

NOTIFICATION

**SUB: Resolution Approved By General Body in its Meeting Held on 02.12.2018 –
Integration of Nursing Education and Service (Dual Role) - reg**

The Council has resolved in its meeting held on 2nd December, 2018 that the concept paper for “Integration of Nursing Education and Service - Dual Role” aiming to achieve optimal patient care and to improve the quality of Nursing education through effective utilization of qualified faculty be approved for adoption with an aim to improve the quality of Nursing Education and quality of patient care.

A copy of approved Concept paper is attached herewith in order to adopt / execute the said model.



(Rathish Nair)
Secretary

Copy Forwarded to:

1. Additional Secretary (HR), MoHFW, Government of India, Nirman Bhawan, New Delhi.
2. Joint Secretary (HR), MoHFW, Government of India, Nirman Bhawan, New Delhi
3. DC (MCH), MoHFW, Government of India, Nirman Bhawan, New Delhi
4. ADG(N), MoHFW, Government of India, Nirman Bhawan, New Delhi
5. State Government Health Secretaries (Medical Education), All States
6. DHS / DME, State Government
7. Registrars, All Universities offering and examining Nursing Programmes
8. Registrars, State Nursing Councils
9. INC Website

INTEGRATION OF NURSING EDUCATION AND SERVICE-

A PRAGMATIC MODEL FOR FUTURE HEALTHCARE IN INDIA

Introduction and Background

Adequate and effective human resources are critical for people's health. Competent and adequate nursing workforce with high relevance to today's healthcare system and delivery are important thrust areas that need to be addressed worldwide. In today's health care in India, providing quality of education and clinical training to provide quality health care is a great challenge. This is emphasized in NHP 2017. To provide quality care, both knowledge and skills are required. The collaboration between education and service is the strength to provide quality care. Education and practice each provide direction to one another. Education influences best practices in clinical area and likewise, demands evidence from practice influencing educational offering.

The current scenario in nursing is such that teachers with Nursing Professionals to PhD qualifications are functioning more as academicians than as nurse managers at the practice settings. On the other hand, the clinical area is staffed more with nurses of diploma qualification. Nursing is a practice discipline requiring both knowledge and skill. It is important to have qualified nurses in the clinical area. Similarly it is important for the nurse educators to be part of service to keep them up-dated with clinical skills.

To pool the resources of both educators and Nursing Professional at the Clinical setting, integration is the only and an ideal situation. It facilitates both student learning and quality patient care. Integration also improves interpersonal relationship between nurse educators and practitioners and creates a healthier clinical environment, facilitating staff and student learning. It enhances clinical competence of the nurse educators. On the other hand utilization of highly qualified nurses in the clinical area will improve the critical thinking, planning and implementation of care. Thus the transformation of health care and nursing practice requires the integration of nursing service and education. The said model is being implemented in College of Nursing, Vellore and St. John College of Nursing, Bangalore and College of Nursing Tezpur (an Autonomous Body) and some Institutions also started the process of the said model.


Concept of Integration:

Implementation of integration involves unification of the nursing service and nursing education to improve the quality of nursing care provided in the hospital, wherein qualified faculty from the CON will contribute their knowledge in the clinical field and the senior nursing fraternity from the hospital will be involved in the training and supervision of nursing students.

Overall Aim:

The aim is to provide high quality nursing care to patients and clinical education and training to students by optimum utilization of all cadres of nursing manpower in the academic and clinical settings.

Objectives:

- To achieve maximum and effective utilization of HR (nursing) resources
 - To provide quality patient care
 - To provide quality clinical education and training to students
 - To bridge the gap between nursing education and practice
 - To foster commitment and accountability on the part of teaching staff and nurse practitioners towards patient care
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- To provide for ongoing staff development through a collaborative effort
- To synergize the effort of nursing educators to teach and give patient care simultaneously
- To work in collaboration with all nursing personnel.

Outcomes of Integrated role:

To organization:

- ❖ Provides effective utilization of nursing manpower by pooling in of knowledge and skills of different cadre of nurses
- ❖ Prevents duplication of HR utilization, thereby ensures cost containment
- ❖ Promotes decentralization
- ❖ Improves image of the hospital through better patient care with qualified and competent nursing workforce
- ❖ Promotes interdisciplinary interaction.

To clinical learning environment:

- ❖ Promotes the use of a humanistic approach to learning
- ❖ Maintains a good working team spirit in the clinical area
- ❖ Facilitates an efficient but flexible management style with teaching being recognized
- ❖ Fosters teaching and learning support of nursing from qualified faculty/staff

To the patient:

- ❖ Achieves improvement in standard of care by holistic approach
- ❖ Pools in of ideas for patients' benefits
- ❖ Ensures team approach
- ❖ Enhances better planning, implementation and evaluation of care
- ❖ Leads to framework for quality assurance practices (standard setting and nursing audit).

To the student: It promotes

- ❖ Uniformity/consistency in teaching and practice
- ❖ Positive learning environment
- ❖ Exposure to current trends and practices
- ❖ Exposure to ideal role modelling
- ❖ Continuous supervision and learning

To the nursing service staff:

- ❖ Promotes on going staff development by qualified faculty/nurse managers
- ❖ Achieves mentoring and incidental teaching to staff
- ❖ Orients new staff to ethos, values and expectations of institution
- ❖ Fosters team spirit
- ❖ Promotes job satisfaction and staff retention
- ❖ Develops problem solving, decision making and communication skills
- ❖ Promotes staff-student interaction
- ❖ Is able to mould committed, compassionate and competitive nurses

**PROPOSED MODEL (Hospital with 500 beds (Medical College Hospital)
and College offering BSc nursing program (100 student intake)**

Table 1.

Teaching and Managerial positions at College of Nursing and Hospital
Nursing Service (As per INC & SIU norms)

COLLEGE OF NURSING	HOSPITAL NURSING SERVICE
1. Principal-1	1. Chief Nursing Officer (CNO)-1
2. Vice Principal/Professor-2	2. Deputy Nursing Superintendent-1
3. Associate Professor-4	
4. Assistant Professor-6	3. Assistant Nursing Superintendent (ANS)-9
5. Tutor-28	4. Senior Nursing Officer (SNO)/ Charge nurse -54
40 (1:10 faculty student ratio) excludes principal -400 students/4years	{CNO-1 for 500 or > 500 1 DNs for 6 ANS 1 ANS for 6 charge nurses 1 charge nurse for 5 staff nurses 270 staff nurses for 500 beds}

Table 2. Qualification and equivalent positions

COLLEGE OF NURSING	HOSPITAL NURSING SERVICE
<ul style="list-style-type: none"> Principal cum professor –MSc with 15 years experience (12 years teaching of which 5years in college with minimum 3years clinical experience) with PhD Nursing Vice Principal cum professor- MSc with 12 years of experience (10 years teaching of which 5years in College with minimum 2 years clinical experience) PhD in Nursing is desirable Professor (Senior Nurse Manager/DNS)- MSc with 10 years experience (7years teaching experience of which 4 years in college with minimum 2years clinical experience) PhD in Nursing is desirable Associate Professor(Senior Nurse Manager)- MSc with 8years experience (5years teaching with minimum 2years clinical experience) 	<ul style="list-style-type: none"> Nursing Superintendent - MSc with 15 years experience (3years teaching) Or BSc with 18 years of experience (2years teaching) Deputy Nursing Supdt (DNS) - MSc with 10 years experience (3years teaching) Or BSc with 12 years experience (2years teaching)

<ul style="list-style-type: none"> • Assistant Professor(Nurse Manager/ANS) - MSc with 3years teaching experience with one year clinical experience • Tutor- BSc/PBBSc/MSc with 1year experience 	<ul style="list-style-type: none"> • Assistant Nursing Supdt (ANS)- MSc with 3years experience (1year teaching) Or BSc with 6 years experience (1year teaching) • Senior Nursing Officer (SNO/Charge nurse)- BSc/PBSc with 2years experience Or Diploma with 6 years of experience or Post basic diploma in a specialty with minimum 5 years after GNM clinical experience may be considered)
	Nursing Officers (NOs/Staff nurses) -BSc with 2years experience may be given dual appointment as tutor and involved in teaching students

* **CNO: MSc/PhD with 15-18 years of experience of which 5 years teaching & administration in the college and 5 years management experience in the hospital.**

** **Dual appointment is only from the level of tutors/charge nurses**

Job Description

Chief Nursing Officer: (M.Sc Nursing/ Ph.D)

Eligibility: M.Sc Nursing/Ph.D with minimum of total 18 years experience in college and hospital of which a minimum of 5 years should be administrative experience at the hospital and 5 years of teaching & administration at the college with 3-5 years of clinical experience at the hospital.

- Exemplifies the mission, vision and philosophy of the academy through nursing practice and education
- Accountable for smooth conduct of both nursing service and nursing education
- Updates director on all matters concerning nursing service and nursing education
- Reports to concerned HR manager/Officer all matters relating to nursing service and education
- Accountable to Finance officer /ADF for all financial matters pertaining of nursing education
- Supervision and performance appraisal of nursing superintendent and principal
- Recruitment and selection of staff for both service and education
- Plan budgeting for nursing services
- Policy making in all matters relating to nursing service and education
- Maintains professional affiliation with other organization for patient care and nursing education
- Champions new initiatives and catalyses change for improvement of nursing services and education including research activities.
- Establishes performance indicators with measures to establish excellence.

Principal (M.Sc. Nursing/Ph.D)

Eligibility: M.Sc/Ph.D with a minimum of 15 years experience (12 years teaching of which 5years in college with minimum 3years clinical experience)

- Directly responsible to CNO in all matters pertaining to nursing education

- Supervision and performance appraisal of college of nursing faculty
- Responsible for students discipline and welfare
- Co-ordinates with nursing superintendent for patient care in hospital
- Plan and revise budget for college
- Co-ordinates with CNO in recruitment and selection of the college faculty

Research:

Responsible for research activities in College of Nursing.

Educational functions:

- Accountable for all matters concerning nursing education
- Co-ordinates with Universities and accreditation bodies regarding academics, planning and implementation in curriculum

Nursing superintendent: (M.Sc Nursing; Ph.D in Nursing is desirable)

Eligibility: MSc with 15 years experience (3years teaching) or
BSc with 18 years of experience (2years teaching)

- Accountable for overall patient care in hospital
- Ensures quality control in nursing service

Supervision and administration:

- Directly reports to CNO in all matters of patient care
- Supervision and guidance and performance appraisal of all levels of nursing staff in hospital
- Plan co-ordinates CNE, HICC, NABH
- Promotes welfare and discipline of all staff nurses
- Co-ordinates with principal CON in dual role
- Involved in education and research in nursing service

Deputy Nursing Superintendent (DNS):

Eligibility: MSc with 10 years experience (3years teaching)
Or BSc with 12 years experience (2years teaching)

Patient care:

- Responsible for patient care in area assigned
- Conducts supervisory round in rotation

Supervision and administration:

- Report to NS for patient care matters (approx.300beds)
- Responsible to principal and vice principal in academic matters
- Supervision and guidance of all ANS under her
- Problem solving of matters related to patient care
- Plan and supervises duty roaster prepared by ANS
- Perform specific assignments entrusted
- Responsible for all disciplinary matters within her areas
- Maintains communication and IPR with all channels.
- Fullfill specified assigned responsibilities.

Educational functions:

- Responsible to heads of department in college of Nursing, for all academic responsibilities allot to her

- Overall responsible for training and supervision of students in her clinical area

Assistant Nursing Superintendent/ANS (M.Sc N/ Assist Prof CON)

Eligibility: MSc with 3years experience (1year teaching)

Or BSc with 6 years experience (1year teaching)

Patient care:

- Responsible for patient care of assigned area
- Responsible to the DNS for patient care matters
- Problem solving related to direct patient care
- Conducts supervisory rounds for staff and students.

Supervision and administration:

- Plans and executes duty roster of nurses posted in her wards
- Plan and conduct ward meetings
- Supervision and guidance of staff nurses and students
- Acts as a liason between the DNS and the staff of her units.
- Performs periodic appraisal of staff

Educational functions:

- Responsible to HOD, CON, for academic matters allotted to her.
- Participates in curriculum implementations in college
- Identify learning needs of staff and students
- Conducts nursing rounds for students for the purpose bedside teaching
- Nights supervision in rotation

Tutor/Senior Nursing Officer:

Eligibility: MSc with 1 year experience or B.Sc/P.B.B.Sc nursing with minimum 2 years of experience or Diploma with 6 years experience or Post basic diploma in a specialty with minimum 5 years after GNM clinical experience.

Direct patient care:

- Ensures proper admission and discharge procedures for her patients
- Assists in the direct care of the patient as an when required
- Implements doctor's instructions concerning patient treatment, investigations and any other procedures.
- Co-ordinates patient care with other departments
- See that the new admissions are seen by the treating doctors at the earliest.
- Ensures entry of above activities electronically as per the institute rules/protocols

Supervision and administration:

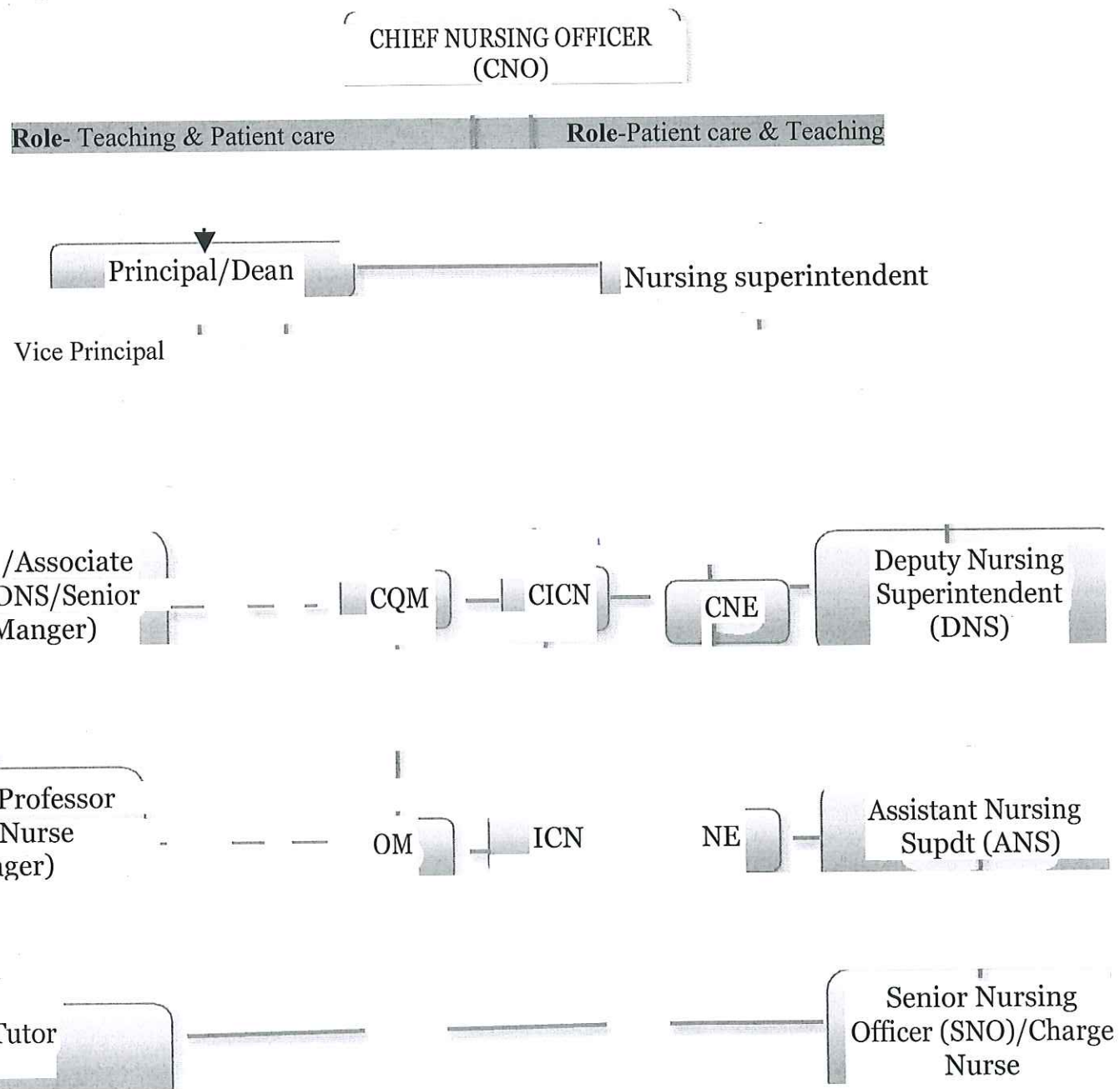
- Ensures safe and clean environment for the ward
- Makes duty and work assignments
- Maintains good public relations in her ward
- Handle medico-legal cases in the ward as per the existing rules/ protocols

Educational functions:

- Gives incidental teaching to patients, relatives, staff nurses, students and the house keeping staff.
- Assists the clinical instructor in the evaluation of students.

Proposed organogram

The proposed organogram illustrating integration of education and service in nursing is given below in figure1.



CQM-Chief Quality Manager, **CICN**-Chief Infection Control Nurse, **CNE**-Chief Nurse Educator. **QM**-Quality Manager, **ICN**-Infection Control Nurse, **NE**-Nurse Educator. Nurse specialist / nurse practitioner cadre can follow the same pathway considering their qualification.

Figure 1. Organogram

In Institutions having both college of nursing offering UG & PG nursing programs and large medical college hospital with more than 500 beds, and integration model is practiced, it is beneficial to have a senior nurse leader to assume the role of **Chief Nursing Officer (CNO)**, the head of nursing. This person must be an expert in both education and service, to contribute effectively to both areas. The individual must possess Ph.D / M.Sc Nursing qualification with minimum of 5 years clinical experience in patient care and 5 years teaching in a college having a total of 15-18 years of experience. Both leaders, the Head of Nursing education / Head of nursing services (**Principal / Nursing Superintendent**) must possess Ph.D / M.Sc Nursing qualification with minimum requirements spelt out earlier. Both leaders must have equal qualification and experience and the remuneration must be equal.

Professor/associate professor who will be the clinical nursing head of department (or cluster of wards/units) in the hospital will report to nursing superintendent for matters concerning patient care. Dotted lines mean equivalent positions in the hospital nursing service having responsibilities for student/staff teaching as well as patient care as per the job description. The size of the department may vary but however the optimum is specified in the worked out example. The assistant professor can assume the responsibility of ANS. The assistant professor/ANS can be responsible for 2-3/3-4 wards/units but the tutor will be responsible for one ward/unit.

The college faculty will assume dual designation and appointment as professor/DNS or senior manager and assistant professor/ANS or nurse manager. They are involved in planning, implementation, and evaluation of student education & training alongside management of patient care in their respective departments and will be members of committees chaired by Principal and Nursing Superintendent at the top managerial level. All the faculty with dual designation along with DNSs, ANSs and SNOs headed by HOD of the respective department must meet together periodically every week to plan concerning matters related to student teaching and patient care. Nurse educators must assume leadership roles in the hospitals and involve in policy making in the clinical areas. Similarly the postgraduate nurses/ nurse managers/charge nurses working in the hospital must involve themselves in sharing their expertise with students through clinical training. Nurse leaders would take responsibility in developing and implementing protocols / policies/ clinical pathway contributing to individualized patient care. The college faculty can fill the DNS and ANS posts in the hospital. The faculty positions of the college and staff positions of the hospital will be maintained.

In hospitals, appropriate positions to be made available for the postgraduate nurses. Various positions that could be offered to the post graduate nurses are Chief Infection Control Nurse, Chief Quality Nurse, Chief In service Educator at the level of Deputy Nursing Superintendent/ANS. These positions could be offered to the postgraduates of both college and hospital depending on the number of faculty available in an institution. The faculty may also assume these positions as additional responsibility.

The nursing superintendent and principal can become CNO on rotation basis. The professors/HODs of the college can be made as principal or nursing superintendent on rotation basis. Chief Nursing officer, Principal and Nursing Superintendent should be representing in all the decision-making bodies of the hospital and college to address patient care as well as student education issues.

IMPLEMENTATION GUIDELINES

As per IPH Standards for inpatient & Outpatient clinical services (wards, ICUs, OT, OPDs and other clinical services) for 500 bedded District Headquarters Hospital and SIU staffing norms, the following guidelines are prepared.

- 1. Integration Model is recommended for 500 bedded medical college/teaching Hospital that has College of Nursing offering at least BSc Nursing with student intake of 100 and both should be under same administration.**
- 2. MSc Faculty who are professors/Associate professors/Assistant professors are given dual appointment for teaching and managerial responsibilities at the college and hospital.**
- 3. Similarly DNS and ANS in the hospital with the required qualification can be involved in teaching students with dual appointment besides their managerial responsibilities at the hospital. If they do not have the required qualification and if they are only BSc, they can be involved in clinical teaching of students only. However, in due course of time, they can be encouraged to get the required qualification.**
- 4. 18 Tutors out of 28 tutors from the college may also be given dual appointment to teach and manage unit at the hospital besides teaching at the college. The rest 10 of them can be posted in Foundations of Nursing (FON) department to teach First year students with the ratio of 1:10 (tutor student ratio).**
- 5. BSc charge nurses/SNOs and BSc staff nurses with required qualification can be offered dual appointment to manage ward/unit as well as teaching students in the clinical area.**
- 6. Faculty positions (Professor/Associate professor/Assistant Professor) have to remain as per INC norms. However, they can fill in DNS/ANS positions at the hospital (20% of them may be permitted- Example 2 DNS/ANS may be reduced when their total DNS & ANS positions are 10).**
- 7. Tutors -10 % of them either at college/Hospital can be shown/filled to reach the INC norms (Example- 3 BSc nurses with dual appointment at the hospital can be shown against tutors).**
- 8. Interchangeability between education and service can be built in protecting the seniority, service and salary/financial benefits of the concerned managers/faculty opting for change.**
- 9. Equivalent salary & positions on both sides must be offered, if the qualification and experience are same.**

Assignment of clinical areas to Faculty and hospital nursing supervisors/managers- Example

The assignment of clinical areas can be based on the availability of faculty and hospital nursing supervisors/managers (DNS/ANS/charge nurses) and existing areas/wards/ICUs/OPDs/OTs of the hospital. An example is worked out to illustrate the optimum span of control for faculty (Professor/Associate professor/Assistant professor/ Tutors) and nurse managers. If more faculty and managers with required qualification is available, then the span of control/number of wards/units can be reduced for every manager. The combination of units may also be changed as per institutions' needs/policies and location of areas (E.g. Medical wards+ICUs or surgical wards+ICUs). A 500 bedded hospital and its clinical services/units/wards/ICUs can be divided into six departments as follows for allocation to faculty/nurse managers.

I. Medical/Surgical/Specialty wards

- 1 DNS/Professor/Associate Professor for 6-8 wards (one ward-25-40 beds, maximum of 200-250 beds)
- 2 ANS/Assistant professor (1 ANS for 3-4 wards)
- 8 Charge nurses/Tutors (1 ward-1 charge nurse)- 4 Charge Nurses + 4 Tutors

II. ICUs/HDUs/Casualty

- 1 DNS/Professor/Associate Professor for 4-6 critical care areas/units
- 2 ANS/Assistant Professor (1 ANS for 2-3 ICUS)
- 6 Charge nurses/Tutors (1 ICU-1 charge nurse)- 4 Charge nurses + 2 Tutors

III. OTs (7-8)

- 1 DNS/Professor/Associate professor for 7-8 OTs
- 2 ANS/Assistant professor (1ANS for 3-4 OTs)
- 4 Charge Nurses/Tutors (1 charge nurse for 2 OTs)- 2 Charge nurses+2 Tutors

IV. Maternity wards, New born Unit, Labor Room, Eclampsia room & Septic LR

- 1 DNS/Professor/Associate professor
- 2 ANS/Assistant professor for 4-6 wards with 160-200 beds (1ANS for 2-3 wards)
- 2 ANS for Labor room & other areas
- 6 Charge nurses/Tutors for wards (3 Charge nurses+ 3 Tutors)
- 6 charge nurses/Tutors for Labor room & others (3 charge nurses + 3 Tutors)

V. Pediatric wards & ICU

- 1 DNS/Professor/Associate professor
- 2 ANS/Assistant professor (1 ANS for wards, 1 ANS for ICUs)
- 4 Charge nurses/Tutors (2 Charge Nurses + 2 Tutors)

VI. OPDs & diagnostic services

- 1 ANS for 7-8 OPDs
- 4 charge nurses/Tutors (2 charge nurses+2 Tutors)

Summary

1. DNS/Professor/Associate professor- 5 (Prof/Associate professor-5 excludes Vice Principal-VP &DNS)
2. ANS/Assistant Professor- 13 (ANS-7 + Assistant professors-6)
3. Charge nurses/Tutors- 35 (Charge nurses- 17 + Tutors-18)

Charge nurses who are BScs with required qualification can be given dual appointment to teach students besides their managerial responsibilities. BSc qualified staff nurses with required qualification may also be given dual appointment to perform the dual role. At the time of introducing the integration model, if adequate number of MScs and BScs are not available, the existing staff with specified work experience on a temporary basis may be utilized until the qualified are appointed or the existing staff upgraded with in stipulated time period of 4-6 years maximum.

IMPLEMENTATION PROCESS – STEPS

I. CREATING AWARENESS AND COMMITMENT TO INTRODUCE INTEGRATION MODEL

1. The concerned administrators and senior faculty and nursing service staff should understand the concept, its implementation process, dual roles and responsibilities of faculty and hospital nurse managers. This can be clarified by them visiting and observing institutions and gaining first hand information regarding its application of the concept, its benefits and challenges.

2. The institution's administration and heads of college of nursing and hospital nursing service should become committed to the concept of integration and its major benefits and outcomes of patient care.
3. Communicate to all involved in the implementation process, the benefits to patients, staff and organization, opportunities and challenges. Prepare the entire team from college and nursing service by holding discussions preparing the ground for implementation

II. DEALING WITH RESISTANCE AND GAINING SUPPORT

1. Gain full support from the top administration.
2. Address fears by showing individuals and groups how the change is going to help them do their jobs more effectively or how it supports the direction of the practice.
3. Initiate the change on a trial basis (Pilot test the process)
4. Make plans to assess the pros and cons after a set period of time

III. IMPLEMENT THE PROCESS

1. Identify or appoint NS with the required qualification (MSc qualified with required experience equivalent to principal). If not available, the existing MSc/BSc as indicated may continue until new appointment or upgrading of existing BSc to MSc within 1-2 years. This is permissible on a temporary basis only.
2. Categorize the clinical departments as per the worked example or as per the size of the hospital and existing services. Six areas are shown in the example. Every college with 100 student intake must have 5 professors/associate professors (Professor-1 & Associate professor-4, excluding vice principal). Five of them with dual appointment as senior nurse managers or DNS can be designated as clinical heads of the five areas and one (OPD & diagnostic services) may be allocated to one ANS/Assistant professor.
3. A total of 13 ANS/Assistant professor is required (Assistant professor-6 from college is available and 7 ANS from hospital are required). Nine ANS is the requirement for the hospital as per SIU norms. Seven ANS with required qualification if available may be appointed with dual designation, who can be posted to different clinical areas as per worked out example. If only BScs are available, then, two during first year and two in the second year and three in the third year may be sponsored to undergo MSc that means by 2 years two will be upgraded and by three years 4 will be upgraded and four years 7 will be upgraded to MSc or two new appointment is done by 2 years, by four years, two will be upgraded, by six years three will be upgraded (Table 3). Until then the existing BSc with the required experience will continue to work as ANS with dual designation.
4. A total of 35 tutors/charge nurses with BSc are required for dual appointment. 18 tutors are available at the college. The rest 17 of them, if qualified BScs are available, then they can be posted with dual appointment as per guidelines in example. If not available, Diploma with required experience may serve as charge nurses and be involved with only clinical teaching. Then every year for 4 years, existing 4-5 diploma charge nurses can be sent to undergo PBBSc and by 5 years all of these nurses can be upgraded to BSc and given dual appointment. It is preferred if any permanent BSc staff nurses are available,

then they may be considered or to appoint 50 % of BSc/MSc staff as charge nurses and the rest 50 % of existing diploma charge nurses be upgraded.
5. The summary is shown in Table 3 below.

Table 3
Summary of staffing plans to achieve integration

S.No	Faculty /nurse manger designation	1 st option-maximum period			2 nd option-maximum period		
		2 years	3years	4-5years	2years	3-4years	5-6years
1	NS	New appointment -initial			upgrading existing NS to MSc		
2	DNS	Do			Do		
3	ANS	Upgrading existing-2	Upgrading existing staff- 2	Upgrading existing staff -3 by 4 yrs	New appointment -2	Upgrading existing staff-2	Upgrading existing staff - 3
4	Charge nurses	Upgrading existing staff-4	Upgrading existing staff -4	Upgrading existing staff-4 by 4 yrs & 5 by 5yrs	New appointment -4	New appointment-4, Upgrading-4	Upgrading 5

IV. Review of the process & measurement of outcomes

The entire process is assessed identifying pros and cons and outcomes are measured. Modifications can be suggested if required.

The proposed integration model would have numerous benefits to both education and service. Quality of nursing education would improve with increased skill development measured by competency assessment of new graduates. Dual appointments will reduce the cost by reducing the staff numbers to some extent and enhancing staff retention that can be measured by financial audit.

In the hospitals, it would also enhance quality care. Positive quality indicators are reduction in morbidity, mortality, adverse events, medication errors, pressure ulcer, HAIs and hospital stay. Periodical audits will facilitate objective measurement of these outcomes. Research must be conducted to identify short-term and long-term outcomes on patients, staff and organization. It would also promote interdisciplinary collaboration that can also be assessed.

Challenges / issues

Implementing the above organogram will face great resistance from the current nursing service staff, which is unavoidable. However the following measures can be undertaken to overcome this resistance:

- Ensure that the existing position and promotion of nurse leaders in the hospital will not be affected
- Give stipulated time for the current Diploma nurse leaders to upgrade themselves
- Providing dual appointment and involvement in student teaching may increase the morale of hospital nurse managers
- Faculty will be able to upgrade their skill and dual appointment may enhance their job satisfaction
- Provide competency building and competency assessment for the nurse leaders at every level
- Make it mandatory for nursing faculty to have a minimum of 25% credit hours from competency development
- Conduct Joint collaborative meetings for the leaders from both education and service on a regular basis and provide continuous guidance, support and encouragement
- The institution experiencing positive outcomes may introduce inbuilt system with incentives such as awards/opportunities to leaders based on their performance

Conclusion

Implementing the proposed integration improves the quality of Nursing care to the patient. It is necessary to formulate cadre and recruitment rules accordingly and formalize the same in their respective governing boards/ government gazettes, which can go on the public domain to make it official and binding.

This proposal is an ideal system to implement completely. However in order to protect the current nursing personnel, the suggested proposals to be followed in all the new appointments and to be implemented, in a phased manner over a period of time. The organizations can also prepare inter seniority list in order to protect every one's interest and take declaration from them that they are satisfied and will abide by the same.

Note: After finalizing the Cadre and recruitment rules, if there are eligible candidates in the same organization they may be recruited for those posts.

