion and first symptom
3. Absent when present
4. Test before administering antibiotics
5. Sample of the body
6. Second line natural defense mechanism
7. Treatment of strep throat
8. Microorganism which causes disease
9. A particular form, shape and structure of microorganism
10. Rod shaped bacteria

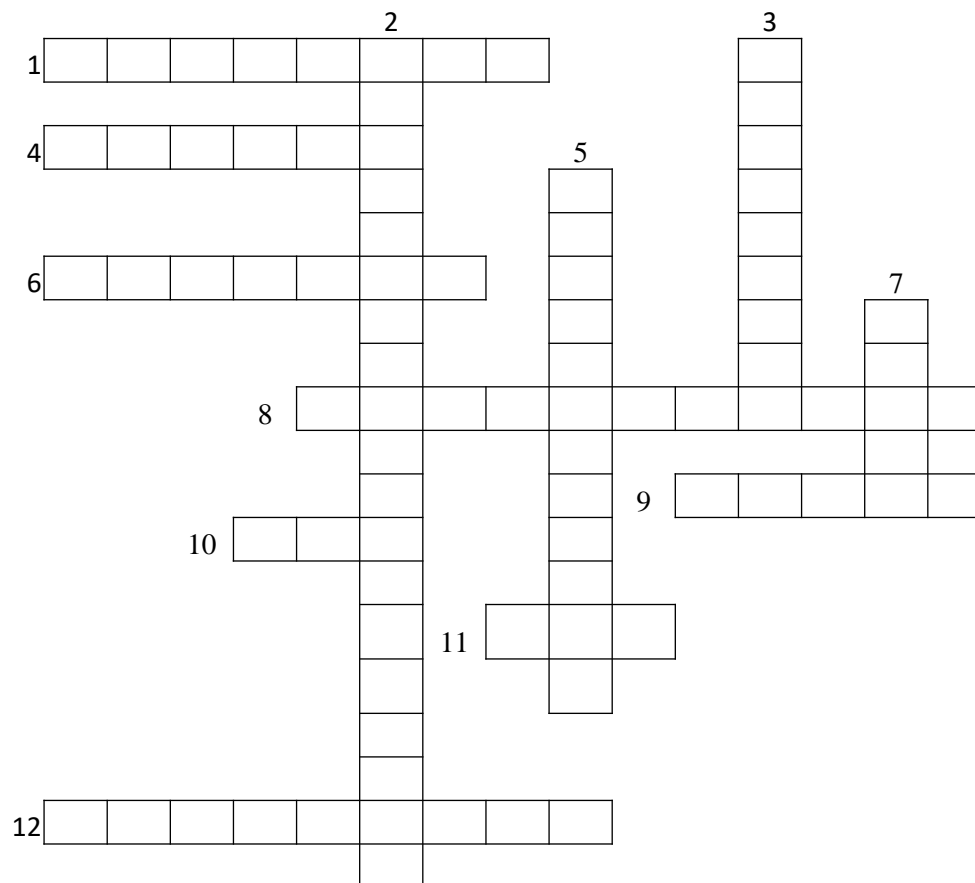
### Down:

11. For precise focusing
12. Instrument used to see microorganism
13. Post streptococcal complication
14. Way to transmit pathogens
15. Medication used to treat microorganism
16. Study of microorganism
17. Round bacteria
18. Harmless microorganism residing in body

**Note:** Please find answers on page number 147.

## THE RENAL SYSTEM

Ms. Aasha Barela, GNM I Year



### Across:

1. Due to the location of the prostate. Control of .....is difficult during a suprapubic prostatectomy.
4. The prostate when healthy is typically the size of this type of tree nut.
6. It is important to use isotonic solution such as .....for TURP
8. In addition to a blood test. This method can detect enlarged prostate
9. Radiation therapy is often administered vic.....to the prostate.
10. The screening test is performed for prostate cancer is.....
11. Benign hypertrophy of the prostate is abbreviated to .....

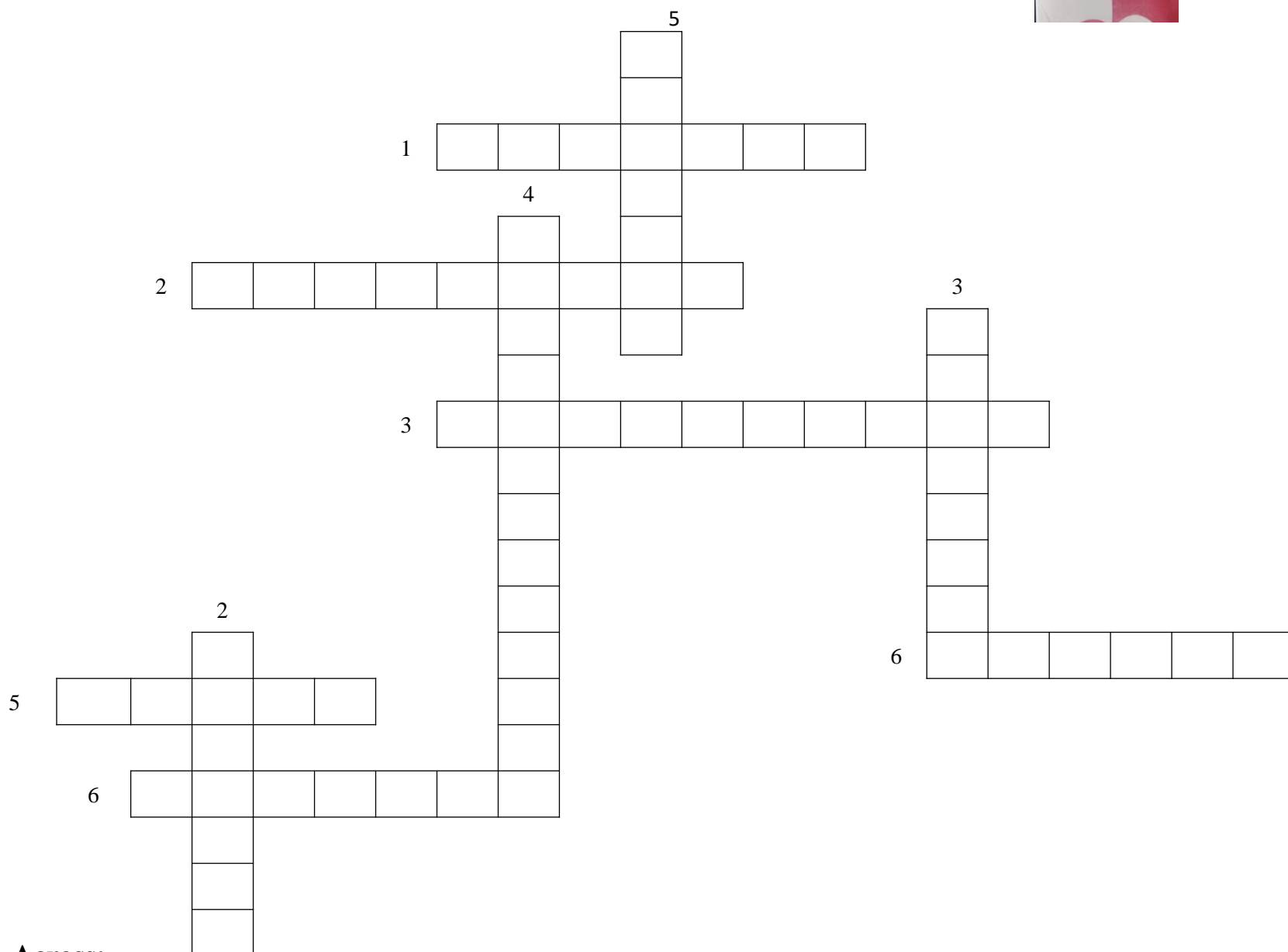
### Down:

2. Prostatic arteries are branches of the.....
3. A complication of prostatectomy is.....
5. This surgical instrument is used to decrease the size of the prostate while leaving the capsule intact.
7. the prostate is a.....that surrounds the urethra.

**Note:** Please find answers on page number 147.

## FUNDAMENTALS OF NURSING

Ms. Radha Yadav, GNM I Year



### Across:

1. Head of the bed elevated
2. The amount of exercise the individual is able to perform
3. Part of the brain controlling movement
4. Position of the back
5. Positioned face down

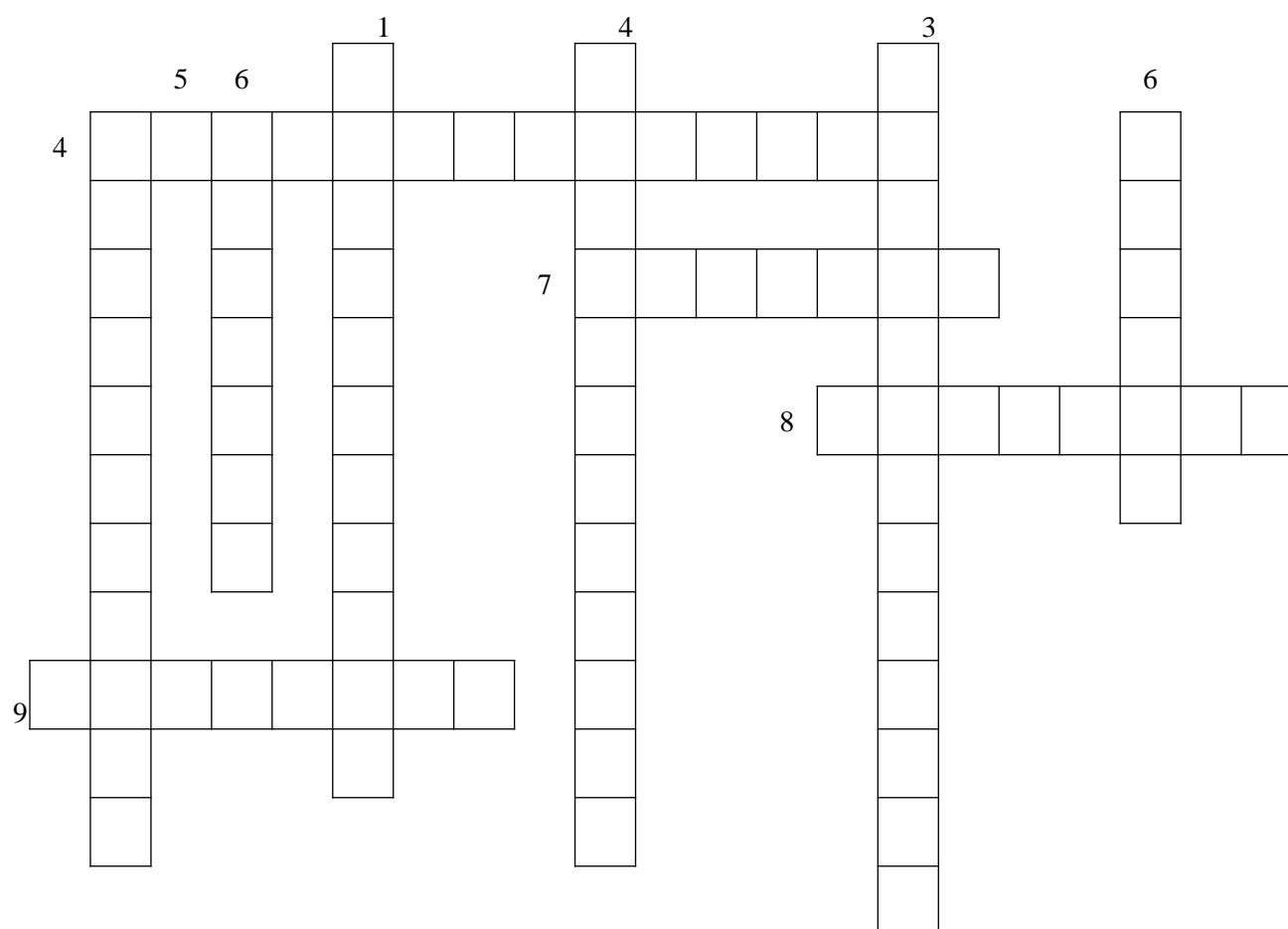
### Down:

1. Requires a wide base of support
2. Words for the ability of joints to move freely
3. Assistive devices used with injury to lower extremities
4. Physical activity for the purpose of conditioning the body
5. An assistive for the purpose support when ambulating

**Note:** Please find answers on page number 147.

## THE ENDOCRINE SYSTEM

Mr. Devendra Dangi, GNM I Year



### Across:

4. A small gland attached to the base of the brain producing hormones that control other glands.
7. Female reproductive organs that secrete estrogen vital for development and fertility.
8. A large gland behind the stomach that produces enzymes that helps with the digestion.
9. Chemical messenger of the endocrine system that are released into the blood.

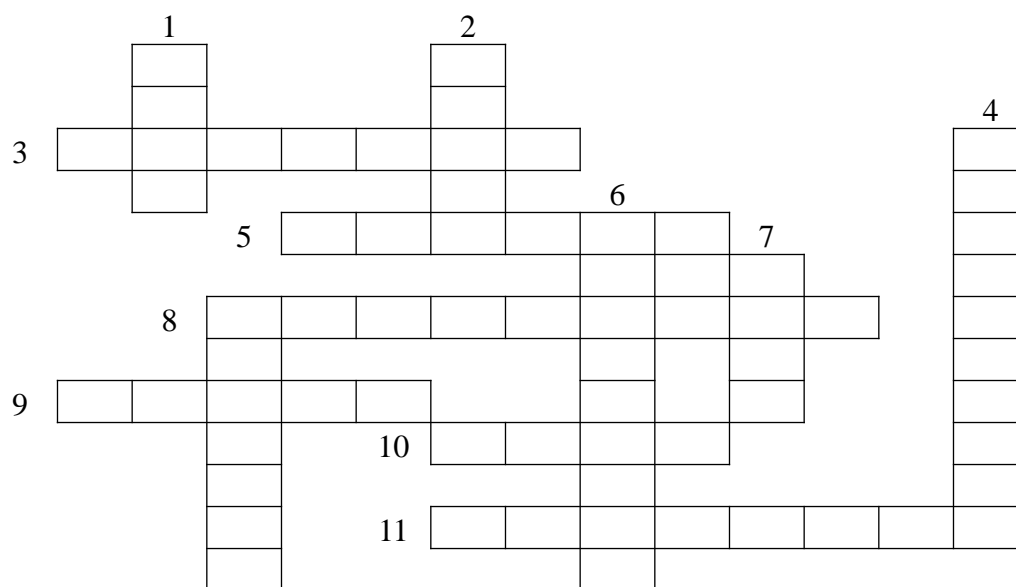
### Down:

1. A small gland near the center of the brain that controls sleep patterns.
2. A part of the brain that secretes many hormones and controls the body temperature and hunger.
3. Small glands on top of the kidneys that produces hormones that help the body to control blood sugar and burn fat.
4. Four glands next to the thyroid that secretes hormone that regulate calcium level in the body.
5. A gland in the neck that secretes hormones which regulate the growth.
6. Male endocrine glands that secrete testosterone, a hormone, vital for male development

**Note:** Please find answers on page number 147.

## NUTRITION

Ms. Muskan Yadav, GNM I Year

**Across:**

3. A white metallic element found in milk and bone
5. Taking food into the body
8. The process of being nourished
9. About 453.6 grams
10. A person's habit of eating
11. Compounds necessary to good health, found in plants and animals

**Down:**

1. About 1/28<sup>th</sup> of an ounce in the metric system
2. Ripened part of flowering plant that contains seeds
4. Plant roots, leaves, stems and flowers eaten as food
6. Healthy ingredients in food
7. Something eaten to maintain life
8. To provide a person with food

**Note:** Please find answers on page number 148.

## CYBER BULLYING

**Mr. Ravi Sen,** Chirayu College of Nursing, Bhopal



### **Introduction:**

Bullying refers to any kind of aggressive behavior, which is normally intentional and entails an imbalance of strength or power. Cyber bullying also referred to as social online cruelty, can be described as an intentional aggressive act which is carried out by an individual or group of individuals against a victim done repeatedly over a long period of time and sent through electronic contacts. Cyber bullying is usually repeated over time unless it is a death threat. The definition of cyber bullying is limited to children while in adults; it is referred to as cyber harassment or cyber stalking. In this essay, we will look at the prevalence of cyber bullying, its psychological effects on teenagers and steps that can be taken to prevent it.

### **What is Cyber Bullying?**

Cyber bullying is very common among teenagers, children, and preteens and occurs when one is threatened, harassed, embarrassed or humiliated with digital and interactive technologies, the internet or with mobile phones. The methods used in cyber bullying by children are only limited to one's access to technology. Children often change roles either as the bully or as the victim. At one time, a child can be the bully and shortly after become the victim (Jacobs, 2010). Cyber bullying can take different forms, which may include one or a number of the following acts. It may involve sending threatening, vulgar and mean images or messages, posting private and sensitive information about another person and excluding someone deliberately from a social online group. Cyber bullying can also be as simple as continuing an email sent by someone and sending it to someone else with unfriendly information about someone else. It can also entail making fun and teasing someone and defamation. It can as well be websites created where kids can vote against other kids.

### **Effects of cyber bullying:**

Cyber bullying has bad and serious effects on both the bully and the bullied. The first and worst consequence of cyber bullying is the fatal outcome of such instances. The failure by children to report to adults and the relevant authority figure has led to many children committing suicide due to the depression, which results from cyber bullying. Reports in the USA today, show that at least three children of between 12-13 years of age committed suicide because of cyber bullying (LLC, 2010). The other consequence of cyber bullying is that the victims begin to fear associating with other people. This is usually the main intention of cyber bullying. Victims start avoiding their friends and activities as they start seeing them as enemies especially in cases where the victims do not know who the bully is; this leads to great emotional damage.

**How to stop cyber bullying:**

Cyber bullying can be stopped through different measures. Given the availability and accessibility to technology today, it may be hard to stop cyber bullying completely. Children have access to the internet, computers, mobile phones and other means of digital communications both at home and in schools. However, it would be very important to take measures to reduce it. First, Children should talk to an adult whom they trust about the bullying. They should persist to tell them until an action against the bully is taken. Children should not keep quiet in the face of cyber bullying, as this would affect them both psychologically and emotionally (Hinduja & Patchin, 2008). Secondly, children should not open messages from the bullies. In addition, they should not read them or respond to them, as this would encourage the bully to continue with his or her threats. Moreover, reading the messages may prompt the victim to counter attack the bully by sending more threatening messages than what was sent to them and this would lead to an increase in cyber bullying instead of stopping it. In addition, if the messages are from instant messages or through chat, the victim can block the bully instantly so that the messages do not go through (Breguet, 2007).

The parents should also take up the role of protecting their children from cyber bullying by taking a number of precautions; one, they need to centralise the laptops and computers and keep online accessibility where the parents have frequent access and the screen kept in a way that is viewable. Secondly, parents should establish communications with their children so that children can open up to them when faced with such bullying. Parents also need to familiarise themselves with online facilities, social networking, and chat rooms. The more knowledge a parent has about these, the higher the chances of being able to secure their children from cyber bullying.

**Conclusion:**

In conclusion, cyber bullying has very damaging consequences to individuals. It disrupts school life, has great emotional damage and may have fatal consequences. Though technology has brought new opportunities for students and teenagers, it is important that everyone learn to use it responsibly. Policies should also be put in place to ensure that technology is used responsibly. School management should put in place ways of identifying, preventing and responding to cyber crimes in schools. Also Parents should take up, the responsibilities of protecting their children on the other hand, should take the first necessary measures to prevent cyber crimes and bullying.

**References:**

- [https://www.google.com/search?q=cyberbullying+&sca\\_esv=718de0e0157e66f8&sca\\_upv](https://www.google.com/search?q=cyberbullying+&sca_esv=718de0e0157e66f8&sca_upv)
- <https://www.unicef.org/end-violence/how-to-stop-cyberbullying>

## “जल ही जीवन है” जल के बिना जीवन की कल्पना भी मुश्किल है...

Mr. Vikash Sharma, Chirayu College of Nursing, Bhopal



“जल है तो कल है”, बावजूद इसके जल बेवजह बर्बाद किया जाता है। हमें यह नहीं भूलना चाहिए कि जल-संकट का समाधान जल के संरक्षण से ही है। हम हमेशा से सुनते आये हैं “जल ही जीवन है”। जल के बिना सुनहरे कल की कल्पना नहीं की जा सकती, जीवन के सभी कार्यों का निष्पादन करने के लिये जल की आवश्यकता होती है। पृथ्वी पर उपलब्ध एक बहुमूल्य संसाधन है जल, या यों कहें कि यही सभी सजीवों के जीने का आधार है जल। धरती का लगभग तीन चौथाई भाग जल से घिरा हुआ है, किन्तु इसमें से 97% पानी खारा है जो पीने योग्य नहीं है, पीने योग्य पानी की मात्रा सिर्फ 3% है। इसमें भी 2% पानी ग्लेशियर एवं बर्फ के रूप में है। इस प्रकार सही मायने में मात्र 1% पानी ही मानव के उपयोग हेतु उपलब्ध है।

नगरीकरण और औद्योगिकीकरण की तीव्र गति व बढ़ता प्रदूषण तथा जनसंख्या में लगातार वृद्धि के साथ प्रत्येक व्यक्ति के लिए पेयजल की उपलब्धता सुनिश्चित करना एक बड़ी चुनौती है। जैसे जैसे गर्मी बढ़ रही है देश के कई हिस्सों में पानी की समस्या विकराल रूप धारण कर रही है। प्रतिवर्ष यह समस्या पहले के मुकाबले और बढ़ती जाती है, लेकिन हम हमेशा यही सोचते हैं बस जैसे जैसे गर्मी का सीजन निकल जाये बारिश आते ही पानी की समस्या दूर हो जायेगी और यह सोचकर जल संरक्षण के प्रति बेरुखी अपनाये रहते हैं।



आगामी वर्षों में जल संकट की समस्या और अधिक विकराल हो जाएगी, ऐसा मानना है विश्व आर्थिक मंच का। इसी संस्था की रिपोर्ट में आगे कहा गया है कि दुनियाभर में 75 प्रतिशत से ज्यादा लोग पानी की कमी की संकटों से जूझ रहे हैं। 22 मार्च को मनाया जाने वाला ‘विश्व जल दिवस’ महज औपचारिकता नहीं है, बल्कि जल संरक्षण का संकल्प लेकर अन्य लोगों को इस संदर्भ में जागरूक करने का एक दिन है।

शुद्ध पेयजल की अनुपलब्धता और संबंधित ढेरों समस्याओं को जानने के बावजूद देश की बड़ी आबादी जल संरक्षण के प्रति सचेत नहीं है। जहां लोगों को मुश्किल से पानी मिलता है, वहां लोग जल की महत्ता को समझ रहे हैं, लेकिन जिसे बिना किसी परेशानी के जल मिल रहा है, वे ही बेपरवाह नजर आ रहे हैं। आज भी शहरों में फर्श चमकाने, गाड़ी धोने और गैर-जरूरी कार्यों में पानी को निर्ममतापूर्वक बहाया जाता है।

प्रदूषित जल में आर्सेनिक, लौहांस आदि की मात्रा अधिक होती है, जिसे पीने से तमाम तरह की स्वास्थ्य संबंधी व्याधियां उत्पन्न हो जाती हैं। विश्व स्वास्थ्य संगठन के एक अध्ययन के अनुसार दुनिया भर में 86 फीसदी से अधिक बीमारियों का कारण असुरक्षित व दूषित पेयजल है। वर्तमान में करीब 1600 जलीय प्रजातियां जल प्रदूषण के कारण लुप्त होने के कगार पर हैं, जबकि विश्व में करीब 1.10 अरब लोग दूषित पेयजल पीने को मजबूर हैं और साफ पानी के बगैर अपना गुजारा कर रहे हैं।

ऐसी स्थिति सरकार और आम जनता दोनों के लिए चिंता का विषय है। इस दिशा में अगर त्वरित कदम उठाते हुए सार्थक पहल की जाए तो स्थिति बहुत हद तक नियंत्रण में रखी जा सकती है, अन्यथा अगले कुछ वर्ष हम सबके लिए चुनौतिपूर्ण साबित होंगे।

### Reference:

<https://blog.mygov.in>

## UNLOCKING THE POWER OF ARTIFICIAL INTELLIGENCE: A JOURNEY INTO THE FUTURE

Mr. Javed Ali, Chirayu College of Nursing, Bhopal



Artificial Intelligence (AI) is no longer just a concept from science fiction novels or blockbuster movies; it's a reality shaping our world in profound ways. From personalized recommendations on streaming platforms to autonomous vehicles navigating our streets, AI is revolutionizing industries and transforming how we live, work, and interact with technology.

### Understanding Artificial Intelligence

At its core, AI refers to the development of computer systems capable of performing tasks that typically require human intelligence. These tasks include understanding natural language, recognizing patterns, making decisions, and learning from experience. AI systems can be categorized into two broad types: Narrow AI and General AI.

**Narrow AI**, also known as Weak AI, is designed to perform specific tasks efficiently. Examples include virtual assistants like Siri and Alexa, recommendation algorithms used by online retailers, and fraud detection systems employed by financial institutions. Narrow AI excels within predefined parameters but lacks the broader cognitive abilities of humans.

**General AI**, on the other hand, refers to AI systems with the ability to understand, learn, and apply knowledge across different domains—essentially, machines with human-like intelligence. While General AI remains a goal for researchers, achieving it presents significant technical and ethical challenges.



### Applications of Artificial Intelligence

The applications of AI are diverse and span across various industries, including healthcare, finance, transportation, entertainment, and more. Here are just a few examples:

**Healthcare:** AI-powered medical imaging systems can assist doctors in diagnosing diseases like cancer more accurately and quickly. Additionally, predictive analytics can help identify patients at risk of developing certain conditions, enabling proactive intervention.

**Finance:** AI algorithms are revolutionizing financial services by automating routine tasks such as fraud detection, credit scoring, and algorithmic trading. These systems can analyze vast amounts of data in real-time to identify patterns and anomalies, improving decision-making processes.

**Transportation:** Self-driving cars are a prime example of AI's impact on transportation. By combining sensors, cameras, and machine learning algorithms, autonomous vehicles can navigate roads safely and efficiently, potentially reducing accidents and traffic congestion.

**Entertainment:** Streaming platforms leverage AI algorithms to recommend personalized content based on users' viewing history and preferences. These recommendation systems enhance user experience and increase engagement by delivering relevant content.

### Challenges and Ethical Considerations

While the potential benefits of AI are undeniable, its widespread adoption also raises significant challenges and ethical concerns. These include:

**Bias and Fairness:** AI systems can perpetuate and amplify existing biases present in the data used to train them. Ensuring fairness and equity in AI algorithms is crucial to prevent discrimination against certain groups.

**Privacy and Security:** AI applications often rely on vast amounts of personal data, raising concerns about privacy and data security. Protecting sensitive information from unauthorized access and misuse is essential to maintaining trust in AI systems.

**Job Displacement:** Automation driven by AI has the potential to disrupt labor markets and displace workers in certain industries. Addressing the socioeconomic implications of AI adoption is necessary to mitigate negative consequences and ensure a just transition.

### Looking Ahead

As AI continues to advance, its impact on society will only grow more profound. Embracing this transformative technology while addressing its challenges requires collaboration among policymakers, industry leaders, researchers, and the public. By harnessing the power of AI responsibly, we can unlock new opportunities and create a brighter future for all.

In conclusion, Artificial Intelligence holds immense promise to revolutionize how we live and work, but it also demands careful consideration of its ethical and societal implications. As we navigate this exciting frontier, let us strive to harness AI's potential for the greater good while ensuring it remains aligned with our values and aspirations as a society.

**Reference:** Chat GTP (AI)

## IMPACT OF MOBILE ADDICTION ON LIFE



Mr. Aman Ali, Chirayu College of Nursing, Bhopal

### Introduction:

Our mobile phone is meant to ease things for us. It helps us connect with our near and dear ones almost instantly. Communicating with our relatives and friends living in distant lands has become extremely easy with the introduction of mobile phones. A mobile phone with a high speed internet connection serves numerous purposes. It helps us order food, shop online, look for just about any information online, read e-books, enjoy gaming and what not. But alas, while a mobile phone should be a value addition to our lives, it is turning out to be something that is degrading it. Mobile phones are becoming more and more addictive with the introduction of newer applications each day. Mobile addiction is taking a toll on our lives.



### Impact of Mobile Addiction

More than half of the mobile users around the world are addicted to their mobile phones. Mobile addiction is impacting us on different levels.

#### Impulsive and Aggressive Behaviour

People addicted to mobile phones are known to show impulsive and aggressive behaviour. They keep checking their mobile phone every few minutes and cannot do without it. New messages and notifications give them a high. Lack of these can make them angry and depressed.

Anger and aggression is particularly seen among those who spend most time playing violent games on their mobile.

#### Decreased Attention Span

People addicted to cell phones aren't able to concentrate on work for long. Too much screen time impacts the brain adversely and decreases the ability to focus. Besides, mobile addicts have a continuous urge to check their cell phones. Thus, they cannot focus on the work in hand.

#### Poor Eyesight and Headache

Mobile addicts often complain of headache. They develop migraine issues over the time. Viewing the screen for a long time also hurts the eyes and affects the eyesight.

#### Sleep Disorders and Depression

Mobile addicts use their mobile phones until late at night and often develop sleep disorders. The impact of sleep disorders is known to all. It can hamper our work and impact our health badly. Mobile addicts often cut ties from the real world. They are mostly busy connecting with people online, gaming and watching videos. Lack of human contact is the first step to moving towards depression.

#### Brain Cancer

Studies reveal that people who talk on their mobile phone for several of hours a day have a high chance of developing brain cancer. This is because mobile phones emit radio waves that damage the brain cells. However, many scientists and medical practitioners do not agree with this finding.

Continual use of mobile phones also impacts our nervous system adversely.

#### Phubbing

Phubbing is the term used to refer to the habit of constantly checking your mobile even when you are surrounded by people. Mobile addicts develop this habit and it is not good for their personal relationships. As they try to connect with people online, they distance themselves from their loved ones who crave their love and attention. Mobile addicts thus suffer from severe relationship issues.

### Conclusion

As much as we neglect it, mobile addiction has become a big problem today. It is hampering our professional life and ruining our personal relationships. Mobile phones are causing more harm than good. People experiencing the problem of mobile addiction must make an effort to get rid of it and return to the real world.

### References:

- [https://www.google.com/search?q=impact+of+mobile+addiction+on+life&sc\\_esv](https://www.google.com/search?q=impact+of+mobile+addiction+on+life&sc_esv)
- <https://www.verizon.com/articles/cell-phone-addiction/>

## ANSWER KEY (RIDDLES)

### Let's do Brainstorming

1. Half a centipede
2. Absence of body
3. The license plate of the vehicle that hit you
4. Stop drinking acid
5. Heartbeat harmony
6. Noise
7. Candle
8. Coin
9. Carpet
10. A deck of cards
11. All of them
12. Stress
13. Resilience
14. Mindfulness
15. Sleep hygiene

### Nurse's Tools to save lives

1. Thermometer
2. Medication
3. Ambulance
4. Nurse
5. Blood pressure cuff
6. IV drip
7. Gloves
8. Heartbeat
9. Stethoscope
10. Tourniquet
11. Catheter

### The Nurse and her weapons

1. Stethoscope
2. Ambulance
3. Bedpan
4. Sphygmomanometer
5. Operation
6. Mindfulness
7. Relaxation Techniques
8. Therapy or counseling
9. Meditation
10. A blood specialist
11. Your age

### Nurse's Favorites

1. The petal of healing
2. Boomingly optimistic
3. To elevate fitness care
4. To oversee the flow of health
5. The recovery room
- 6 Medical novels
7. To raise the level of healthcare commitment

### Nurse's Divine Role

1. Nurse
2. Someone's heartbeat
3. Night shift nurse
4. Scrub couture
5. Kindness

### Instruments

1. Surgical headlamp
2. Anesthesia Machine
3. Smoke evacuator
4. Infusion pump
5. Tobacco smoke
6. Surgical dressing
7. Surgical needle.
8. Gastric juice
9. Suture
10. Wheelchair

**ANSWER KEY (RIDDLES)****Baby minding**

1. Pediatric Nurse
2. An abdominal mass.
3. Projectile vomiting.
4. Hirschsprung's disease.
5. Vastus lateralis.
6. Quickening
7. Pregnancy

**Multisystem**

1. Eyes
2. Teeth
3. Nose
4. Heart
5. Brain
6. Veins
7. Kidney
8. Lungs
9. Bones
10. Muscles

**I am a nurse**

1. To oversee the flow of health
2. Hill is hard to get up a pill is hard to get down
3. Short cut
4. The canvas of recovery
5. To elevate the emergency response
6. Endorphin-Eliciting truffles
7. Catheter.

**Health care system**

1. Stethoscope
2. Thermometer
3. IV drip
4. Hospital bed
5. Bandage
6. Tourniquet
7. Catheter
8. Syringe
9. Chart
10. Hospital
11. Gloves
12. Pulse oximeter
13. Vaccine
14. Stretcher
15. Ointment
16. Heartbeat
17. Compression Stockings
18. Saline solution
19. X-ray machine
20. Blood transfusion
21. Temperature

**Medical equipment**

1. Nurse
2. Ventilator
3. Sterilization
4. Asthma
5. Neonatal nurse
6. IV drop
7. Heartbeat
8. Syringe
9. Tourniquet

**ANSWER KEY (RIDDLES)****General science**

1. Head/brain
2. Arms
3. Legs
4. Feet
5. Hands
6. Eyes
7. Mouth
8. Nose
9. Fingers
10. Ankle

**Nursing care**

1. The heartwood
2. Ready for anything
3. To elevate patient care
4. To reach new heights in health care
5. To climb the tree of health

**Essential equipment in nursing**

1. Syringe.
2. Hospital Bed
3. Thermometer
4. Ambulance.
5. Tourniquet.
6. Heartbeat
7. Saline Solution.
8. Blood Transfusion.
9. Gurney.
10. Charting.
11. Ointment

**A view to Anatomy**

1. Digestive
2. Circulatory
3. Respiratory
4. Reproductive
5. Skeletal
6. Integumentary
7. Muscular
8. Endocrine
9. Excretory
10. Nervous
11. Lymphatic

**ANSWER KEY (PUZZLES)****Blood**

1. Protein
2. Leukemia
3. Germ theory of disease
4. Mycobacterium
5. Susceptible person
6. 1<sup>st</sup> December
7. Epitopes
8. Pyrogens
9. Mast cells
10. Hematopoiesis

**Immunity-The Human power of defense**

1. Alpha-cells
2. IgE
3. Immunosuppressant
4. Histamine and kinins
5. Underdeveloped limbs
6. Tetanus
7. Hemophilia B
8. Dichloro Diphenyl Trichloroethane
9. Viruses can multiply repeatedly
10. Histamines
11. P.Falciparum
12. Hay Fever
13. Stomach wall of mosquito
14. Pathophobia
15. Diptheria

**Communicable Diseases**

1. Dengue
2. Tuberculosis
3. Dengue virus (Aedes Mosquito)
4. Widal Test
5. Varicella zoster
6. Syphilis
7. Tuberculosis
8. Isoniazid, Rifampicin, Pyrazinamide, Ethambutol
9. Liver
10. Pathogens

**Review of Pharmacology**

1. Mahadeva lal
2. Paul Ehrlich
3. Ghaziabad, UP
4. A metabolic disorder
5. Hepatitis B
6. Acetyl salicylic acid
7. Widal
8. Ayurvedic system
9. Liver
10. Calpol

**Angina Pectoris**

1. Angina
2. Heaviness
3. Inadequate oxygen supply to myocardium
4. Reduced blood flow to heart muscle
5. Unstable angina
6. Variant angina
7. Nitroglycerin
8. Beneath the sternum
9. Lack of oxygen supply
10. ECG, Nuclear stress test, Chest X-ray

**Blood and its components**

1. 4 components
2. 1975
3. James Blundell
4. Karl Landsteiner
5. Antibodies
6. Bone marrow
7. Group O
8. Blood
9. 7.35-7.45
10. 120 days
11. Lymphocyte
12. 12-20 days
13. Thrombus
14. Antithrombin III, Heparin cofactor II, Protein C, Protein S
15. 3.5-5.5

## ANSWER KEY (PUZZLES)

### Coronary Artery Disease

1. Coronary Artery Disease
2. High BP, high blood cholesterol levels, smoking, diabetes, obesity, stress
3. Obesity
4. Coronary Angiogram
5. Pain or discomfort in chest
6. Restriction of blood supply to tissues
7. A high intake of vegetables, fruits, legumes and whole grains
8. Regular exercise and healthy diet
9. To supply blood to heart muscles

### Paediatrics –A child based Nursing

1. From Greek Word pedioiatriies
2. Child's weight and length or height
3. Integrated Child Development Services
4. 1965
5. Dr. George Coelho
6. Mid -Day Meal
7. Special Nutrition Program
8. Hippocrates, A Greek philosopher
9. 1993
10. Artificial Manual Breathing Unit
11. Kangaroo Mother care
12. 1975
13. Abraham Jacobi
14. Applied Nutrition Program
15. Balwadi Nutrition Program
16. Baby Friendly Hospital Initiatives
17. Weight(kg)  
Height(mt)2

### Hospital Acquired Infection

1. Superficial incisional SSI
2. Central Line Associated Bloodstream Infection
3. Central line bundles
4. Patient susceptibility, Microbial agent, Environment factors
5. Insertion of central venous catheter
6. Central line bundle and ventilator bundle
7. Preventive bundle
8. Nosocomial infection
9. Deep Vein Thrombosis
10. Catheter Associated Urinary Tract Infection

### Nursing :Channel to Healthy life

1. Sick
2. Founder
3. Nurse
4. 1940
5. 2 years
6. Lecture Method
7. Feedback
8. Down syndrome
9. Nurses
10. War

### Mental Health: A Priority

1. Passive
2. Schizophrenia
3. Their awareness of time, place, person
4. 1982 in India
5. 2017
6. Neologism
7. Obsessive Compulsive Disorder
8. Amnesia
9. Illusion
10. 30
11. Catalepsy
12. Perception
13. Hallucination
14. Philippe Pinel
15. Mycophobia

**ANSWER KEY (PUZZLES)****The development of child: A process**

1. Infancy
2. Faulty development
3. Parathyroid hormone
4. 7 years
5. Kwashiorkor
6. 15-18 months
7. On second day or third day of life
8. Respiratory efforts
9. IgA
10. Vastus lateralis

**Urinary tract infection in children**

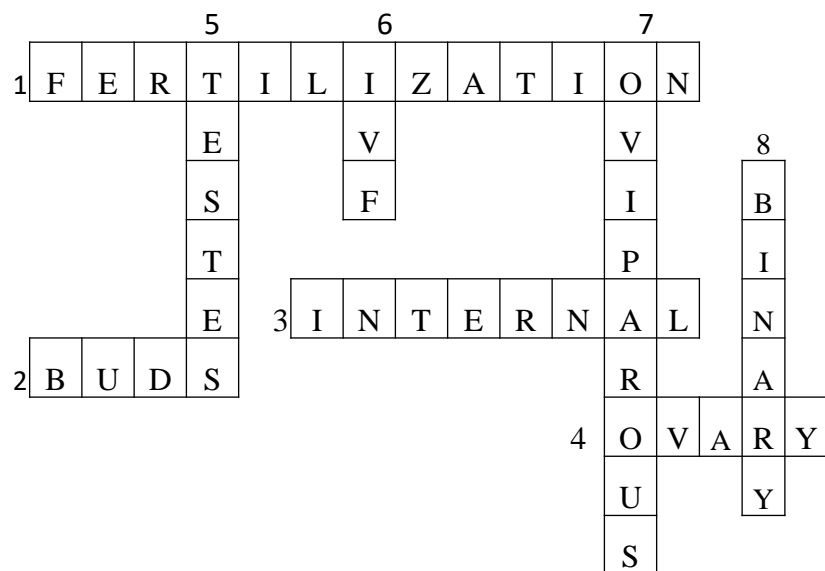
1.  $\geq 10^5$  CFU/ml
2. 2-24 months
3. Bacterial infection
4. Ampicillin and cephalexin
5. Midstream urine sample
6. Anuria
7. E.coli
8. Bladder and kidneys
9. Chronic pyelonephritis

**All about mental health and mental disorders**

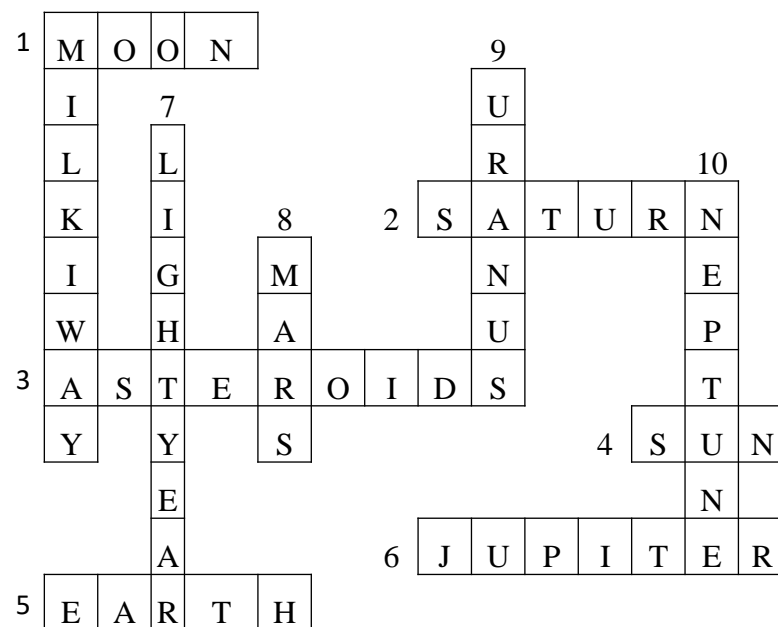
1. Tactile hallucination
2. Delusion
3. Delusion of grandeur
4. Hypochondriasis
5. Increased intracranial pressure
6. Severe depression
7. Antipsychotic medications
8. Denial
9. Flumazenil
10. Mania
11. Depression
12. Mild skin itchiness and redness
13. Agoraphobia

## ANSWER KEY (CROSSWORD PUZZLES)

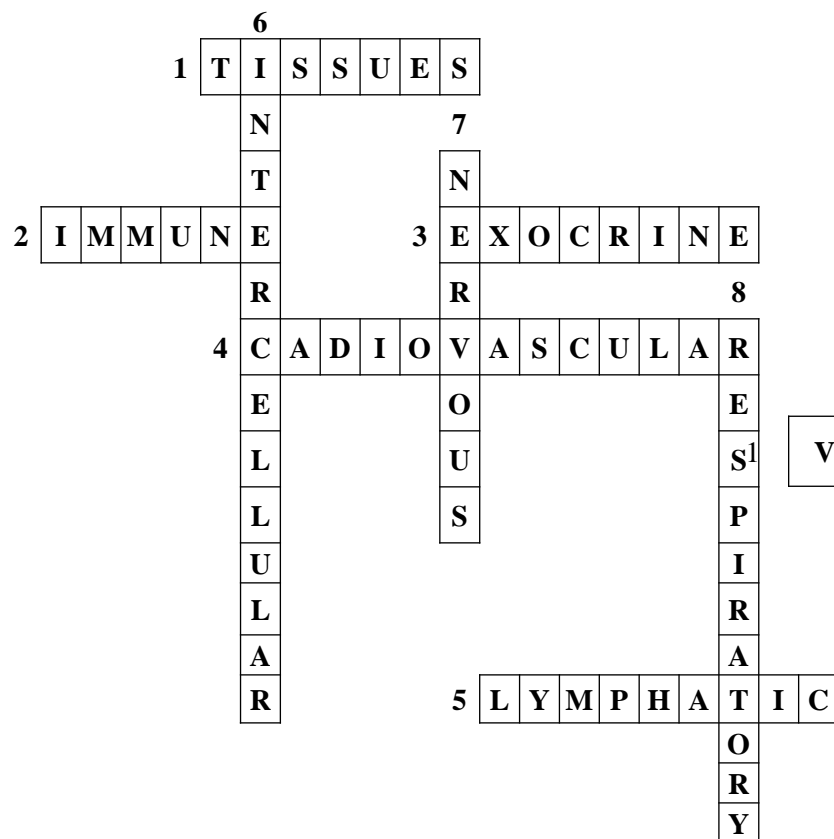
## FERTILIZATION



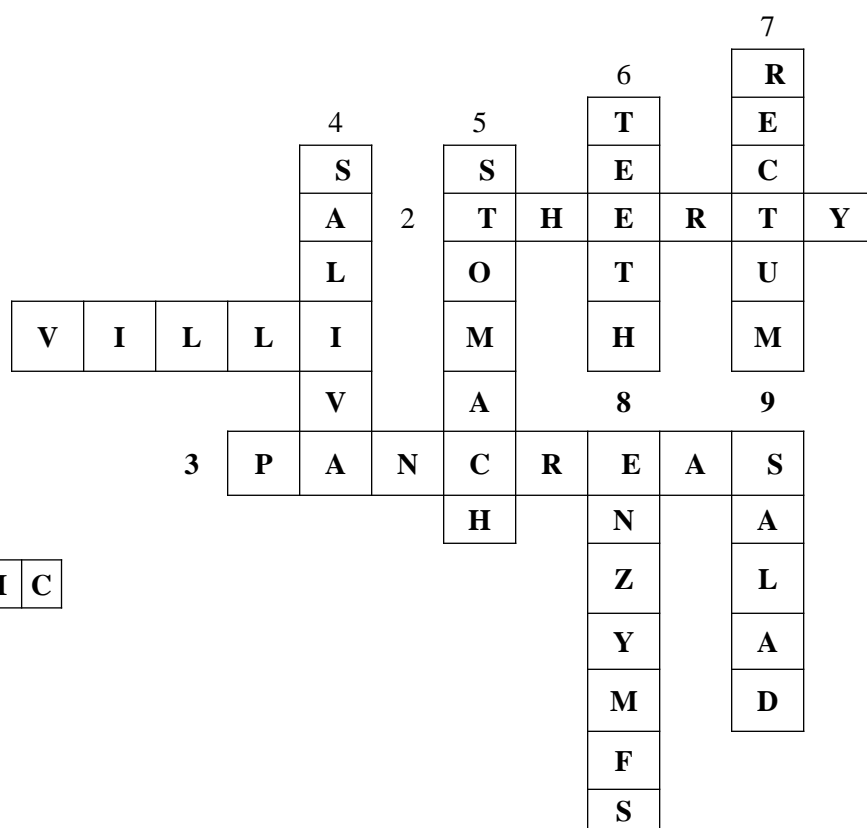
## SOLAR SYSTEM



## HUMAN BODY SYSTEM

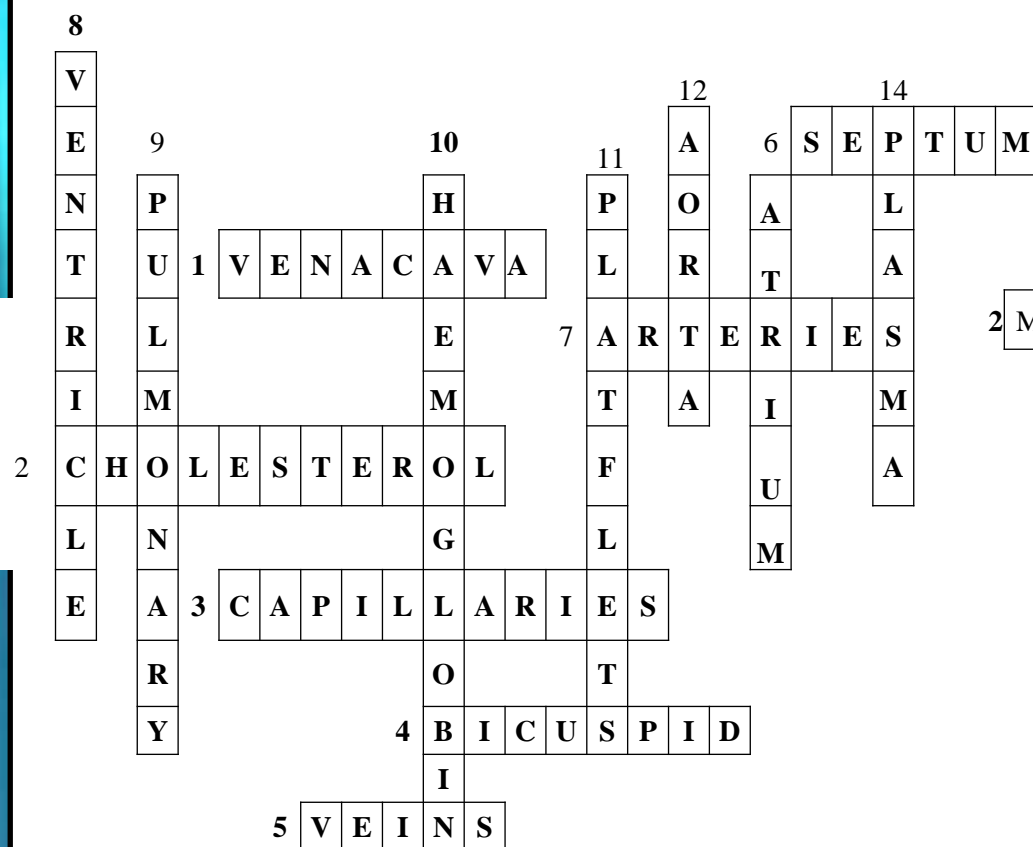


## DIGESTIVE SYSTEM

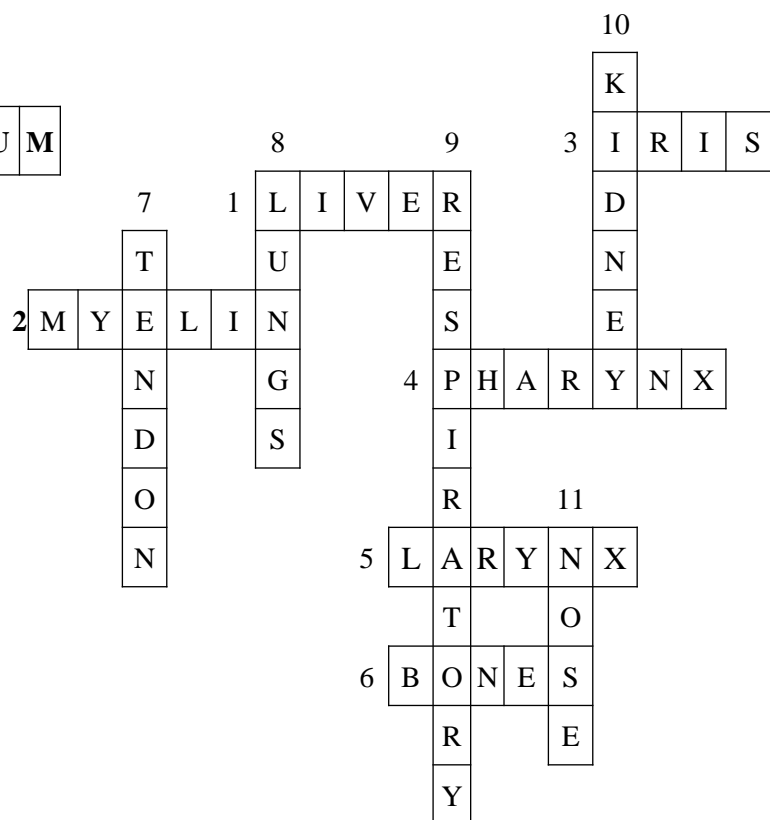


## ANSWER KEY (CROSSWORD PUZZLES)

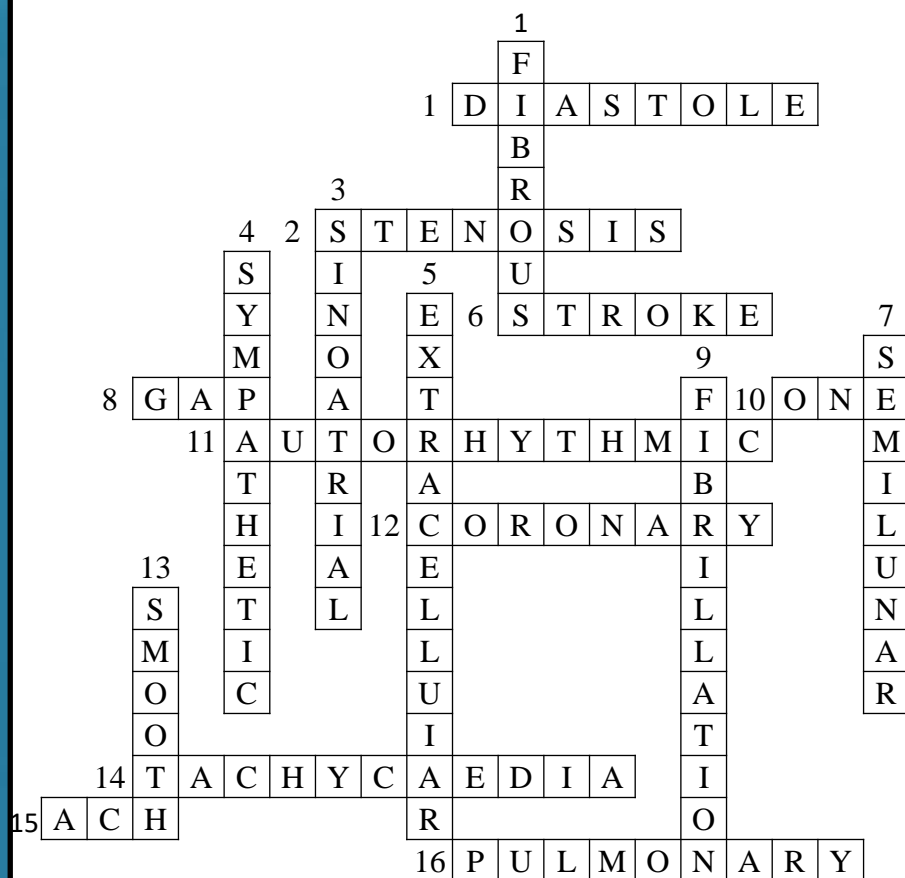
## CIRCULATORY SYSTEM



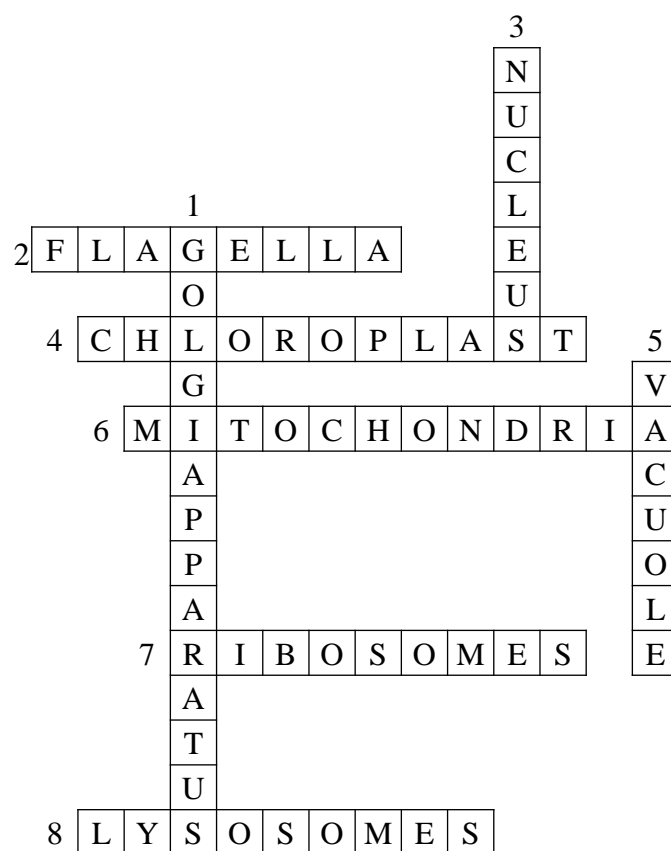
## REVIEW OF SYSTEMS



## CARDIOVASCULAR SYSTEM

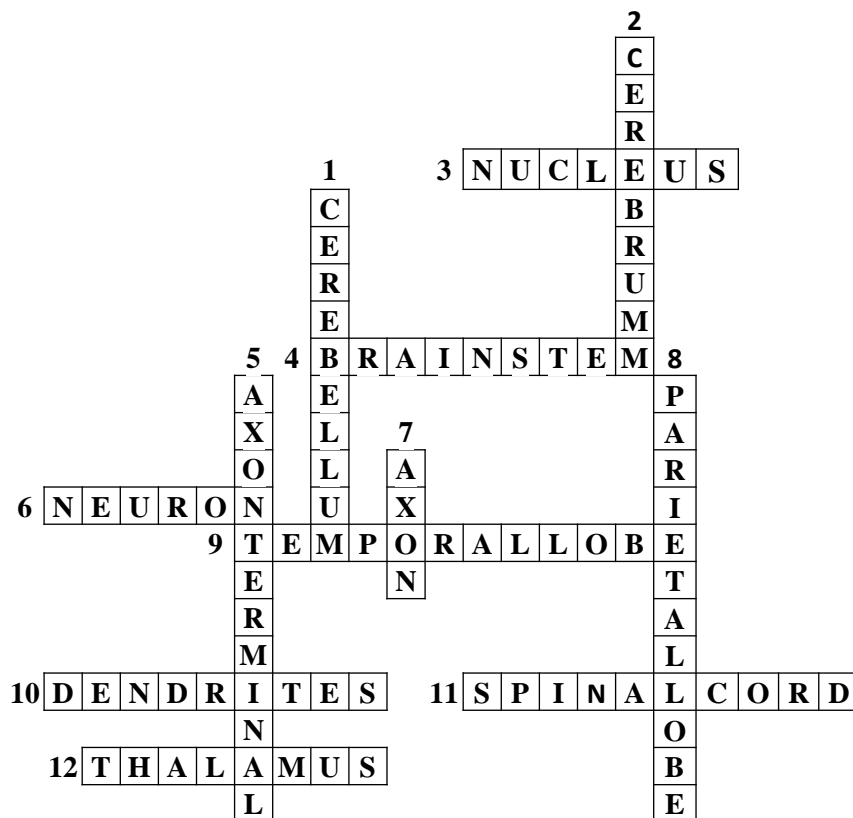


## CELL BIOLOGY

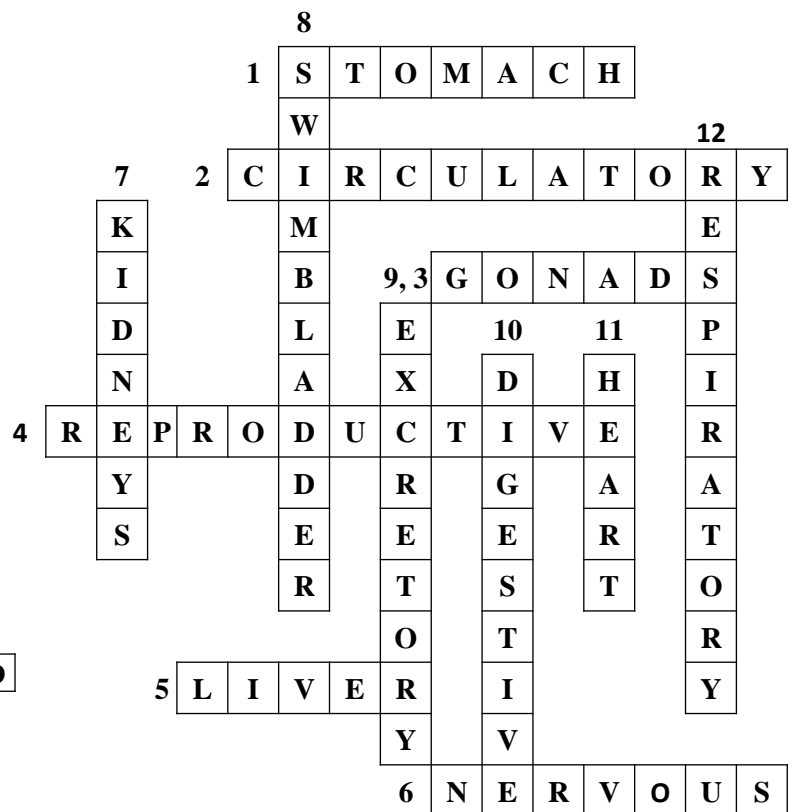


## ANSWER KEY (CROSSWORD PUZZLES)

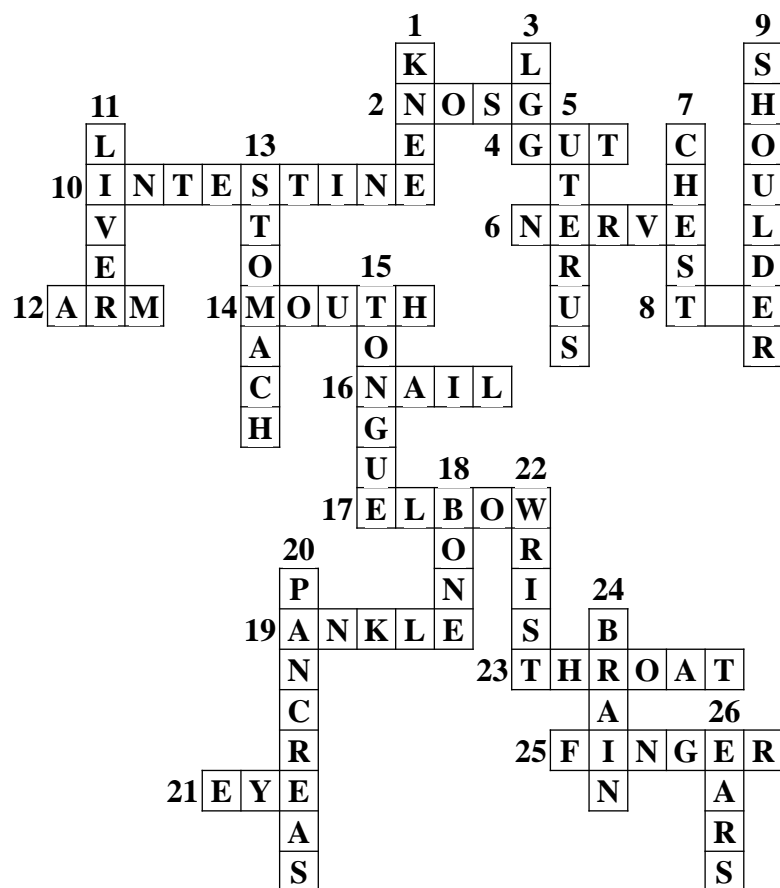
## NERVOUS SYSTEM



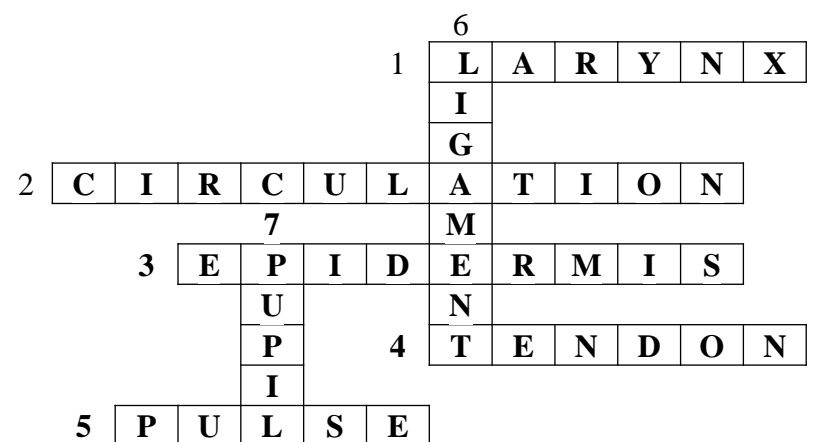
## INTERNAL ANATOMY



## HUMAN PHYSIQUE

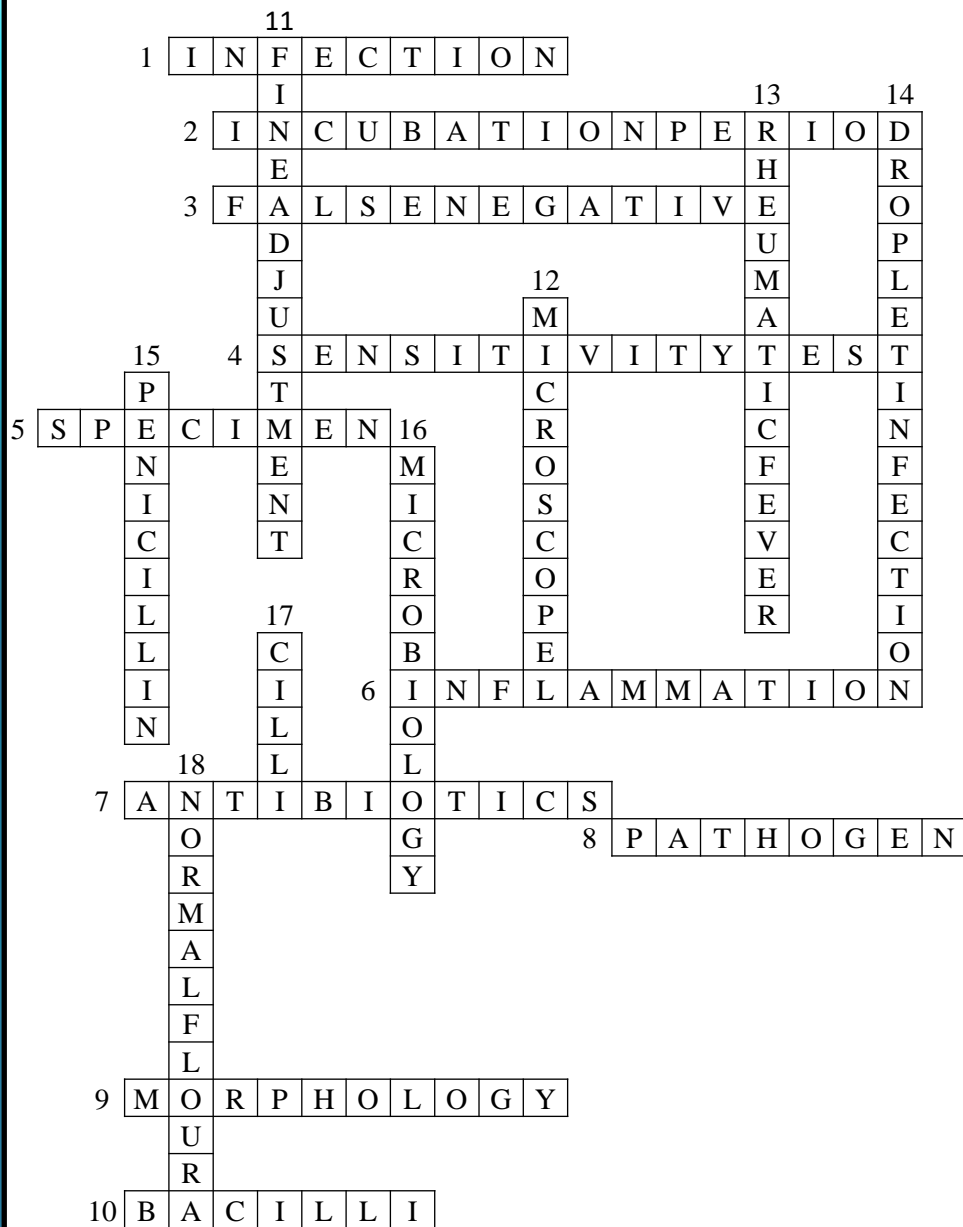


## ANATOMICAL TERMS

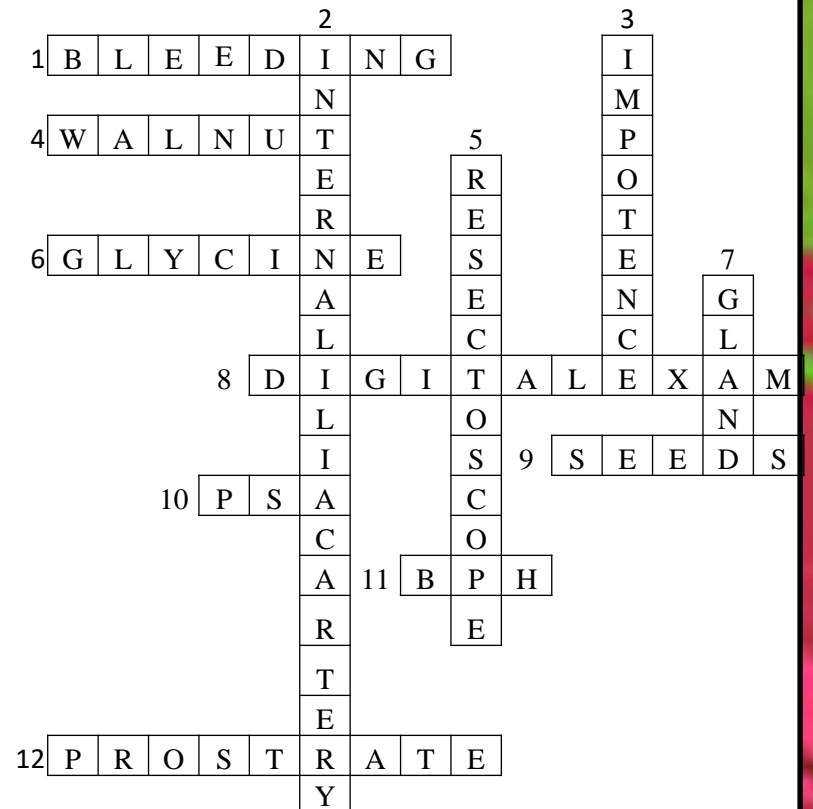


## ANSWER KEY (CROSSWORD PUZZLES)

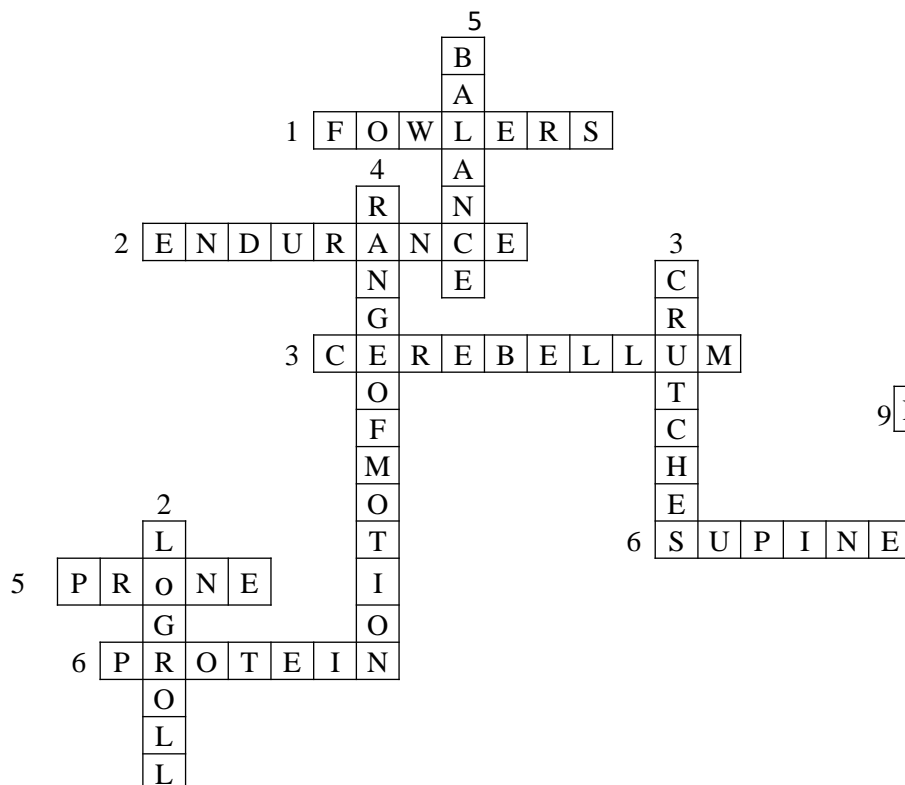
## MICROORGANISMS AND THEIR EFFECTS



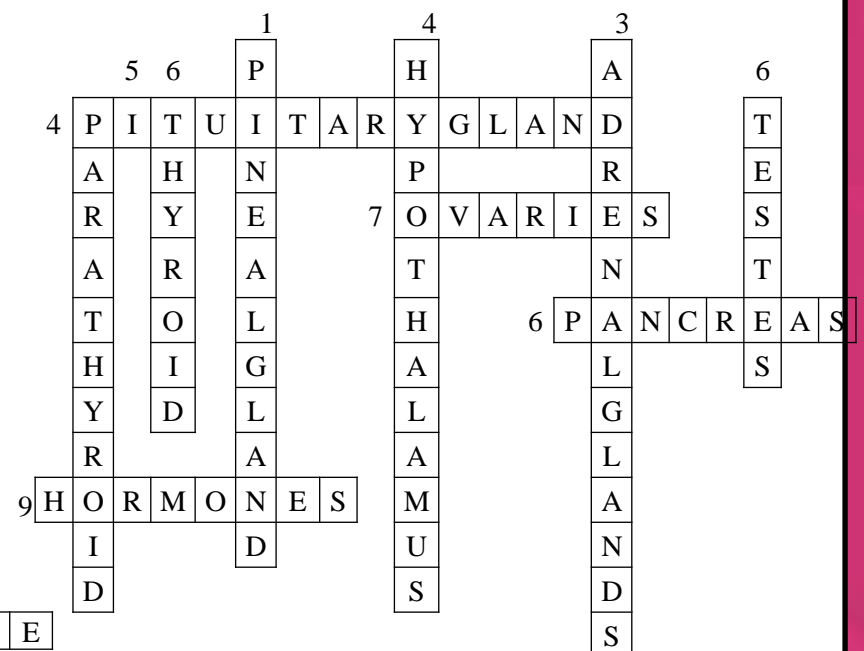
## THE RENAL SYSTEM



## FUNDAMENTALS OF NURSING

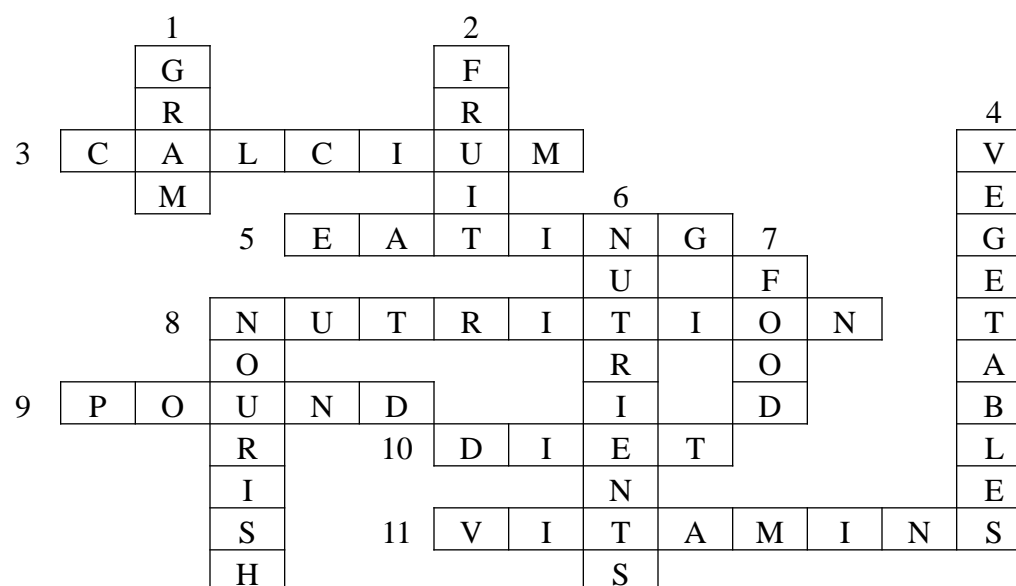


## THE ENDOCRINE SYSTEM



## ANSWER KEY (CROSSWORD PUZZLES)

## NUTRITION



## COLLEGE REPORT

Chirayu College of Nursing belongs to the Chirayu Charitable Foundation, and the college was established in 2012, in Bhopal. M.P. We have completed the long journey of victory of 12 years. We believe the future will build on a long and proud history of educating successful nurses for professional practice. After the pandemic, everyone recognized the value of nursing as the noble profession. A good institution can only create enthusiastic and passionate group of nurses, we are lucky to be one among them. The institute has transformed into a full-fledged Deemed University and at present, with three constituent colleges, viz., Medical College, Paramedical and Nursing college. University has a vision to extend many more colleges in future.

Chirayu University, Bhopal was established by Chirayu Charitable Foundation, by an act of Govt. of M.P and published in State Gazette on 20<sup>th</sup> July 2023. The University has been approved by UGC under section 2(f) 1956. The vision of our University is to promulgate scholarly excellence in medical education; practice the acquired knowledge virtuously, safely and with quality; achieve imperative skills obligatory intertwined with compassion, values and gratitude to the citizens of our country and worldwide.

The college visualized an array of curricular, co-curricular and extracurricular activities during the academic year 2023-24 this would have definitely helped the students to boost up their confidence in nursing and update their knowledge about the profession. Various health related days were celebrated as SNA gatherings, and students were provided with opportunities to participate in Medical camps in different parts of Madhya Pradesh. Students were also allowed to participate in various inter-competitions and thereby they have received ample of opportunities to showcase their talents. Students were provided with adequate chances to field, community visits and clinical exposure in and out of Bhopal.

Chirayu College of Nursing organized the annual day celebration and the release of seventh issue of e- souvenir on 24/06/2023 from 11:00 am to 12: 45 pm at medical college auditorium under the leadership of Prof. Dr. Pramila. R, Principal, CCON. The seventh issue of e-souvenir 2023 was with the theme –“Digital health and nursing practice: the impact on patient care”. The program commenced with prayer song by B.Sc. nursing students, which soothed environment with positivity followed by floral welcome of the dignitaries by Mrs. Monika Sehgal, Assistant Professor, CCON and then auspicious lighting of lamp done by the dignitaries (Dr Ajay Goenka, President, Chirayu Charitable Foundation, Bhopal, Mrs. Neelam Goenka, Treasurer, Chirayu Charitable Foundation, Dr. Manohar M. Bende, Dean, Chirayu Medical College and hospital, Dr. Ashutosh Mangalgiri, Medical Superintendent CMCH and Prof. Dr. Pramila. R, Principal, CCON) to seek blessings from God Almighty, then Mrs. Nisha Divakaran, Professor Briefed in short Annual day Celebration at Chirayu Nursing College, in that madam explained briefly about agenda of the program.

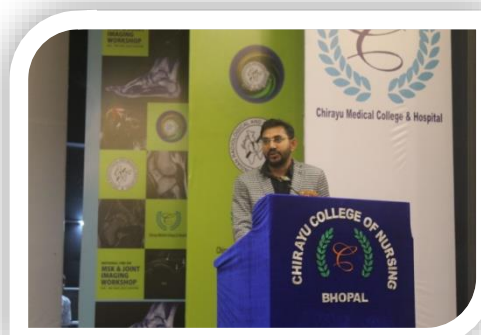
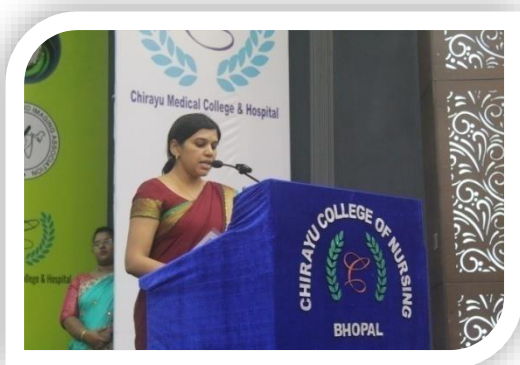
Then the winners in curricular, co-curricular and extracurricular activities were awarded with certificate and medals by the dignitaries, which was announced by Mrs. Thamarai Selvi, Professor, CCON. Winners who back 1st position were awarded with medals and certificates and those got 2nd position received certificates by our dignitaries. Overall, among all four groups “Love Group” scored highest points and awarded with a trophy and entire group of children applauded, and all students received blessings and words of appreciation by our dignitaries. Then official release of Souvenir was done by all the dignitaries, which was celebrated by blowing crackers followed by taking snap with all dignitaries and editorial committee members then we had a glimpse on our e souvenir. Thereafter, the Editor in Chief of e-Souvenir and the Principal of Chirayu College of Nursing Prof. Dr. Pramila. R, addressed the gathering with her words of appreciation, madam congratulated all the winners and all those who have participated in various activities and encouraged them to do more in future, she also congratulated souvenir team members for their refined work. Madam thanked all the people which helped directly and indirectly, then by the Dr. Manohar M. Bende, Dean and Dr. Ashutosh Mangalgiri, Medical Superintendent CMCH, Bhopal addressed the gathering by their words of encouragement.

The Presidential address was delivered by Dr. Ajay Goenka, President, Chirayu Charitable Foundation, Bhopal who inspired and motivated the students about better contributions to the society at large in the upcoming years and sir especially congratulated Prof. Dr. Pramila R, Principal, CCON, for rendering her endless contribution in every events, sir appreciated for e- souvenir release, not only for this year but also he was into nostalgia for releasing souvenir during hard times of Covid 19. He thanked and appreciated everyone for their contribution. It was then continued with felicitation of guests and the program ended by showering indebtedness towards the gathering by Mr. Arpit Narekar, Assistant Professor, CCON. After this the annual day began with a splendid welcome dance by B.Sc. Nursing & GNM students followed by a mime from GNM students and then Fusion, cinematic and Group dance by B.Sc. Nursing Students. The program ended with National Anthem at 12:45pm followed by refreshment in the end

## COLLEGE REPORT



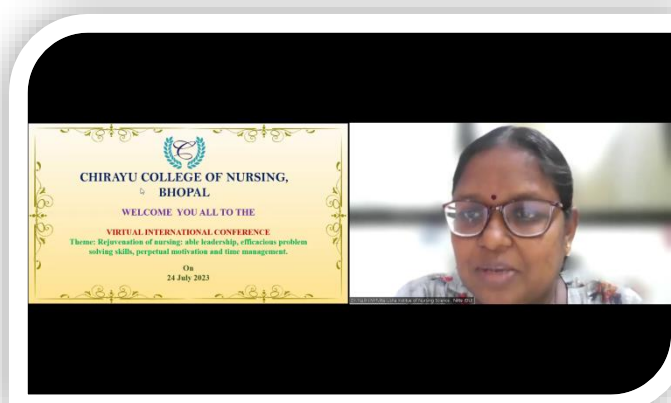
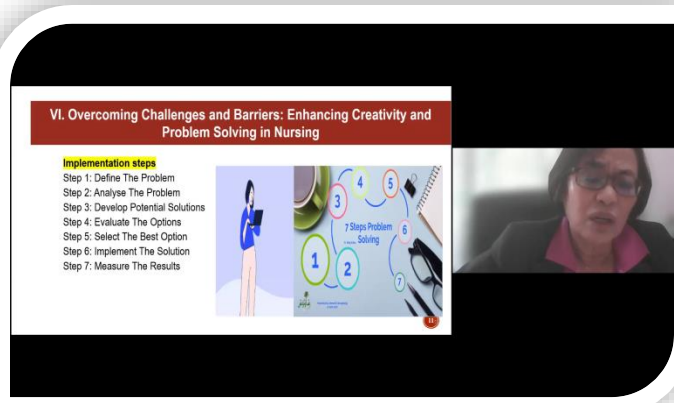
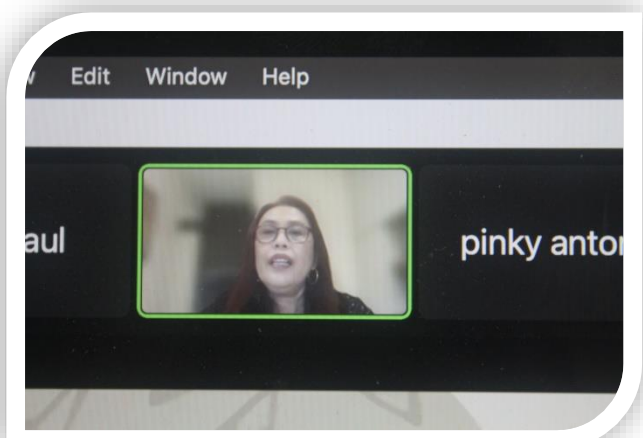
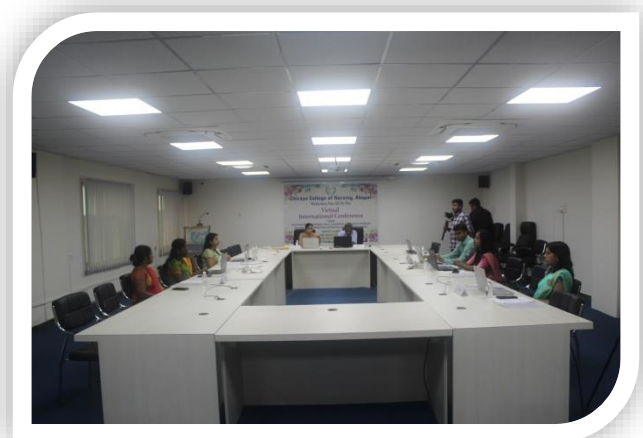
SNA gathering was conducted on 30-06-2023 to observe National Dengue day and World asthma day under the leadership of Prof. Dr. Pramila. R, Principal, CCON with the motive of enhancing the participant's knowledge and encourage the students. The SNA gathering started with prayer song at 02:30 pm by B.Sc. Nursing II year students in presence of eminent dignitaries , Dr. Ashutosh Mangliri, Medical Superintendent ,CMCH , Dr. Krishna Singh , Associate Professor , Respiratory Medicine , CMCH , Dr. Namdeo Garima, Professor , Department of Preventive and Social Medicine , CMCH and Prof. Dr. Pramila. R, Principal , Chirayu College of Nursing .Followed by this an earnest welcome address was delivered by Mrs. Anumol.PA, Assistant Professor , Chirayu College of Nursing , Bhopal . Dr. Krishna singh, Associate Professor , Respiratory Medicine , CMCH ,presented a seminar on awareness on Bronchial Asthma after that , Dr. Namdeo Garima , Professor , Department of Preventive and Social Medicine , CMCH presented a seminar on National Dengue . After these two effective and informative sessions, power point presentation competition winners -Faisal Siddiqui and Nabamita Majhi students presented the same presentation which they presented for competition. Dr. Ashutosh Mangliri address students with his inspirational words . The Principal address was given by Prof. Dr. Pramila.R , Principal , CCON. She focused the students to maintain punctuality for college , clinical and hostel , and submit their scholarship documents , she encourage the efforts of students participation in power point presentation competition and upcoming painting competition. Then the prize distribution for winners of Power Point presentation was announced by Ms. Monika Sehgal , Assistant Professor , CCON. The program headed by felicitation of the chief guests by Prof. Dr. Pramila. R, Principal , CCON by honoring with mementos . The vote of thanks was delivered by Mrs. Nisha Diwakaran , Professor , CCON and the program ended with National Anthem . The program was anchored by Ms. Merlin Vinod , Lecturer , CCON.



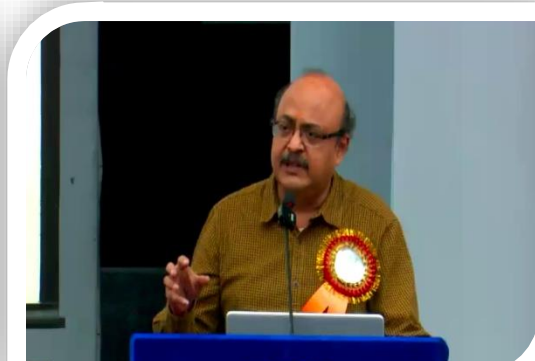
Followed by we conducted a National Conference on Organ Donation on 12th August 2023 under the leadership of Prof. Dr. Pramila R, Principal, Chirayu College of Nursing with the motive of strengthen the participants awareness and encourage the students. The National conference was organized in hybrid mode in first time in Chirayu college of nursing .The conference started with prayer song at 10:30 am by B.Sc Nursing II year students in presence of esteemed dignitaries, Dr. Ajay Goenka, President, Chirayu Charitable Foundation, Dr. Ashutosh Mangalgiri, Medical Superintendent, CMCH, Dr. Manohar M. Bende, Dean, CMCH, Ms. Aakriti Goenka, Secretary, Chirayu Charitable Foundation, Prof. Dr. Pramila R, Principal Chirayu college of Nursing. Followed by an earnest welcome address was delivered by Mrs. Thamarai Selvi, Professor, CCON. Conference with various sessions by the various experts, started by Dr. Aravind Joshi, Professor & HOD, Department of Medicine, CMCH, Bhopal presented on concept of Organ Donation and type of tissue that can be donated, second session was taken by Dr. Gaurav Kohli, Medical Superintendent, Siddhanta Super Speciality Hospital on liver donar requirements and evaluation. Third session taken hold of Dr. Sanjay Gupta, professor, Department of Medicine ,CMCH on requirements and process of kidney donation and the last session was taken by Dr. Rakesh Bhargava, Director, Natkhat Clinic, Bhopal on Organ Donation in India. After these fruitful and enlightening sessions Mrs. Monika Sehgal, Asst. Prof. Chirayu College of Nursing, spoke about National Virtual Painting Competition. Then the winners of national virtual painting competition was announced by Mr. Elby K Paul, Associate Professor CCON. After that feedback videos from judges conveyed. The Principal address was given by Prof. Dr. Pramila R, Principal, CCON. She encouraged and admired the students who participated in National Virtual Painting Competition. Presidential speech was delivered by Dr. Ajay Goenka, President, Chirayu Charitable Foundation. The felicitation to the guests done by Dr. Ajay Goenka and Prof. Dr. Pramila R. by honouring with mementos. The vote of thanks was delivered by Mrs. Sherin Annie Varghese, Professor, and CCON. And the program ended with National anthem. The program was anchored by Mrs. Merlin Vinod, Lecturer, CCON.



The college structured a Virtual International Conference on 24th July 2023. The program was initiated under the leadership of Prof. Dr. Pramila R. Principal, Chirayu college of nursing. The program began at 10: 00 am with welcome speech allocated by Mr. Elby K Paul, Associate Professor, CCON, followed by the lighting of lamp by the dignitaries. The theme “Rejuvenation of nursing: able leadership, efficacious problem-solving skills, perpetual motivation and time management” of Virtual International Conference was unfolded by Mrs. Thamarai Selvi, Professor, CCON. The program was headed with the Inaugural Address by Mr. Vinod Kumar, Wound Care Specialist, Molnlycke Health Care India, Haryana, followed by Presidential address given by Dr. Ajay Goenka, President, Chirayu Charitable Foundation. The moderator for scientific sessions was introduced by Mrs, Nisha Divakaran, Professor, CCON. Mrs. Pinky Antony, Registered Nurse, Command Hospital, Pune, the moderator for the scientific sessions introduced the speakers and moderated for all four scientific sessions. It was followed by scientific session I on Traits, Skill and Actions of Effective Leadership Skills by Prof, Dr. Pramila R. Principal, CCON and scientific session II on Creativity in problem solving competence in nursing by Dr. Ong Swee Leong, Associate Professor, Universiti Sultan Zainal Abidin, Kuala Terengganu, Malasiya. Scientific session III was taken by Dr. Fatima D’ Silva, Principal, Nitte Usha Institute of Nursing Sciences, Manglore, Karnataka and Session IV was taken by Prof. Dr. Soh Kim Lam, Head, Department of Nursing, Universiti Putra, Malasiya. They discussed about importance of leadership qualities in nursing and also described how these skills will help in problem solving. They have focused on skills to be in nursing practice and have to update the existing knowledge as per the advancement. They have given more importance on proposed theme. The moderator Mrs. Pinky Antony, Registered Nurse, Command Hospital, Pune highlighted the main points and asked the participants to write their doubts in chat box. The program was anchored by Mrs. Monika Sehgal, Assistant Professor and Ms. Jyoti Majumdar, Lecturer, CCON. There were 588 participants. The participants were informed to fill the feedback forms to ensure their e-certificates of participation. The conference ended with vote of thanks by Mrs. Anumol P A, Assistant Professor, CCON.



Followed by we conducted a National Conference on Organ Donation on 12th August 2023 under the leadership of Prof. Dr. Pramilaa R, Principal, Chirayu College of Nursing with the motive of strengthen the participants awareness and encourage the students. The National conference was organized in hybrid mode in first time in Chirayu college of nursing .The conference started with prayer song at 10:30 am by B.Sc Nursing II year students in presence of esteemed dignitaries, Dr. Ajay Goenka, President, Chirayu Charitable Foundation, Dr. Ashutosh Mangalgiri, Medical Superintendent, CMCH, Dr. Manohar M. Bende, Dean, CMCH, Ms. Aakriti Goenka, Secretary, Chirayu Charitable Foundation, Prof. Dr. Pramilaa. R, Principal Chirayu college of Nursing. Followed by an earnest welcome address was delivered by Mrs. Thamarai Selvi, Professor, CCON. Conference with various sessions by the various experts, started by Dr. Aravind Joshi, Professor & HOD, Department of Medicine, CMCH, Bhopal presented on concept of Organ Donation and type of tissue that can be donated, second session was taken by Dr. Gaurav Kohli, Medical Superintendent, Siddhanta Super Speciality Hospital on liver donar requirements and evaluation. Third session taken hold of Dr. Sanjay Gupta, professor, Department of Medicine ,CMCH on requirements and process of kidney donation and the last session was taken by Dr. Rakesh Bhargava, Director, Natkhat Clinic, Bhopal on Organ Donation in India. After these fruitful and enlightening sessions Mrs. Monika Sehgal, Asst. Prof. Chirayu College of Nursing, spoke about National Virtual Painting Competition. Then the winners of national virtual painting competition was announced by Mr. Elby K Paul, Associate Professor CCON. After that feedback videos from judges conveyed. The Principal address was given by Prof. Dr. Pramilaa R, Principal, CCON. She encouraged and admired the students who participated in National Virtual Painting Competition. Presidential speech was delivered by Dr. Ajay Goenka, President, Chirayu Charitable Foundation. The felicitation to the guests done by Dr. Ajay Goenka and Prof. Dr. Pramilaa. R. by honouring with mementos. The vote of thanks was delivered by Mrs. Sherin Annie Varghese, Professor, and CCON. And the program ended with National anthem. The program was anchored by Mrs. Merlin Vinod, Lecturer, CCON.



Subsequently, we conducted a International Research Meet 2023 by hybrid mode on 1/11/2023 and 2/11/2023. The program began at 10:00 am with welcome dance by B.Sc Nursing students. Welcome speech was allocated by Mrs. Sherin A Varghese, Professor, CCON, Chirayu University, she welcomed all the dignitaries, speakers, presenters, participants and students. The program proceeded with Lighting of lamp by dignitaries. The unfolding of theme of International Research Meet was done by Dr. K. Mary Rita, Principal, Jennys College of Nursing, Trichy, madam highlighted regarding the topics of scientific sessions and the importance of the theme. The program headed with Monologue by Dr. Sudesh Kumar Sohani, Vice Chancellor, Chirayu University and Inaugural Address by Dr. Ajay Goenka, MD, CMD, Chirayu Charitable foundation. Thereafter, the moderator for the Scientific Sessions were introduced by Ms. Jyoti Majumdar, Lecturer, CCON, Chirayu University. The moderator for two day International Research Meet 2023 was Dr. Dorwin Das, Vice Principal, St. Francis College of Nursing, Indore. It was followed by Scientific Session I on Significance of Ethical conduct by Dr. Pramila R, Principal, CCON, Chirayu University madam focused on the ethical conduct required for the research. The Scientific Session II on Developing and testing questionnaire in research was presented by Dr. Raji Dominic, Assistant Director of Midwifery & Nursing, Coombe Women's & Infants University Hospital, Dublin, Ireland. Madam join virtually, in her presentation, madam highlighted indepth approaches for developing and testing questionnaire in research. Then, Dr. Thamarai Selvi P., Professor, CCON, Chirayu University introduced the jury for the Oral Research Paper presentations. The jury for oral research paper presentation was Lt. Col. Archana Selvan (Retd) Dean and Principal, SRK University and Prof. Daisy Thomas SAM University. There were seven research paper presentations on day one by physical mode. The presenters were given ten minutes to present and two minutes to answer the questions of the jury. The day Two Virtual International Research meet began with the Introduction of Resource Persons for Scientific Session by Dr. Dorwin Das, Vice Principal, St. Francis College of Nursing, Indore. The Scientific Session III on Validity in quantitative research was dealt by Dr. S Madhavi, Principal, KMCH College of Nursing, Coimbatore, Tamil Nadu, madam focused on different methods of validity in quantitative research.

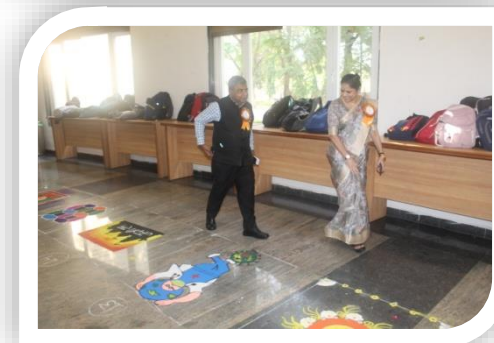
Later the Scientific Session IV on Delphi method as a research tool was explained in detail by Dr. Khatijah Kim Abdullah, Professor and Head of Nursing, School of Medical and Life science, Sunway University, Malaysia, madam highlighted Delphi method as a research tool. The Oral Research Presentations of day two began at 11:40 am and the Jury (Lt. Col. Archana Selvan and Prof. Daisy Thomas) evaluated the presentations of seven presenters. The program headed towards the valedictory address by Dr. Ajay Goenka, M.D., CMD, Chirayu Charitable foundation. The announcement of results of e-poster was done by Dr. Merlin Vinod, Lecturer, CCON, Chirayu University. The jury for e-poster presentation was Dr. Usha Mullick Ukande, Founder Director, Edu Serum X, Indore and Dr. Suwarna Shriram Bedre, Principal, Nursing College Civil Hospital, Maharashtra. The winner for E- Poster was Mr. Wejdan A. AlAnnaz, Lecturer, Obstetrics and Gynecology Nursing, Sulaiman Alrajhi University. Subsequently the result of Oral Research Paper Presentations was announced by Dr. Merlin Vinod, the winner was Ms. Betsy George, Assistant Professor, Malankara Orthodox Syrian Chursch College of Nursing, Kerala. The winners for oral research and poster presentation were awarded with Rs. 5000/-. The program was anchored by Mrs. Monika Sehgal, Assistant Professor, CCON, Chirayu University and Ms. Anumol PA, Assistant Professor, CCON, Chirayu University. There were 213 participants. The conference ended with the vote of thanks by Mrs. Nisha Divakaran, Professor, CCON, Chirayu University



The organization has been conducted CPR Awareness Program on 6/12/2023 under the leadership of Dr. Pramila R, Principal, CCON, Chirayu University. The program began at 10:00 am with welcome speech allocated by Ms. Jyoti Majumdar, Lecturer, CCON, Chirayu University, she welcomed all the dignitaries, presenters, and students. The program proceeded with address by Dr. Sudesh Kumar Sohani, Vice Chancellor, Chirayu University, sir emphasized on awareness of CPR in medical and nursing students. The program headed with Principal's address by Dr. Pramila R, Principal, CCON, Chirayu University and Presidential Address by Dr. Ajay Goenka, MD, CMD, Chirayu Charitable foundation, sir explained the importance of learning CPR for all as a life-saving procedure. It can save someone's life when heart stops beating due to cardiac arrest. Thereafter, Mr. Elby K. Paul, Associate Professor, CCON, Chirayu University explained about CPR, he focused on the techniques and steps of CPR. He also played a video of CPR and demonstrated CPR on the mannequin. The program was followed by live demonstration and practice on mannequins by the students. The students were divided into groups, each group was given opportunity to perform CPR. There were around 500 participants. The program was anchored by Mrs. Monika Sehgal, Assistant Professor, CCON, Chirayu University.



We Celebrated Birth Anniversary of Swami Vivekananda on 12th January 2024. The program was conducted under the leadership of Prof. Dr. Pramila R. Principal, Chirayu College of Nursing, with the motive to encourage Youth generation to know their competence and worth to achieve success in their life. On this day before initiating program, various competitions were organized (Poster, Rangoli and Elocution) and students have shown active participation in all the competitions with full of creativity. The program began at 3:30 PM by welcoming our respected dignitaries by Mrs. Monika Sehgal, Assistant Professor, CCON. Dignitaries were Dr. Ajay Goenka, President, Chirayu Charitable Foundation, Dr. Sudesh Kumar Sohani, Vice Chancellor, Chirayu University, Dr. Manohar M Bende, Dean, Chirayu Medical College and Hospital and Prof. Dr. Pramila R, Principal, Chirayu College of Nursing, Bhopal. The Principal's address was then delivered by Prof. Dr. Pramila R, Principal, Chirayu College of nursing, Madam put a light on importance of following Swami Vivekananda life as a inspiration to all the youths. The program followed by address given by Dr. Sudesh Kumar Sohani, Vice Chancellor who focused on importance of understanding own worth for success. Then Presidential address was delivered by Dr. Ajay Goenka, in which sir has appreciated everyone for their dedication and work, sir especially appreciated Prof. Dr. Pramila R, Principal, CCON for being dedicated towards her work and for bringing Programs at National and International levels, he resonates madams personality with Swami Vivekananda and ask all audience present in the occasion to follow. Then prize distribution was done for the winners of the program. For Poster, Rangoli and Elocution Competitions winners were Ms. Rikta Hazra, (GNM III Year), Ms. Radhika Parmar, (B.Sc IV Year) and Ms. Vaishnavi Baghel (GNM III Year). The event continued with the vote of thanks delivered by Ms. Anjupriya, Assistant Professor, Chirayu College of Nursing, and ended with National Anthem at 4:30 PM.



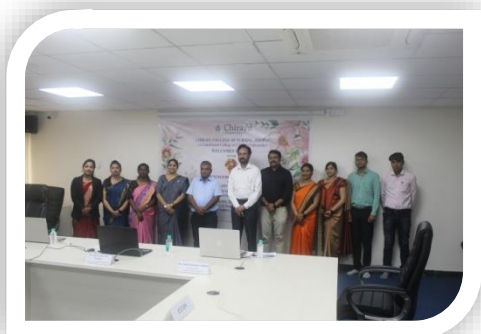
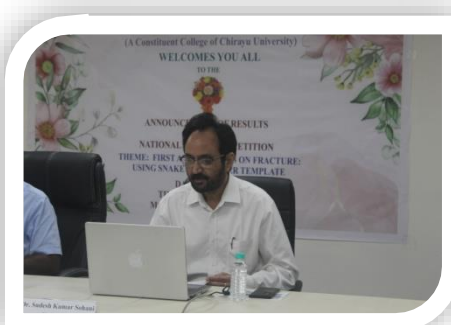
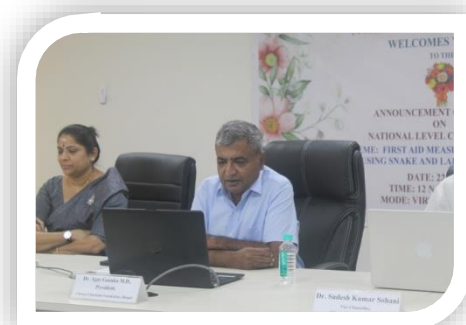
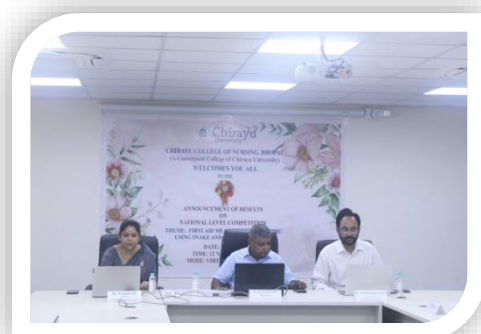
Chirayu college of Nursing organized SNA gathering on 30-01-2024 under the leadership of Prof. Dr. Pramila. R, Principal, CCON with the motive of enhancing the participant's knowledge and encourage the students. The SNA gathering started with prayer song at 02:15 pm by B.Sc. Nursing II year students in presence of eminent dignitaries, Dr. Ulka Shrivastava, Medical Superintendent, CMCH Bhopal, Dr. Sachin Gupta, Associate Professor, Dept. of Preventive and Social Medicine, MIPHA, CMCH, Bhopal, Dr. Thejaswini Muppala, Associate Professor, Biochemistry, Laboratory Director, Central Clinical Laboratory, CMCH, Bhopal and Prof. Dr. Pramila. R, Principal, Chirayu College of Nursing. An earnest welcome address was delivered by Mr. Virendra Kumar Verma, Assistant Professor, Chirayu College of Nursing, Bhopal. Dr. Sachin Gupta, Associate Professor, Dept. of Preventive and Social Medicine, MIPHA, CMCH, Bhopal, presented a seminar on awareness on Leprosy. He enumerated about the classification, diagnostic evaluation and management of leprosy. Dr. Thejaswini Muppala, Associate professor, Biochemistry, Laboratory Director, Central Clinical Laboratory, CMCH, Bhopal presented a seminar on Needle Stick Injury. Madam briefly explained about the incident and management of Needle Stick injury. After these two effective and informative sessions, Dr. Ulka Shrivastava addressed students with her inspirational words. The Principal address and the announcement of SNA bearers was given by Prof. Dr. Pramila. R, Principal, CCON. Madam focused the students to maintain punctuality for college, clinical and hostel also insisted the students to pay the fees on time and obtained feedback from the students regarding clinical and class room teaching. Subsequently, she has announced SNA bearers of 2023-24. The program headed by felicitation of the chief guests by Prof. Dr. Pramila. R, Principal, CCON by honoring with mementos. The vote of thanks was delivered by Ms. G. Usharani, Lecturer, CCON and the program ended with National Anthem. The program was anchored by Mrs. Anumol PA, Assistant Professor, CCON.



The college organized the announcement of results of National Level competition on First aid measures of fracture: using snake and ladder template on 22nd February 2024 under the leadership of Prof. Dr. Pramilaa R, Principal, Chirayu College of Nursing with the motive of strengthen the participants awareness and encourage the students. Competition was planned 1 month prior to the announcement of result and brochure has been sent to colleges all over India. 11 states, 28 colleges, 56 teams and 384 students have participated in this competition and showcased their talents.

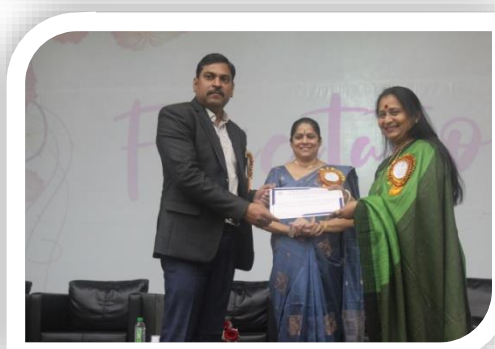
The announcement of result for this competition was organized in virtual mode. It started with welcoming the dignitaries Dr. Ajay Goenka, President, Chirayu Charitable Foundation, Dr. Sudesh kumar Sohani, Vice chancellor, Chirayu University and Prof. Dr. Pramilaa. R, Principal Chirayu college of Nursing by Ms. Anumol P A, Assistant Professor, CCON, Chirayu University, followed by taking blessings from God Almighty by lighting the lamp. After this Mrs. Monika Sehgal, Asst. Prof. CCON, Chirayu University, spoke about this unique and creative competition in a comprehensive manner. She highlighted the guidelines of this competition, and spoke about the topic “First aid measures of fracture: using snake and ladder template”, which was very unique and brainstorming to create such kind of paintings using this template.

The Principal’s address was given by Prof. Dr. Pramilaa R, Principal, CCON. She encouraged and admired the students who participated in National level Competition. Madam also ensured that students as well faculty will get more chances to showcase their talents in various other competitions, conferences and research meets in future. Vice-chancellor’s peroration was given by Dr. Sudesh Kumar Sohani, Vice Chancellor, Chirayu University. Sir congratulated all the participants and appreciated madam for bringing out such creative competition and Sir also spoke about the topic of competition, and highlighted that these kinds of topics will definitely help students to think critically in their academics also. Then, Presidential speech, which was delivered by Dr. Ajay Goenka, President, Chirayu Charitable Foundation, Sir appreciated principal madam for conducting such unique competition at National level, he congratulated all the participants for their efforts and hard work. Then the winners of National level competition were announced by Dr. Thamarai Selvi P, Professor, CCON, Chirayu University. Winners have been given with prize money of rupees 5000/-, 3000/- and 1000/- for 1st, 2nd and 3rd with winning certificates. All the templates were so unique, beautiful and creative, so it was difficult for judge to choose among all, third prize was shared by three participants. Participants certificates were also given to all. The vote of thanks was delivered by Mrs. Sherin Annie Varghese, Professor, CCON, Chirayu University and the program ended with National anthem. The program was anchored by Ms. Jyoti Majumdar, Lecturer, CCON, Chirayu University.



Chirayu College of Nursing arranged National Science day on 28-02-2024 under the program coordinatorship of Prof. Dr. Pramila R, Principal, CCON and Dr. Ravi Singh Pippal, Registrar, Chirayu University with the motive of creating awareness to the nursing students and instill insight to exercise their responsibility. It started with welcoming the dignitaries Dr. Ajay Goenka, President, Chirayu Charitable Foundation, Mrs. Neelam Goenka, Chancellor, Chirayu University, Dr. Ravi Singh Pippal, Registrar, Chirayu University, Dr. Ashutosh Mangalgiri, Medical Superintendent CMCH, Prof. Dr. Pramila R, Principal, Chirayu College of Nursing, by Mr. Virendra Kumar Verma Assistant Professor CCON, Chirayu University followed by taking blessing from God Almighty by lighting the lamp. After this Prof. Dr. Pramila R, Principal, CCON Chirayu University, spoke regarding unfolding the theme (Role of Medical & Health Science towards Viksit Bharat -2047)

Plenary Sessions started at 10:20 am. Dr. Ajay Goenka, President, Chirayu Chairitable Foundation started a first session regarding Paths to deliver economic prosperity. Sir gave a good informative session about a good planning which is essential for ensuring sustainable economic prosperity. Dr. Sachin Gupta, Associate Professor, Dept. of Preventive and Social Medicine CMCH Bhopal, Presented a motivational and useful session regarding how to achieve environmental sustainability. Followed by Dr Abhijit Deshmukh, Consultant, Gastro and Laparoscopic surgeon, Professor Dept. of surgery, CMCH, President, BJP Chikitsa Prakoshth (Doctor cell) gave an excellent speech about the action for social advancement. After each session, the speakers conducted a surprise quiz to the students and the winners received the medals. Subsequently, the speakers and program organizers received the certificates and memento from Mrs. Neelam Goenka, Chancellor, Chirayu University Bhopal. After these three effective and informative sessions, the program headed by felicitation of the Chief guest by Prof. Dr. Pramila R, Principal, CCON by honoring with memento to the Chancellor. The vote of thanks was delivered by Ms. Anju Priya, Assistant Professor, CCON and the program ended with National Anthem. The program was anchored by Mrs. Anumol PA, Assistant Professor, CCON.



We organized Farewell Celebration for Outgoing students of M.Sc. Nursing, B.Sc. Nursing and GNM on 28<sup>th</sup> February, 2024. The program was initiated under the leadership of Prof. Dr. Pramilaa R. Principal, CCON, Chirayu University, with the motive to provide an opportunity for junior students to say bye in a formal way. The program began at 2:30 pm with Prayer song from B.Sc. Nursing III students. Welcome speech was allocated by Mrs. Monika Sehgal, Assistant Professor, CCON, Chirayu University, followed by the Lighting of lamp by the dignitaries (Madam Neelam Goenka, Chancellor, Chirayu University, Dr. Ulka Shrivastava, Medical Superintendent, CMCH, Dr. Ravi Singh Pippal, Registrar, CCON, Chirayu University, Dr. Manohar M. Bende, Dean, CMCH, Ms. Aakriti Goenka, Secretary, CMCH and Prof. Dr. Pramilaa. R, Principal, CCON, Chirayu University). Mementos were handed over to the students and the graduation Oath was administered by Mrs. Nisha Divakaran, Professor, CCON, Chirayu University. The program headed with Sharing of experiences by the coordinators and graduating students. The coordinators shared their love for the students and the difficulties they faced to manage the students, they also wished them good luck for future. Prof. Dr. Pramilaa. R., Principal, CCON, Chirayu University showered her blessings. In her address, she put a light on importance of punctuality and dedication towards profession, madam also mentioned about future opportunities and support from the college. After that Madam Neelam Goenka addressed students and showered her blessings to the students and wished them good luck for future and also motivated them to continue learning. Then, Dr. Ulka Shrivastava, Medical Superintendent addressed the gathering, which then continued with the address by Ms. Aakriti Goenka, Secretary, Chirayu Medical College and Hospital. The gratitude towards the guests was expressed by felicitating the dignitaries and allocation of vote of thanks by Mrs. Sherin Annie Varghese, CCON, Chirayu University. The program then continued with cultural events by the Junior students. The event started with welcome dance by GNM III-year students followed with a group dance by B.Sc II year. The event then followed with a Mime from GNM II year, and followed by group dance by B. Sc III Year. The program was anchored by Ms. Jyoti Majumdar, Lecturer, CCON, Chirayu University. The program ended with National Anthem at 4 pm and snacks were distributed to students.



The Extra-Curricular Events of our Chirayu College of Nursing, Bhopal was held on 21st March 2024 inauguration showcasing the talents of students. On those three days, the atmosphere of the college took a festive look. The anchor of the programme was Mr. Virendra K. Verma, Assistant Professor, CCON, Chirayu University. The dignitaries of the event were Dr. Ajay Goenka, President, Chirayu Charitable Foundation, Mrs. Neelam Goenka, Chancellor Chirayu University, Dr. Sudesh Kumar Sohani, Vice Chancellor, Chirayu University, Dr. Ashutosh Mangalgiri, Medical Superintendent, CMCH, Chirayu University, Miss. Akriti Goenka, Secretary, CMCH, Chirayu University, Dr. Sneha Aniket and Prof. Dr. Pramilaa R, Principal, Chirayu College of Nursing, Chirayu University. Dignitaries were formally welcomed by Mrs. Nisha Divakaran, Professor CCON, Chirayu University. The event was inaugurated by Dr. Ajay Goenka and all the other dignitaries lighted the torch which was passed to the SNA Vice President – Ms. Vanshika, B.Sc Nursing III Year and waved the flag to start the march past. On 21-03-2024, the events started by 10:00 am. Faculty members were given responsibility for each activity and judges were allotted for the same. The events for 21-03-2024 were Solo Song, Story Writing, Rangoli, Hair Dressing, Word Puzzle, Mehendi, Solo Dance, Fancy Dress, which were evaluated by Dr. M.P Singh, Dr. Jaitun Nisha, Dr. Bipinchandra Khade, Dr. Harsha, Dr. Ulka Shrivastava, Dr. Farah Jalali, Dr.Surya Tiwari, Dr.Naila Durrani, Dr.Manishi Singh, Dr. Rashmi Jaiswal, Dr. Tejaswini, and Dr. Shubhangi. The events were judged on the same day and winners were decided. Apart from these indoor events, kho-kho, musical chair, tug or war and badminton were also taken place on the same which were evaluated by nursing faculty.

On the Second Day 22-03-2024, the events started by 09:00 am. The events were planned for the day of Second day were Running (200 meters), Relay (400 meters), Sack Race, Lemon with Spoon, Fast Walking Race and Kabaddi which were played in front of nursing college and Javelin, Discus Throw, Long Jump and cricket were played in medical college ground. On the same day Chess, Scrabble and Carrom were also organised. On the Third Day 23-03-2024, finals of cricket were played between two groups which was started a 09:00 am and ended by 4: 00 pm in medical College Ground. Extra Co-curricular Activities kicks off with a flurry of athletic competitions, ranging from traditional track and field events to spirited team sports. Students showcase their prowess in disciplines like Cricket, Badminton, Tug of War, Kho-kho, Kabbadi and various other sports, engaging in thrilling matches that captivate spectators. The event fosters a sense of sportsmanship and encourages participants to strive for excellence while promoting physical fitness and well-being. At the end of the third day, students departed with a clear smile on their faces. It was a day filled with sportsmanship, enthusiasm, and memories to cherish. Our Principal Prof. Dr. Pramilaa R of this esteemed institution thanked all the teachers for their Co-operation and support and advised students to keep up their Sportsmanship.



Chirayu College of Nursing organized SNA gathering on 12/04/2024 under the leadership of Prof. Dr. Pramila R, Principal, CCON with the motive of enhancing the participant's knowledge and encourage the students. The SNA gathering started with prayer song at 02:15 pm by B.Sc. Nursing III year students in presence of eminent dignitaries, Dr. Ravi Singh Pippal, Registrar, Chirayu University, Bhopal, Dr. Anil Kumar Jain, Professor and HOD ENT Department CMCH Bhopal, Dr. Prabhakar Hiwarkar Professor and HOD, Department of Preventive & Social Medicine, CMCH Bhopal and and Prof. Dr. Pramila R, Principal, Chirayu College of Nursing. An earnest welcome address was delivered by Ms. Rekha Dehariya, Lecturer, CCON Chirayu University, Bhopal. Followed with mime show and puppet show by B.Sc (N) IV Year students. Dr. Anil Kumar Jain, Professor & HOD, ENT Department, CMCH, Bhopal, presented a seminar on awareness on Autism. He enumerated about the stages, diagnostic evaluation and management of Autism. Dr. Prabhakar Hiwarkar, Professor & HOD, Department of Social Medicine, CMCH, Bhopal presented a seminar on My Health My Rights. Sir briefly explained about the importance of family and health. After these two effective and informative sessions, Dr. Ravi Singh Pippal, Registrar addressed the gathering with his inspirational words. The Principal's address and the announcement of painting competition results on Parkinson's disease were done by Prof. Dr. Pramila R, Principal, CCON. Madam focused the students to maintain discipline and punctuality in college, clinical and hostel, also insisted the students to pay the fees on time and obtained feedback from the students regarding clinical and class room teaching. Subsequently, the program headed by felicitation of the guests by Prof. Dr. Pramila R, Principal, CCON with mementos. The vote of thanks was delivered by Mr. Virendra Kumar Verma, Assistant Professor, CCON and the program ended with National Anthem. The program was anchored by Mrs. Anumol PA, Assistant Professor, CCON.



The Chief Guests address by Ms. Blessy Varghese, Professor and HOD, Jaipur Hospital College of Nursing. With the blessings and motivational words from all the dignitaries the budding nurses were welcomed to Chirayu family. Thereafter the regular volunteer outgoing students were awarded with medal of appreciation and honour. The gratitude and honour towards the guests were expressed through felicitating them with a memento as a token of love and appreciation. The program came to an end with the vote of thanks allocation by Mrs. Sherin Annie Varghese, Professor, CCON and followed with National Anthem then there was a delicious lunch for all the students, parents and staff by the management.



Following that Chirayu College of Nursing organized SNA gathering on 26/04/2023 to observe World Health Day, World Tuberculosis Day, World Autism Day and World Malaria Day under the leadership of Prof. Dr. Pramilaa R. Principal, CCON with the motive of enhancing the participant's knowledge and to encourage the students. The SNA gathering commenced with Prayer song at 02:30 pm by B.Sc Nursing II year students in the presence of eminent dignitaries, Dr. Ulka Shrivastava Medical Superintendent, Chirayu Medical College and Hospital, Dr. Arvind Athavale HOD, Department of Preventive and Social Medicine, Chirayu Medical College and Hospital, Dr. Mayank Gupta, Assistant Professor, Department of Ophthalmology, Chirayu Medical College and Hospital and Prof. Dr. Pramilaa R., Principal, Chirayu College of Nursing. Followed by this an earnest welcome address was delivered by Mrs. Thamarai Selvi, Professor, Chirayu College of Nursing, Bhopal. Dr. Mayank Gupta, Assistant Professor, CMCH presented a seminar on awareness on Glaucoma and after that Dr. Arvind Athavale HOD, Department of Preventive and Social Medicine, CMCH presented a seminar on WHO Day: Health for All. After these two effective and knowledgeable sessions Dr. Ulka Shrivastava Medical Superintendent, CMCH addressed students with her inspirational words.



The Principal's address was given by Prof. Dr. Pramila R, Principal, CCON. She focused on the students to maintain punctuality at the college, clinicals as well as in hostel after outing, also to submit their scholarship documents and college fees on time. Madam also warned students regarding decorum in class and to show respect and dignity towards faculty and seniors and she encouraged the efforts of students' regarding participation in poster presentation. Then the distribution of certificates for participation in poster competition which was announced by Mr. Pratheesh P T, Assistant Professor, CCON. The program headed by felicitation of the guests by Prof. Dr. Pramila R, Principal Chirayu College of Nursing by honouring with mementos. The vote of thanks was proposed by Mr. Arpit Narekar, Assistant Professor, CCON and the program ended with National Anthem.



## Batches 2023-2024



B.Sc I Year



B.Sc II Year



B.Sc III Year



B.Sc IV Year



GNM I Year

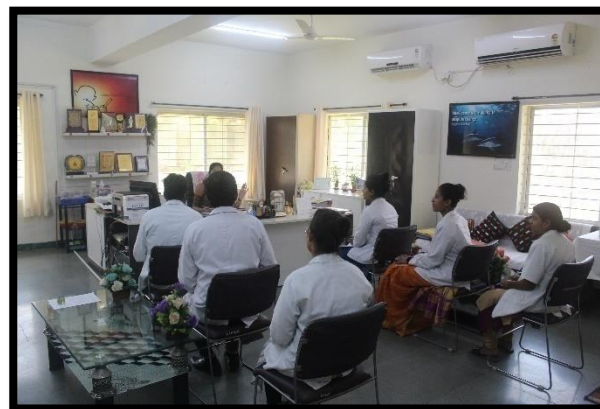
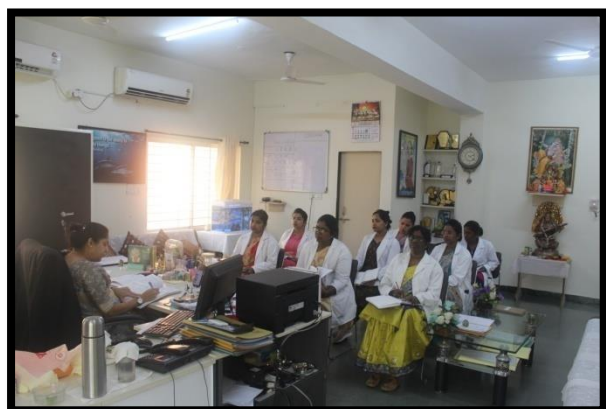


GNM II Year



GNM III Year

Various committees are formed annually for better functioning of academic activities of the college. Every committee is given committee in charge and members and each committee meeting is held every month is chaired by Principal except extra curricular and library committee which meet once in three months.

**CURRICULUM COMMITTEE****HOSTEL AND MESS COMMITTEE****HEALTH COMMITTEE****GUIDANCE AND COUNSELLING COMMITTEE****EDITORIAL COMMITTEE****ANTI RAGGING COMMITTEE**



**The college ensured the well being of students through class coordinators meeting which is conducted every month chaired by Principal.**



**Proper check of each faculty member's responsibilities and to appreciate their work faculty meeting is held monthly.**

**College Toppers**



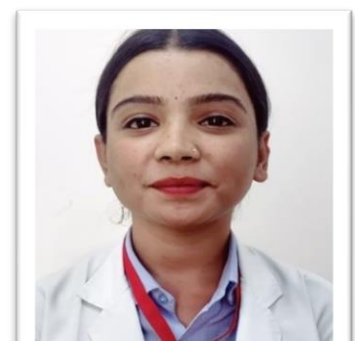
**Nandini Yadav**  
**B. Sc I Year**



**Vanshika Yadav**  
**B. Sc II Year**



**Meenu Yadav**  
**B. Sc III Year**



**Muskan Sahu**  
**B. Sc IV Year**



**Shrashti Gour**  
**GNM I Year**



**Rikta Hazra**  
**GNM II Year**



**Nabamita Manjhi**  
**GNM III Year**



**Management and Principal with Teaching Staff**



**Chirayu**  
University

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### CHIRAYU MEDICAL COLLEGE AND HOSPITAL

**MBBS** (5.5 Year)

**M.D.** (3 Year)

[Anatomy/ Physiology/ Biochemistry/ Pathology/  
Pharmacology/ Microbiology/ Community Medicine/  
General Medicine/ Dermatology, Venereology and Leprosy/  
Paediatrics/ Psychiatry/ Anaesthesiology/ Radio-Diagnosis/  
Radiation Oncology/ Emergency Medicine]

**M.S.** (3 Year)

[Obstetrics and Gynaecology/ General Surgery/  
Orthopaedics/ Otorhinolaryngology/ Ophthalmology]

**M.Sc.** (3 Year)

[Medical Anatomy/ Medical Physiology/ Medical  
Pharmacology/ Medical Biochemistry/ Medical  
Microbiology]

**PhD** (Medicine)

### CHIRAYU SCHOOL OF MANAGEMENT AND RESEARCH

**BBA** (3 Year) (Bachelor of Business Administration)

**MBA** (2 Year) (Master of Business Administration)

**MHA** (2 Year) (Master of Hospital Administration)

**PhD** (Management)

For "PhD ADMISSIONS NOTIFICATION and  
DETAILS" and for Prescribed Application Form, please refer to  
the University Website - [www.chirayuuniversity.ac.in](http://www.chirayuuniversity.ac.in)

### CHIRAYU PARAMEDICAL COLLEGE

**BPT** (4.5 Year) (Bachelor of  
Physiotherapy)

**BHN** (3 Year) (Bachelor in  
Human Nutrition)

**BOT** (4.5 Year) (Bachelor  
of Occupational Therapy)

**BXRT** (3 Year) (Bachelor of  
X-Ray Radiographer  
Technology)

**BMLT** (3 Year) (Bachelor of  
Medical Laboratory Technology)

**MMLT** (2 Year) (Master in  
Medical Laboratory Technology)  
(Haematology/ Histopathology/  
Microbiology/ Biochemistry)

**DCLT** (2 Year) (Diploma in  
Cath Lab Technician)

**DMLT** (2 Year) (Diploma in  
Medical Laboratory Technician)

**DXRT** (2 Year) (Diploma in  
X-Ray Radiographer Technician)

**DAT** (2 Year) (Diploma in  
Anaesthesia Technician)

**DOR** (2 Year) (Diploma in  
Optometry and Refraction)

**DDT** (2 Year) (Diploma in  
Dialysis Technician)

**DPT** (2 Year) (PG Diploma in  
Perfusion Technician)

**OT** (1 Year) (OT Technician)

**CT MRI** (1 Year) (CT MRI  
Technician)

### CHIRAYU COLLEGE OF NURSING

**B.Sc.** (Nursing) (4 Year)

**M.Sc.** (Nursing) (2 Year)  
[Paediatric Nursing/ Medical  
Surgical Nursing/ Community  
Health Nursing/ Obstetric &  
Gynaecological Nursing/  
Psychiatric Nursing]

**P.B. B.Sc.** Nursing (2 Year)

**GNM** (General Nursing and  
Midwifery) (3 Year)

**PhD** (Nursing)

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## CHIRAYU UNIVERSITY CAMPUS

Bhopal-Indore Highway, Near Bairagarh, Bhopal, MP 462030 India

[info@chirayuuniversity.ac.in](mailto:info@chirayuuniversity.ac.in) | Phones: 0755-2709611, 2709612