Study on Training System for Nursing Staff in EHCC, Eternal Hospital, Jawahar Circle, Jaipur

By

Col. Ashish Pradhan

Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2016-2018

The IIHMR University, Jaipur

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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that Col Ashish Pradhan student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at EHCC Eternal Hospital, Jaipur from 5th February 2018 to 4th May 2018.

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

Col (Dr) Ashok Kaushik
Dean, Academics and Student Affairs
The IIHMR University, Jaipur

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Phone : +91-141-5174000, Website : www.eternalhospital.com
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TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Col. Ashish Pradhan** student of **IIHMR, Jaipur** has completed his internship at **"Eternal Hospital, Jaipur"** from **05th February 2018 to 05th May 2018**. During this period he was positioned in Emergency Department.

During this period, he has successfully completed his project on **" A Study on Training System of Nursing Staff in Eternal Hospital, Jaipur".**

He comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning.

We wish him all the best for future endeavours.

For **ETERNAL HEART CARE CENTRE AND RESEARCH INSTITUTE, JAIPUR**

Subrata Das

Subrata Das
Vice President – HR & Training

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "A Study on Training System for Nursing Staff in EHCC, Eternal Hospital, Jawahar Circle, Jaipur" and submitted by Col Ashish Pradhan Enrollment No IIHMR-U/01/2016-18/0397 under the supervision of Col(Dr) Ashok Kaushik for award of MBA in Hospital and Health Management of the University carried out during the period from 05 Feb 2018 to 04 May 2018 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Signature

15/5/2018

(Col Ashish Pradhan)

ABSTRACT

1. The Nursing care is most vital and important function of a hospital. The competence of nursing staff in a hospital has major impact on patient satisfaction and retention. In view of the criticality of competent Nursing care, studying training system in a hospital is quite significant. It was therefore proposed to undertake a study on current training system for the newly inducted nursing staff, and scope for improvement, if required.

2. During the study, it was observed that the EHCC Hospital has a well laid down training policy catering to the NABH Accreditation and future planning for Nurse's Excellence Accreditation(May 2018) and JCI Accreditation(Nov 2018). The training team has put in lot of efforts to streamline the training process. They have instituted a training calendar based on which the training is scheduled. For the sake of this study, the scope was restricted to induction training of the Nurses.

3. In order to study the effectiveness of the induction training the marks obtained by the sample Nursing staff (Induction Trainees)in pre test, post induction training test, after one month of induction training and a Surprise Test were analysed.

4. The analysis depicts that there is a dip in performance from post induction training to post 1 month and Surprise test. However, if the performance is compared to the pre test marks, there is definitely an upward trend, which shows that the induction training is effective. The dip in performance was due to individual's retention capacity and the exposure he/she got during posting to their departments.

5. The Nurse's Induction Training in EHCC Eternal Hospital is well planned and is being implemented effectively. There is significant improvement in performance by the Nurses post induction training as has been brought out during the course of this study.

ACKNOWLEDGEMENT

The encouragement and guidelines of Mentors, seniors, Colleagues and many others results in the success of any project. I take this opportunity to express my gratitude to the people who have been instrumental in the successful completion of this internship project.

My sincere thanks to "The Management of Eternal Hospital" for giving me an opportunity to undergo "Internship Training" at their Hospital.

I would like to convey my sincere thanks to Mr. Subrato Das, Vice President – HR, for his encouragement and tremendous support to facilitate the smooth conduct and completion of the study.

My sincere thanks to Dr Manmeet Kaur, Director(Operations) and my guide at Hospital, whose encouragement, guidance and support during the entire internship period enabled me to develop an understanding of the subject.

My sincere thanks to Dr Vrijesh Shah, Medical Superintendent, Mr Ajay Sharma, Nursing Superintendent, Lt Col Alka Sharma (Retd.), Mr Syed Hashem, Ms Shabina Parveen - (Nursing educator) of Eternal hospital for their full cooperation in completing my study.

My sincere thanks to the ER staff of Eternal hospital for extending their full cooperation during my internship.

My sincere thanks to my Guide, Col(Dr) Ashok Kaushik (Dean Academics), for providing me guidance for the study.

Lastly, I offer my thanks to all respondents of my study for their cooperation and time for filling up their response for the conduct of the study.

Col Ashish Pradhan
Management Trainee
Eternal Hospital

CONTENTS

ORGANISATIONAL PROFILE

EHCC, ETERNAL HOSPITAL

1. EHCC Hospital, Jaipur is the state-of-the-art tertiary care hospital in Rajasthan embarking on the mission of redefining patient care with international clinical excellence and advanced technology. EHCC Hospital is one of the most advanced tertiary care facilities under the visionary initiative of Dr. Samin K Sharma & his wife Mrs. Manju Sharma boosted with great expertise in healthcare by leading clinicians, astute management team supported by highly trained clinical and non-clinical staff.

2. EHCC Hospital states newest addition of tertiary care hospital which brings together the state-of-the-art medical infrastructure, cutting edge technology and highly integrated and comprehensive information system along with quest for exploring and developing newer therapies. To serve the community at large they have energetic, enthusiastic, forward looking, devoted and able technical expertise of consultants from within & outside the country. Eternal Hospital is backed up by the trained supportive staff, efficient system with modern procedures in affiliation with Mount Sinai Medical Centre, New York with an aim to cater the needs of Rajasthan and people across the globe promoting the international medical tourism."

VISION

3. A Centre of excellence in area of medicine with highest international standard at affordable cost for the community around the globe.

MISSION

4. To redefine healthcare by improving outcomes and experience of patients through cutting edge research and personalized clinical care including innovative, preventive, diagnostic, therapeutic and rehabilitation services

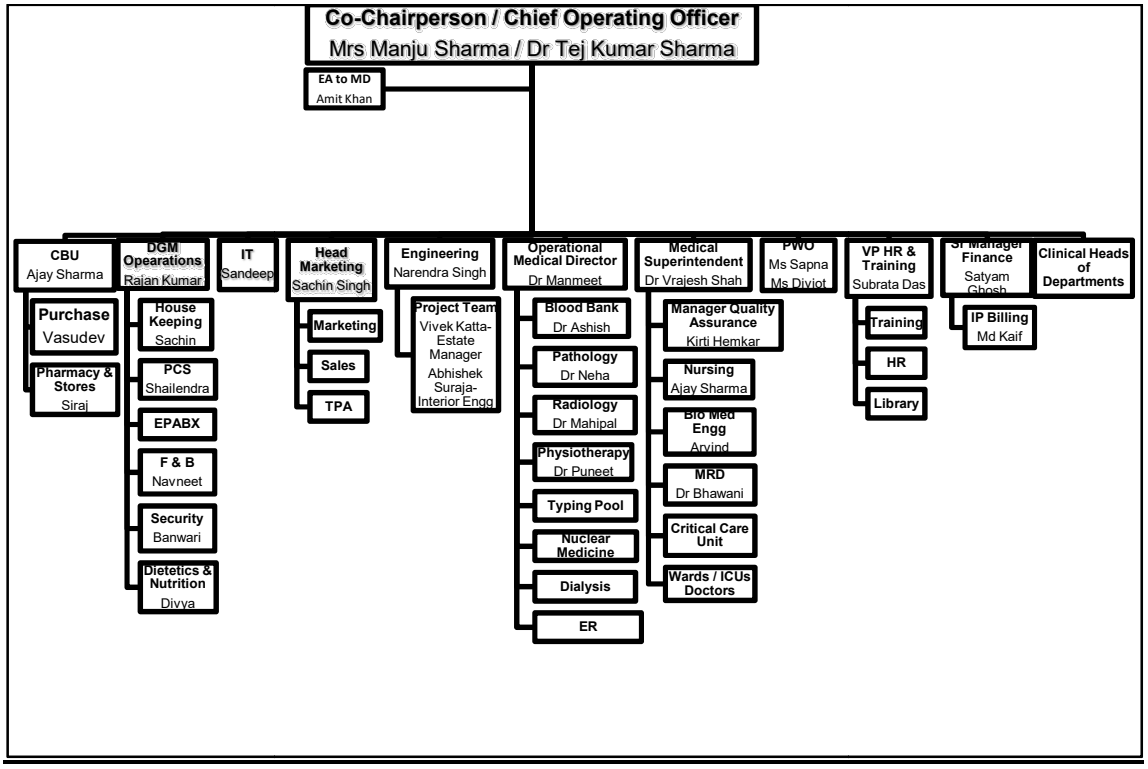
HOSPITAL SPECILISATION

5.

- Interventional Cardiology
- Cardio Thoracic vascular Surgery (CTVS)
- Neurosurgery
- Pediatric
- Critical Care
- Preventive Cardiology & Internal Medicine
- Endocrinology
- Neurology
- Nephrology
- Orthopedics
- Oncology
- Oncology Surgery
- Obs. &Gynecology
- Pulmonary & Sleep medicine
- Nuclear Medicine
- Anesthesia
- Radiology
- Dietetics
- Physiotherapy
- Pathology
- Blood Bank
- Dental

EHCC – The Leadership Team

6.



A QUICK TOUR

7.

- 225 Bedded Multi Specialty Hospital (Operational Beds – 180).
- Modular "Class 100" Operation Theatre.
- 24 x 7 hr. Cath Lab.
- 24 x 7 Emergency with fully equipped ALS/BLS Ambulances.
- Blood Storage Bank.
- Nuclear Medicine (Gamma Camera with Stress Thallium)
- Radio-Diagnosis & Imaging Sciences (MRI, CT Scan, CT Angiography, Bone Densitometry, X-Ray).
- Clinical Pathology – Bio Chemistry & Microbiology
- Pneumatic chute for quick sample transportation.
- Transfusion Medicine.
- Non Invasive Cardiology (Echo, TMT etc.)
- Environment friendly: Use of Solar Energy, Green Building & Recycled Water.
- Café Lounge.
- Library
- Seminar Hall& Conference Room.

SALIENT FEATURES:

8.

(a) Largest Cardiologist Team in Private Sector in the State to perform Complex Cases.

(b) Contribution of 80 Critical Care Beds to the State – Rajasthan is having scarcity of critical care beds and people are dying without availability of critical care beds at the emergency and when it is required. EHCC is giving 80 critical care beds including Medical, Surgical, Cardiac Care, CT Recovery etc.

(c) Cath lab - EHCC consists of 2 state-of-the-art Cath Labs that house the most advanced technology including bi-plane flat panel imaging, which allows for more images with less contrast dye usage, and magnetic catheterization. Have facility to show the live cases at auditorium for medical fraternity.

(d) Treatment in Golden Hours - EHCC believes in Rapid Action and focused care to give best results for heart attack, brain attack and trauma because we believe that needle time is important.

(e) Modular/Laminar Flow "Class 100" Operation theatres with HEPA filter and zero infection level.

(f) Availability of Gama Imaging, Nuclear medicine for cardiac treatment.

(g) Pneumatic Chutes – first time introducing Pneumatic Chutes. It is a system placed at sample collection counter and nursing stations. It is a suction operated system and supports to send collected samples directly to laboratory. The system reduces man power, infection possibilities.

(h) Separate in and out system for sterile and non-sterile items is also an infection controlling measure.

(i) Steam disinfection system for infection free instruments.

(j) Minimum involvement of attendants and patients. Video briefing for attendant's information and counselling.

(k) EHCC is establishing a Research Department to evaluate delayed recovery of admitted patients, patients in Critical Areas, infection cases after surgery etc. A team of senior doctors will audit the surgery and treatment results. Team of Mount Sinai Hospital, USA will be available for live Audio/Video advises.

9. Eternal Heart Care Centre & Research Institute being a truly International Standard hospital has procured the latest equipment and technology for better results and patient outcomes. EHCC has recently procured its 2nd Cath lab which is the latest one "Phillips FD20" which can perform a full spectrum of cardiac and vascular interventions. It combines a large field of view and high resolution flat detector with advanced diagnostic and 3D interventional tools – all seamlessly integrated in the clinical workflow of a mixed lab.

(a) Advanced interventional tools for vascular and PTCA procedures.

(b) Sharp, crisp visualization of small details and objects during cardiac and vascular interventions.

(c) Dose Wise offers low X-ray dose and excellent image quality as compared to conventional cath labs which is an advantage to both for a performing cardiologist and patient.

(d) Compact design provides full patient access and supports steep projections.

(e) Other Equipment are as follows:

(i) 3-D Mapping system for EP Study

(ii) Philips MP-20 patient meter

(iii) Arjohuntleigh E-8000 fully automated patient beds

FACILITIES

10. Total environmental control with proper treatment of air and water, well provided waiting space, sophisticated and well stocked pharmacy and facilities for communication and refreshment enhances the patient comfort. EHCC is supported by state-of-the art medical gas system, central sterile supply, laundry and full backup power generation.

11. Supporting most modern healthcare we adhere to stringent infection control, environment protection, biomedical waste disposal, sewage treatment and rain water harvesting. Currently the hospital is having 225 beds devoted for the patient comfort which includes ICU's, Economy Wards, Semi-private Rooms, Private/Deluxe Rooms and Super-Deluxe/Suite Rooms.

12. Eternal Heart Care Centre & Research Institute, Jaipur continues creating a world class integrated health care delivery system, entailing finest medical skills combined with compassionate patient care.

ABOUT NURSING DEPARTMENT:

13. Nursing encompasses autonomous and collaborative care of patients of all ages, families, groups and communities, sick or well and in all settings. It includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people.

14. In any hospital, nurses are on the frontlines of administering and evaluating patient's treatment. Efficient nurses form the backbone of any successful hospital.

15. The most important role of a nurse is to advocate and care for the patient's they are responsible for and to support them through health and illness. However, they have various other responsibilities, which include:

(a) Record medical history and symptoms
(b) Collaborate with team to plan for patient care

(c) Advocate for health and wellbeing of patient

(d) Monitor patient health and record signs

(e) Administer medications and treatments

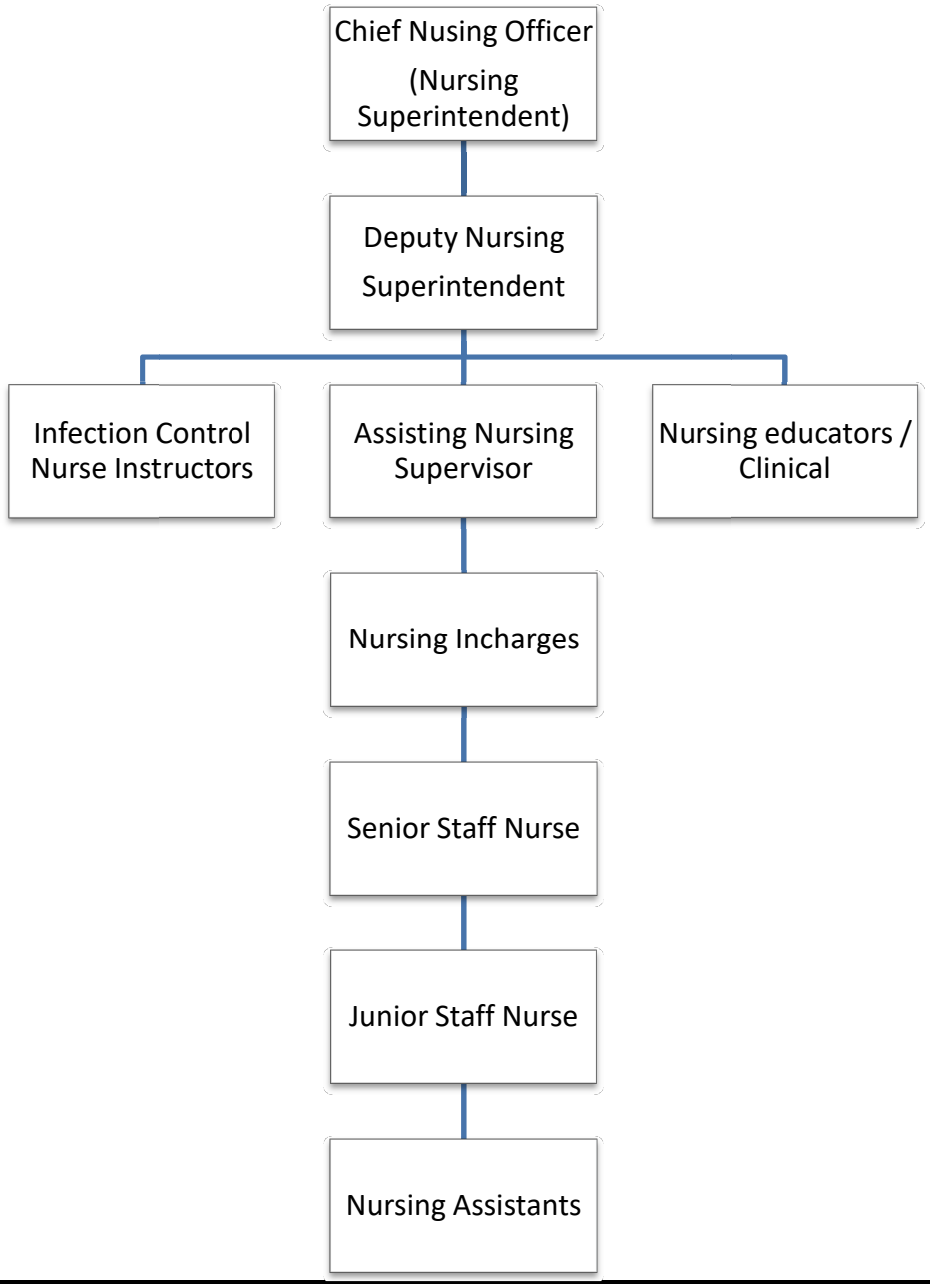
(f) Operate medical equipment

(g) Perform diagnostic tests

(h) Educate patients about management of illnesses

(i) Provide support and advice to patients

ORGANOGRAM OF NURSING DEPARTMENT:



INTRODUCTION

Importance of Nursing

1. Nursing is a profession within the health care sector focused on the care of patients, individuals, families and communities so they may attain, maintain or recover to optimal health and quality of life. Nurses are responsible for caring of patients, administering proper medicine, completing reports and working with other healthcare professionals for the wellbeing of their patients.

2. Nursing services are an integral part of the clinical services of any health care organization. The aim of nursing services is to provide comprehensive nursing care in terms of health promotion, prevention of diseases and therapeutic nursing care to the patients in a HCO, as well as to the community.

3. Being a nurse is a noble profession and as such, people opting to be in this profession need to be highly responsible, motivated, alert, decisive and adhere to standards that help them to carry out their responsibilities in a proper fashion.

4. Nurses are very crucial for any hospital to deliver efficient healthcare. These frontline health workers are a very critical and costly resource. The Nursing care determines the quality of health care provided by a hospital. It has got an impact on patient satisfaction.

5. The Nursing staff generally comprises the largest proportion of human resource in a hospital. In view of complex surgeries and acute care required by the patients, well trained Nursing staff in hospitals is crucial for patient satisfaction.

6. In view of their importance in delivery of efficient healthcare, their Training after joining the hospital is very important for increasing their efficiency and effectiveness. A well trained Nurse Maximizes the efficiency and effectiveness of the care required by a patient, resulting in enhanced patient satisfaction and loyal patients.

7. Staff development involves the training, education and career development of staff members (Adamolekun 1983). Inadequacy of well trained Nurses results in increased pressure and stress on health care delivery system and undermines quality of care provided by the Hospital. In view of the above, a study is proposed to assess the current training system available for the newly recruited nurses in the hospital.

RATIONALE FOR STUDY

8. The Nursing care is most vital and important function of a hospital. The competence of nursing staff in a hospital has major impact on patient satisfaction and retention. In view of the criticality of competent Nursing care studying training system in a hospital is quite significant. It is therefore proposed to undertake a study on current training system for the newly inducted nursing staff, and scope for improvement, if required.

RESEARCH QUESTION

9. What is the current training system for the newly recruited nursing staff after induction in the hospital?

AIM OF THE STUDY

10. To study the current training system in the hospital for newly inducted nursing staff and find out if there is any scope for improvement, if any.

OBJECTIVES OF THE STUDY

11. To assess the existing training system for newly recruited nursing staff in a hospital.

12. To identify the gap between the laid down and prevalent practices of the training system at the hospital.

13. To recommend ways to strengthen the training system.

LITERATURE REVIEW

14. The delivery of valuable health care depends on an expanding team of trained healthcare professionals. As personnel are critical assets for the organisation, the development of this asset is essential for the continued health and prosperity of the organisation. The training need assessment is a critical activity for training and development function.

15. Organisations that develop and implement training without need assessment may end up under training or over training. Training is expensive and therefore it is critical to tailored to meet the organisational needs and the individual's need(Brown 2002). Training need assessment provides crucial data on who and what should be trained(Salas and Cannon-Bowers 2001). Identification of training needs, design and implementation of training programmes and evaluation of training benefits are key activities (Krishveni & Sriprabhaa, 2008).

Standards of Nursing:

16. **Standards** provide people and organizations with a basis for mutual understanding, and are used as tools to facilitate communication, measurement and uniformity across geographical locations.

17. In EHCC, Eternal Hospital the Nurses are required to follow following three standards as the Hospital is NABH compliant and is in process of obtaining the other two accreditations. All these standards are updated by specific bodies. A hospital has to pass certain requirement and tests to achieve these accreditations.

(a) NABH

(b) Nursing Excellence

(c) JCI

Following is a brief description of these accreditations:

(a) **NABH:** The standards provide framework for quality assurance and quality improvement for hospitals. The standards focus on patient safety and quality of care. The standards call for continuous monitoring of sentinel events and comprehensive corrective action plan leading to building of quality culture at all levels and across all the functions.

Outline of NABH Standards:

-Patient Centric Standards

(i) Access, Assessment and Continuity of Care (AAC).

(ii) Care of Patients (COP).

(iii) Management of Medication (MOM).

(iv) Patient Rights and Education (PRE).

(v) Hospital Infection Control (HIC).

-Organisation Centric Standards

(i) Continuous Quality Improvement (CQI).

(ii) Responsibility of Management (ROM)

(iii) Facility Management and Safety (FMS).

(iv) Human Resource Management (HRM).

(v) Information Management System (IMS).

(b) **Nursing Excellence Accreditation :** Standards are pre requisite for the promotion of safe, effective, competent and ethical nursing care. They help the individual nursing practitioner to evaluate the services being provided by them and also act as a catalyst for self regulation and improvement. Nursing excellence standards have been framed with a view to lay down the guidelines for evaluating the nursing services being provided by a Health Care Organization, thereby providing a platform for continual improvement

Outline of Nursing Excellence Standards

(i) Nursing Resource Management (NRM).

(ii) Nursing Care of Patient (NCP).

(iii) Management of Medication (MOM).

(iv) Education, Communication and Guidance (ECG).

(v) Infection Control Practices (ICP).

(vi) Empowerment and Governance (EG).

(vii) Nursing Quality Indicators (NQI).

(c) **JCI:** JCI is an international accreditation. Hospitals require about two years to prepare before applying for JCI. In this tenure, the entire organization has to work towards implementing high quality and patient-safe policies, practices, and procedures that are detailed under JCI standards.

During the on-site evaluation, a team of expert JCI physicians, nurses, and health care administrators visit the organization and evaluates more than a thousand measurable elements. Interviews with staff, patients, and leadership, along with physical inspections and reviews of records are conducted to get a holistic overview of the entire organisation to a complete evaluation of the effectiveness of the organization's patient safety and quality system.

Outline of JCI Standards:

(i) Designed to stimulate and support sustained quality improvement.

(ii) Created to reduce risk.

(iii) Focused on building a culture of patient safety.

(iv) Developed by health care experts from around the world—and tested in every world region

(v) Developed by health professionals specifically for the health care sector.

(vi) Applicable to individual health care organizations and national health care systems.

STUDY DESIGN AND METHODS

18. **Type of study:** Cross-sectional descriptive study.

19. **Study subjects:** Newly inducted Nursing Staff.

20. **Sampling Method:** The convenient sampling was used for the study. Newly inducted Nursing staff was considered as a cluster. During the study period of three months, four induction trainings were conducted by the EHCC Hospital. Nurses who underwent induction training were taken as a cluster each.

21. **Sample size:**

Cluster I (Feb 18)	**-**	**12**
Cluster II (Mar 18-1)	**-**	**13**
Cluster III (Mar 18-2)	**-**	**21**
Cluster IV (Apr-18)	**-**	**17**

22. **Study procedure:** Initially, HR of the hospital was contacted and briefed about the dissertation topic. In consultation with the VP-HR, Medical Superintendent and Nursing Superintendent of EHCC Hospital a process of study was evolved to have minimum interference in Hospital functioning. The process included Pre and Post Induction Training Tests to evaluate the effectiveness of the training. Once the formal permission was granted by the HR the study was conducted as per process approved.

23. **Data collection tools & techniques:**

(a) **For Primary Data**

(i) Interaction with Training In-charge/ HR manager using checklist
(ii) Pre and Post Induction Training Tests of Nursing staff.
(iii) Interview with trainers using trainers schedule

(b) **For Secondary Data**

(i) Review of training system concepts

(ii) Review of Training Policy and system (training in-charge, training policy, circulars, process of nominations, training calendar, planning of training, etc.)

24. **Data Analysis**

The data so obtained was entered in the software and analysed. The results are shown in charts and graphs.

25. **Importance of Induction program for new employee nurses**

(a) All new nurses have to be trained according to NABH standards. This is done during the induction period

(b) It is of extreme importance that all nurses are thoroughly knowledgeable about all the hospital policies.

(c) The nurses should be well aware of all the responsibilities they are expected to carry out and as such, it is responsibility of the hospital to make sure that all nurses have required skill sets to carry out their day-to-day duties.

(d) The induction program increases the interaction between various levels of hierarchy across various departments of the hospital. This helps in creating a sense of being part of the team, which is important in the time-sensitive hospital work.

RESULTS - FINDINGS OF THE STUDY

26. **Induction training of Nurses in EHCC, Jaipur**. During the study, it was observed that the EHCC Hospital has a well laid down training policy catering to the NABH Accreditation and future planning for Nurse's Excellence Accreditation(May 2018) and JCI Accreditation(Nov 2018). The training team has put in lot of efforts to streamline the training process. They have instituted a training calendar based on which the training is scheduled. For the sake of this study, the scope was restricted to induction training of the Nurses. The details of induction training are as under:-

(a) **Nurse's Educator (Training Team)-** The Hospital has a well organised training team responsible for training the Nurses, need assessment of each Nurse for training, preparing the Training Calendar, preparing the questionnaire, preparing for accreditation etc.

(b) **Policy**

(i) Every employee to be given induction training within one month of joining.

(ii) HR induction training is conducted for two days every 15 days.

(iii) Nursing induction training is conducted for 7 days every month.

(c) Detailed syllabus of the training is attached as Appendix 'A'.

(d) The nursing training is based on five main steps.

(i) Pre training test

(ii) Post training test

(iii) Content of training

(iv) Feedback of trainee

(v) Photograph of trainees

(e) Induction training for fresher's (with no experience) and experienced nurses is same. Fresher given comprehensive training for skill development.

(f) Pre and post test based on a question bank of 100 questions on NABH norms for nurses.

(g) Basic orientation to hospital nursing policy.

(h) Emphasis on skill development including demonstrations on skills such as suctioning, crash cart stocking and use, use of syringe infusion pump etc.

(i) **Fresher's training:** Fresher's given induction training for 7 days, which includes Introduction to Hospital Policies & Protocols, Vision & Mission, Introduction to HODs & Organogram of Hospital, HR policies, Security, Fire Safety, MRD policies, Medication Management etc.

(i) Based on the skills identified during the induction program by Educators they are posted to various departments.

(ii) Subjected to 1 month buddy system, ie, on the job training under a assigned trained nurse and in-charge nursing of the department.

(iii) After one month of buddy system on the job training, nurses are subjected to competence check by nursing in-charge.

(iv) Format is attached (non critical care and critical care) Appendix 'B' & 'C'.

(v) Nurse subjected to confirmation test after 3 months of induction.

(vi) Confirmatory test : written test, viva and feedback of in-charge.

(vii) Based on the nurse's score, his/her need assessment of training is carried out by nursing educators and training program derived for each fresher. Following training are imparted based on need assessment

(aa) Floor training

(bb) Clinical training

(j) **Experienced Nurse Training:**

(i) Initially given Induction training.

(ii) Subsequently, they are subjected to CNE (Continuous Nursing education). CNE program is attached at Appendix 'D'.

(iii) CNEs conducted every day except Sundays. Minimum 8 CNEs to be attended / month.

(iv) Duration is one hour daily.

(v) In order to motivate more nurses to attend CNEs, rewards are given out on monthly basis on the following parameters ;

- Maximum attendance of individual nurse in the month
- A nursing quiz is conducted in which 4 teams (3 individuals each)participate and the wining team gets rewarded.
- Questions answered by the participating nurses in audience also are awarded.

(k) **Categorisation of Nurses**: Nurses are categorised in 4 types of nursing level.

(i) Level 1 - 0 to 1 year of joining

(ii) Level 2 - 1 to 2 years of joining

(iii) Level 3 - 2-3 years of joining

(iv) Level 4 - 3 years or more

(v) Exam / skill tests are regularly conducted for clearing each level.

(l) Workshops on skill development are conducted on monthly basis as per requirement of nursing excellence accreditation and JCI accreditation. Example are ; workshop on NALS - Neonatal Advanced Life Support, PALS - Paediatric Advanced life support, ACLS - Advanced cardiac life support : this is conducted for American Heart Association, min requirement is 90% marks to be scored in pretest. It is common for doctors and nurses. 50% fee paid by hospital and the rest is incurred by the participant.

(m) **Miscellaneous.** In order to have effective training, the Training Team assess the Nurses on weekly basis during their floor rounds of the hospital. The Nurses were subjected to on the spot verbal questions and the answers' were analysed. The Nursing team also provides a questionnaire 1 month prior to any accreditation team's visit in order to prepare the Nurses for the accreditation.

(n) **Effectiveness of Induction Training.** In order to study the effectiveness of the induction training the marks obtained by the sample Nursing staff in pre test, post induction training test, after one month of induction training and a Surprise Test were analysed. The results are as under:-

(i) **Basic Life Support.** The study of marks obtained in BLS induction training indicate that there is significant improvement in marks obtained by the candidates post induction training as indicated in the chart. The trend indicates that the induction training is effective, however, it depends on the individual's retention capacity.

Figure 1.1 Comparison of Pre & Post Test Marks of individual for BLS Tests.

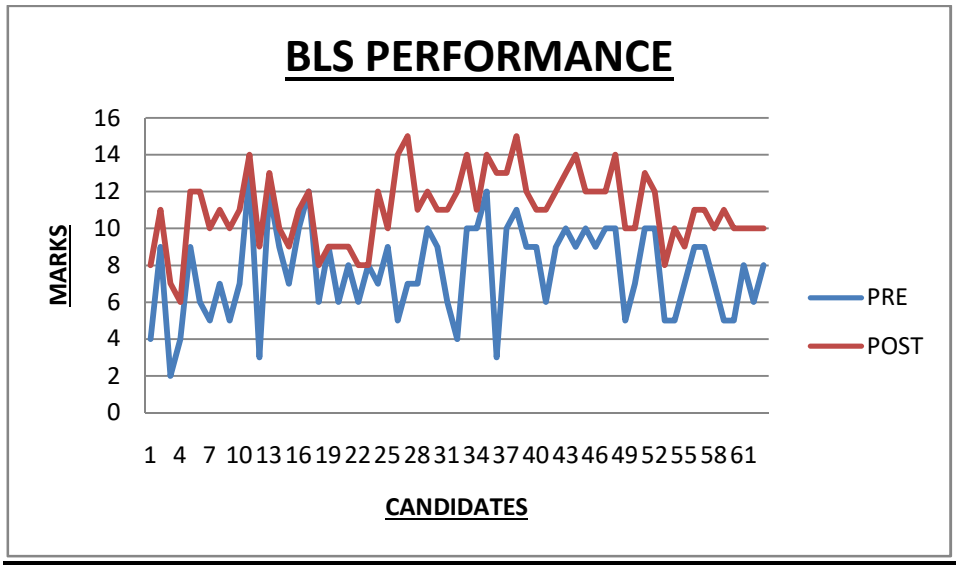
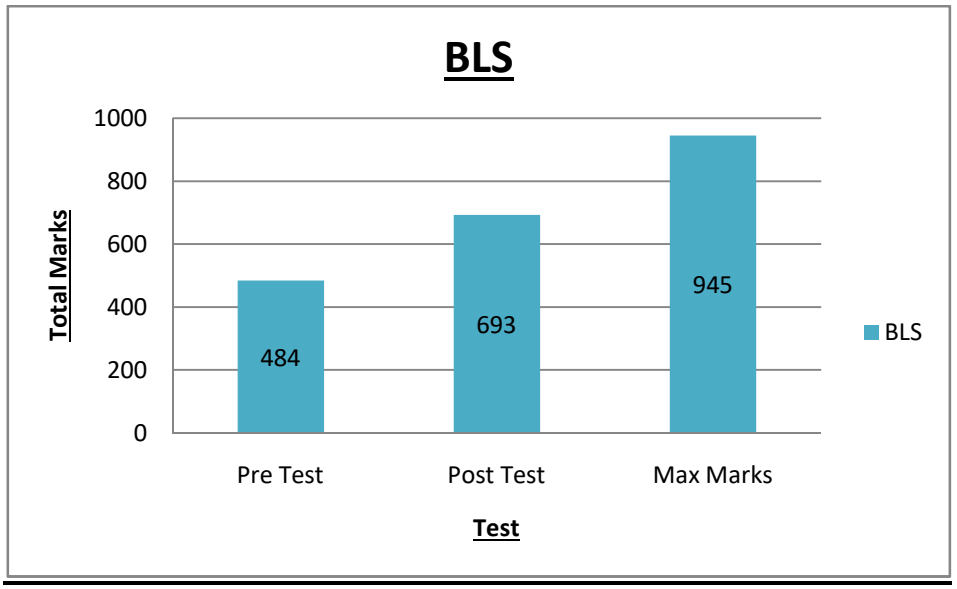


Figure 1.2 Comparison of Pre & Post Test Total Marks of all trainees for BLS Tests.



(ii) **Drug Calculation.** The study of marks obtained in Drug Calculation induction training indicate that there is significant improvement in marks obtained by the candidates post induction training as indicated in the chart. The trend indicates that the induction training is effective, however, it depends on the individual's retention capacity.

Figure 2.1 Comparison of Pre & Post Test Marks of individual for Drug Calculation Tests.

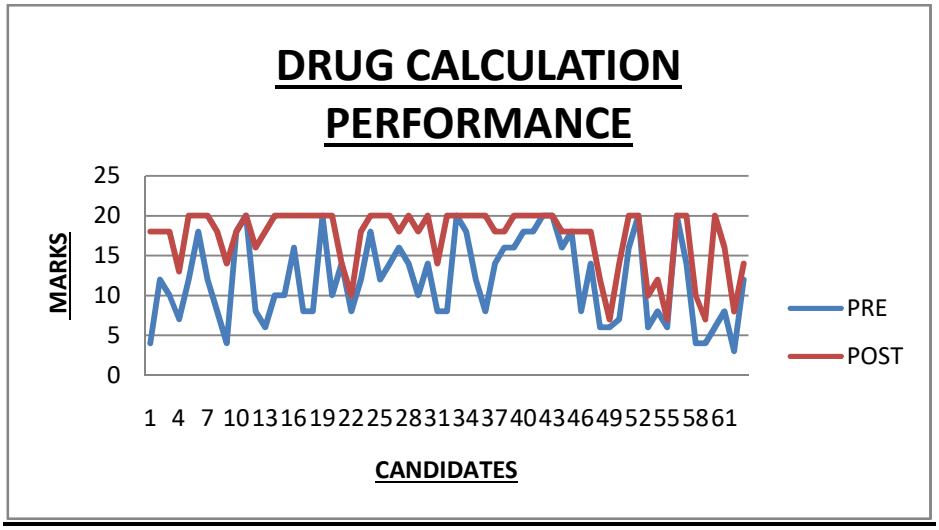
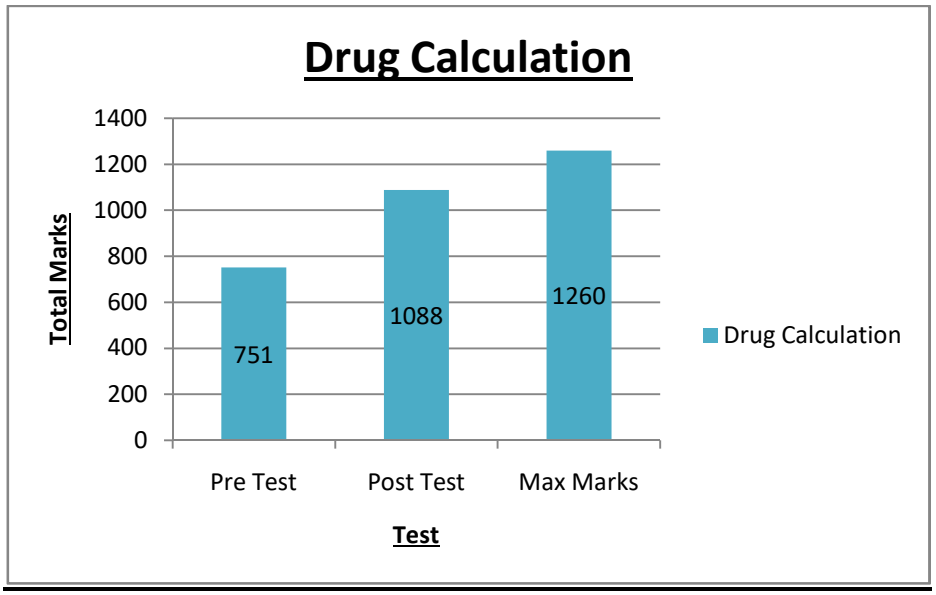


Figure 2.2 Comparison of Pre & Post Test Total Marks of all trainees for Drug Calculation Tests.



(iii) **Infection Control.** The study of marks obtained in Infection Control induction training indicate that there is significant improvement in marks obtained by the candidates post induction training as indicated in the chart. The trend indicates that the induction training is effective, however, it depends on the individual's retention capacity.

Figure 3.1 Comparison of Pre & Post Test Marks of individual for Infection Control Tests.

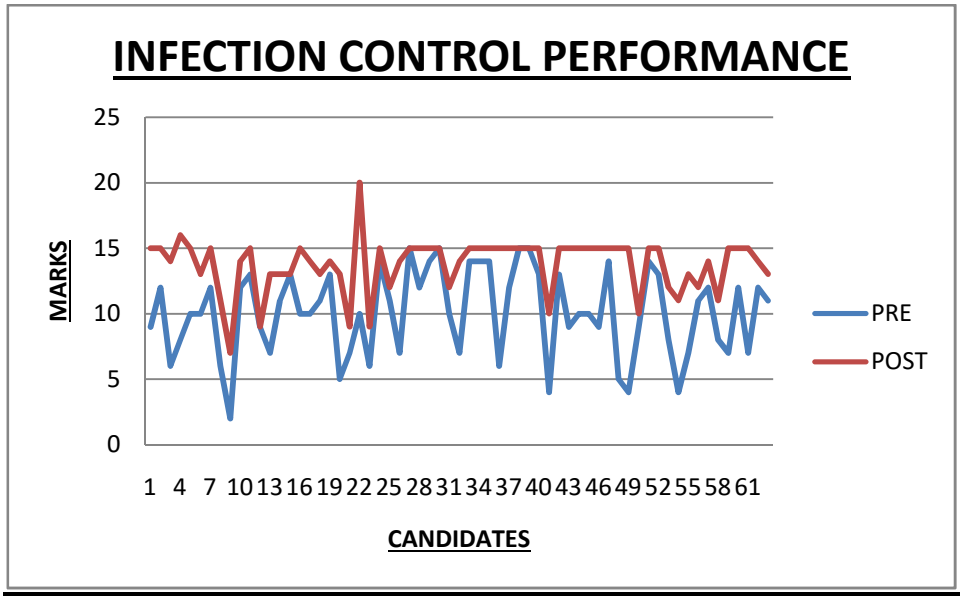
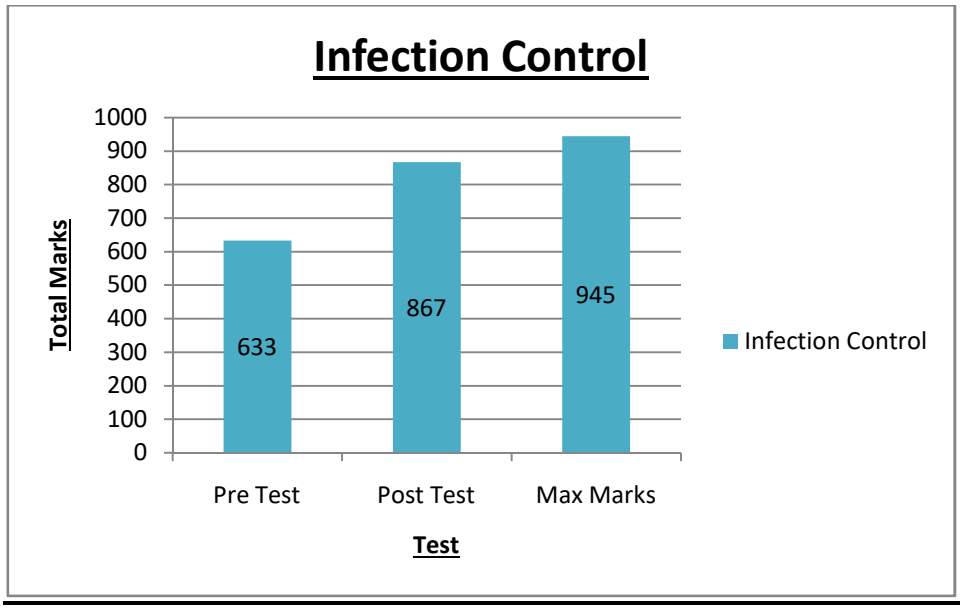


Figure 3.2 Comparison of Pre & Post Test Total Marks of all trainees for Infection Control Tests.



(iv) **Overall Induction Performance.** The study of marks obtained in induction training indicates that there is significant improvement in marks obtained by the candidates post induction training as indicated in the chart. The trend indicates that the induction training is effective, however, it depends on the individual's retention capacity.

Figure 4.1 Comparison of Pre & Post Test Total Marks of individual for all Tests.

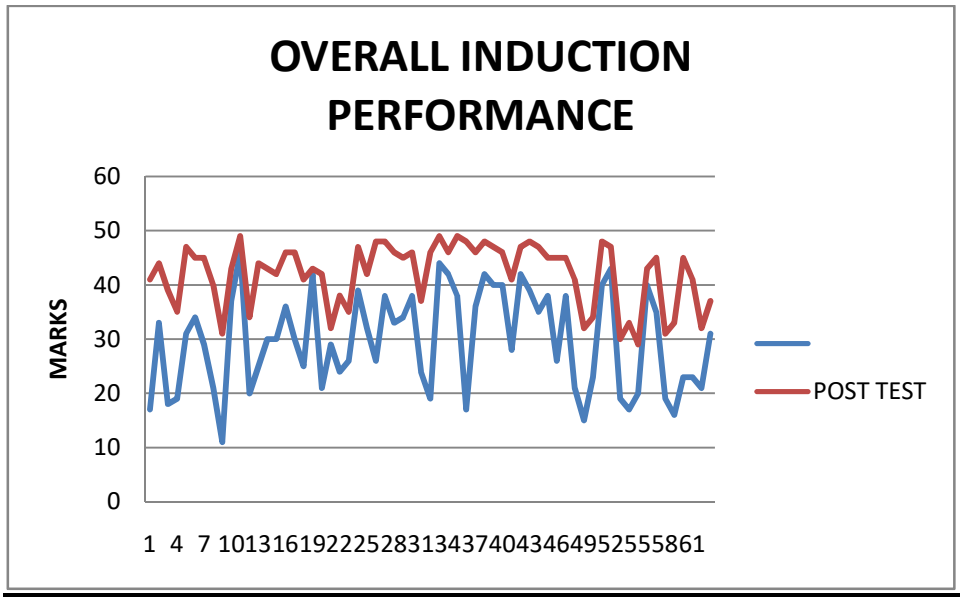
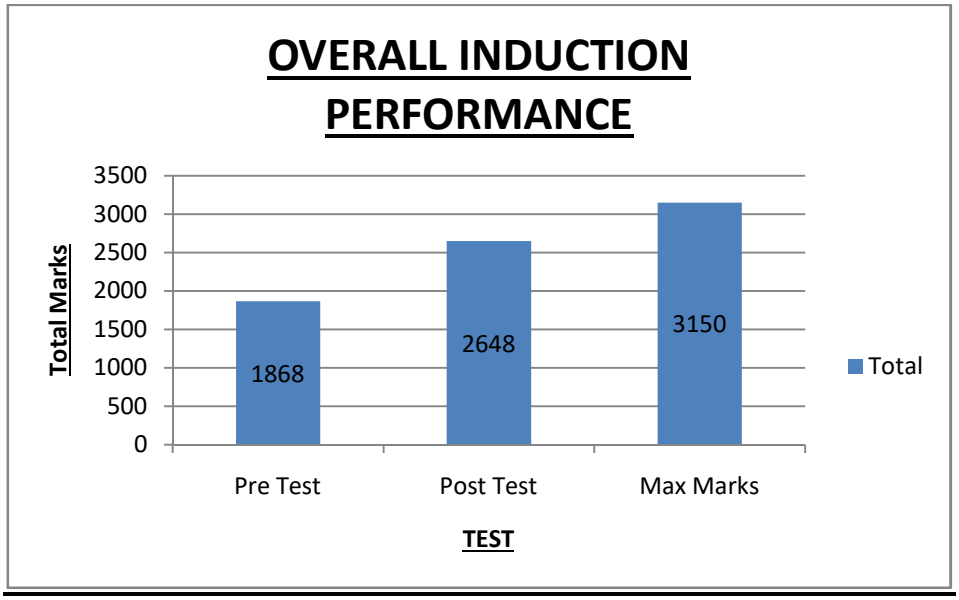


Figure 4.2 Comparison of Pre & Post Test Total Marks of all trainees for all Tests.



(v) **Comparative Study.** In order to analyse the effectiveness of induction training, on the job training and the retention by the trainee after a lapse of 1 month or above, the candidates were subjected to a surprise test. Marks obtained by the individuals were added up to study the overall progress. The analysis depicts that there is a dip in performance from post induction training to post 1 month and Surprise

test. However, if the performance is compared to the pre test marks, there is definitely an upward trend, which shows that the induction training is effective. The main reason for the drop in performance in comparison to post induction test were:-

(aa) **Limited Exposure during on the Job Training.** The drop in performance is also attributable to the exposure each individual was subjected to. The individual performed well in the questions related to his department as compared to the other department.

Figure 4.1 Comparison of Pre, Post Test, Post 1 month and Surprise Test Marks of individual

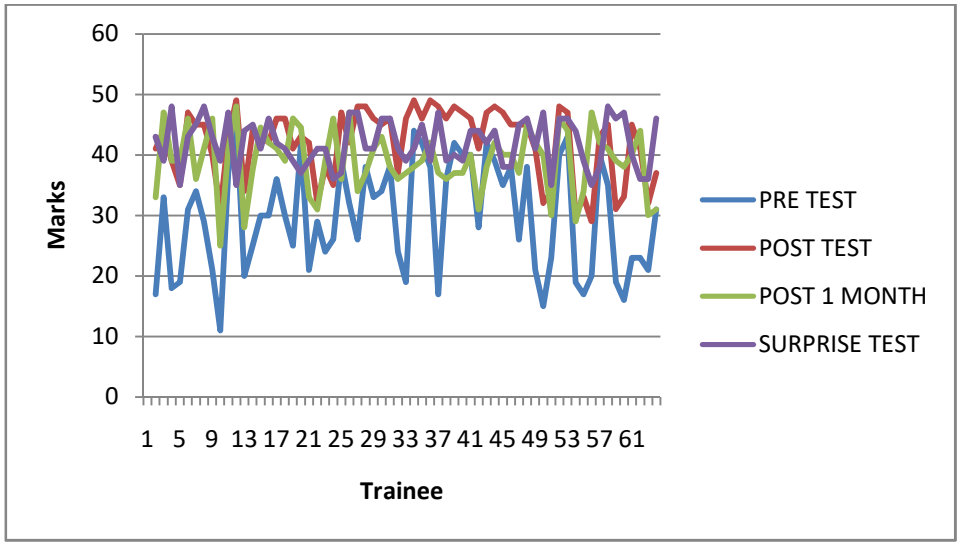
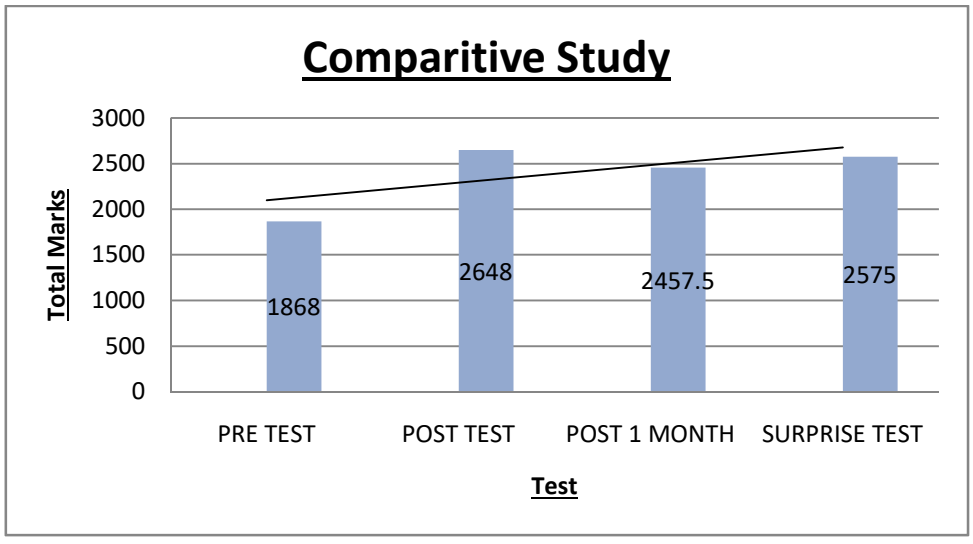


Figure 5. Comparative Study of Total Marks obtained by all candidates for all the four Test.



DISCUSSION

27. On the basis of the above analysis, the findings were discussed with the training team. During the discussion it was revealed that the Nurse training is a continuous process and there is scope for improvement.

28. Although, there was an upward trend of scoring marks when compared to pre test revealing that the induction training was effective. However, there was a dip in the Nurses performance in subsequent tests.

29. Based on the discussion with the Nurse Educators the suggestions to improve the induction training were put forth as under.

SUGGESTIONS

30. The Nurse's Induction Training in EHCC Eternal Hospital is well planned and is being implemented effectively. There is significant improvement in performance by the Nurses post induction training as has been brought out during the course of this study. However, there is always room for improvement and hence following suggestions are put up for consideration by the Hospital.

(a) **Practical Training.** It is recommended that practical technical training may be imparted to the fresher's on dummies.

(b) **Enhanced Exposure.** In order to give exposure to the fresher's, it is recommended to give them orientation in Emergency and Critical Care Departments.

CONCLUSION

31. Nurses are very crucial for any hospital to deliver efficient healthcare. These frontline health workers are a very critical and costly resource. The Nursing care determines the quality of health care provided by a hospital. It has got an impact on patient satisfaction. Training after joining the hospital is very important for increasing Nurses efficiency and effectiveness. A well trained Nurse Maximizes the efficiency and effectiveness of the care required by a patient, resulting in enhanced patient satisfaction and loyal patients.

32. EHCC Hospital has a well laid down training policy catering to the NABH Accreditation and future planning for Nurse's Excellence Accreditation(May 2018) and JCI Accreditation(Nov 2018). The training team has put in lot of efforts to streamline the training process. They have instituted a training calendar based on which the training is scheduled.

33. The Nurse's Induction Training in EHCC Eternal Hospital is well planned and is being implemented effectively. There is significant improvement in performance by the Nurses post induction training as has been brought out during the course of this study.

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1. DEVI, V.R., RAO. M.M.(2012) training needs identification of nursing staff a case study of a health care organisation journal,*(1)

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Annexure 1

ETERNAL HEART CARE CENTRE AND RESEARCH INSTITUTE
SURPRISE TEST

NAME:	_____		**EMPLOYEE ID**	_____	
POST:	_____	**WARD/ICU**	_____	**DOJ**	_____
GENDER	Male / Female	**EXPERIENCE**	_____	**AGE**	_____

(Note: One marks for each correct answer)

Drug Calculation

1. Calculate the drip rate of 100 ml of IV fluid to be given over a half an hour via infusion set / pump which deliver 10 drop/ml?
   (a) 31
   (b) 32
   (c) 33
   (d) 34

2. A patient is being ordered 37.5milligram of Tab. Dothiepin but the tablet available is of 25 milligram. How many tablets will be given to the patient?
   (a) 1.6
   (b) 1.5
   (c) 1.4
   (d) 2.3

3. One litre of Normal Saline is to be given in 9hours. The drop factor is 15. Calculate the number of drop per min?
   (a) 26
   (b) 28
   (c) 30
   (d) 32

4. A patient is ordered 300 milligrams of Thioridazine but the tablet is available of 100 milligram. How many tablet will be given to the patient?
   (a) 2
   (b) 3
   (c) 4
   (d) 2.5

5. Convert 93.074milligram to grams??

6. A patient is ordered 50 milligrams of Amoxicillin trihydrate orally. But 125milligrams in 5 millilitre of syrup is available. How many millilitres will be administered to the patient?

7. A patient is to receive 175ml of X over 3hours. Calculate the flow rate in ml/hr?

8. 560 ml is to be given over 2hours. Calculate the drip rate if the giving set delivers 16 drop/ml?

9. X is available of 8000 units in 4ml and the patient requires 18000 units. What volume is required?

10. A patient is ordered 30 milligrams of frusemide intravenously. But 10 milligram in 1 millilitre of liquid is the available quantity for IV infusion. Calculate how many millilitres will be given to the patient?

INFECTION CONTROL

11. Vaccutainers without needle should be disposed off in?
    (a) Red bag
    (b) Yellow bag
    (c) Blue bag
    (d) Black bag

12. Plastic and rubber items should be collected in:
    (a) Yellow
    (b) Blue
    (c) Red
    (d) Green

13. Hospital acquired infection are those which are acquired:
    (a) After 30 min of admission
    (b) After 48 hrs of admission
    (c) After 24 hrs of admission
    (d) After 72 hrs of admission

14. Taking Universal Precaution is to prevent
    (a) Nosocomial infection
    (b) HIV infection
    (c) Septicemia
    (d) All of the above

15. What is the infection control indicator?

16. Puncture proof container to be emptied at _____filling.

17. What are the 5 movements of hand hygiene'?

_____
_____
_____
_____
_____

18. Write down the full form of following

PPE _____

JCN _____

NSI _____

HAI _____

BMW _____

19. Soiled plaster cast should be discarded in?
    (a) Red
    (b) Yellow
    (c) Blue
    (d) Black

20. The waste bags should be disposed when it is.
    (a) Fully filled
    (b) 3/4 filled
    (c) 1/2 filled
    (d) None of the above

21. Injury from used needle but without drawing blood is not considered as needle stick injury.
    (a) True
    (b) False

BASIC LIFE SUPPORT

22. What do you mean by CPR?
    (a) Cardio pump revive.
    (b) Cardiac pulmonary resuscitation
    (c) Cardio pulmonary resuscitation
    (d) Cardio pain revives

23. Compression ventilation ratio for adult is?
    (a) 15:2
    (b) 30:4
    (c) I:5
    (d) 30:2

24. CPR involves managing
    (a) Air way only
    (b) Cardiac arrest
    (c) Circulation
    (d) All of the above

25. What maneuver is used in opening the airway of spine injury patient?
    (a) Head tilt and chin lift
    (b) Jaw thrust maneuver
    (c) Heimlich maneuver
    (d) None of the above

26. What is the new addition in chain of survival?
    (a) Early access
    (b) Early CPR
    (c) Early defibrillations
    (d) Early post cardiac care

27. The first thing to be done after checking responsiveness is:
    (a) Perform compression
    (b) Assure the safety of scene
    (c) Call for help(announce code blue)
    (d) Open the airway
28. What is the CPR ALGORITHM?
    (a) ABC
    (b) CAB
    (c) CBA
    (d) None of the above

29. What is the compression rate should be:
    (a) 100/min
    (b) 30/min
    (c) At least I00/min
    (d) As fast as possible

30. What maneuver is used in opening the airway while providing CPR?
    (a) Head-tilt-chin-lift
    (b) Jaw thrust
    (c) Heimlich maneuver
    (d) Selick.'s maneuver
31. What does AED stands for?
    (a) Automatic electric defibrillator
    (b) Automated external defibrillator
    (c) Automatic external defibrillator
    (d) None of the above
32. What should be the depth for providing chest compression in adult?
    (a) 3.4 cm
    (b) At least 4 cm
    (c) 2 cm
    (d) 5 cm

33. After providing chest compression how many rescue breathe to be given
    (a) 2-3
    (b) 1-2
    (c) 2
    (d) Continue breathing

34. Each rescue breathe should be in a gap of how many time
    (a) 1 sec
    (b) 2 sec
    (c) 1-2 sec
    (d) None of the above

35. Q15. All are the principles of CPR except?
    (a) Push hard, push fast
    (b) Allow the recoiling of heart
    (c) Interrupt between CPR
    (d) Hyperventilate the patient

36. What are the grooming standards for a nurse? Mention at least four?

37. Narcotic drugs must be kept in_____?
    (a) Triple lock system
    (b) Double lock system
    (c) Single lock system
    (d) Medicine trolley

38. How you will identify the correct patient? Mention at least two examples?

39. Which one out of these are vulnerable categories?
    (a) Patients above 65yr.
    (b) Patients on wheelchair / trolley / walking aids
    (c) Minors / any other patient in apparent discomfort I distress
    (d) All of the above.

40. If the restraints are continues than in how many hours the physician order is to be renewed?

41. Type of' restraints are?
    (a) Physical
    (b) Electrical
    (c) Chemical
    (d) Both A&C

42. What all things should be there in a nurse pocket?

43. What is the role of nurse before transfusing the blood?

44. What is Cold Blue and Code Red and extension no.?

45. Mention all R's of medication management?

46. What are the complications of IV cannula?

47. At the time of discharge, what all things a nurse should keep in mind?

48. What is Hypoglycemia, and its symptoms?

49. Initial admission assessment of a patient is to be done within _____?

50. What is the standard Storage protocol for insulin?

Annexure 2

Abbreviations

CNO - Chief nursing Officer
DNS - Deputy Nursing Supervisor
ANS - Assistant Nursing Supervisor
ANM - Auxiliary Nursing and Midwifery
GNM - general Nursing and Midwifery
NEO - New employee orientation
OJT - On Job Training
CCU - critical care unit
CTVS - cardio Thoracic Vascular Surgery
MICU - Medical intensive Care Unit
SICU - Surgical intensive Care Unit
L&D- Learning and development
TNI - training needs identification
TNA- Training needs assessment
CAT - Competency Assessment Tool
BLS - Basic life Support
ICN - Infection control Nurse

Appendix 'A'

ETERNAL HEART CARE CENTRE AND RESEARCH INSTITUTE

NURSING DEPARTMENT - INDUCTION PLAN

DAY	TIME	TOPIC	METHOD	PRESENTER	STAFF SIGNATURE
Day-1	Introduction, Grooming & Etiquettes, Patient Interaction				
	0900-1030	HR Induction	PPT		
		Address by Nursing Superintendent			
	1100-1110	Tea Break			
	1110-1200	Introduction to Nursing Department, Other Departments, Organogram, Escalation Policy	PPT		
	1200-1300	ICD Care, Negative pressure drain care	PPT		
	1300-1400	CNE(Topic as per CNE Calendar)	PPT		
	1400-1430	Lunch			
	1430-1530	Suction Protocol with Endo-tracheal tube care & Tracheal tube care.	PPT		
	1530-1540	Tea Break			
	1540-1630	Nursing Documentation & All consent Forms	Demo		
	1630-1700	Admission Policy, Caring of valuables, Telephone handling, Pocket Articles & Importance	Demo		
	1700-1730	Documentation	Demo		
Day-2	Patient Admission and Medication				
	0900-0930	Recap			
	0930-1030	Discharge Policy and Process	PPT		
	1030-1130	Colostomy, Central line care	PPT		
	1130-1145	Tea Break			
	1145-1215	Narcotic Policy & Crash Cart Policy	PPT		
	1215-1300	Nursing Care Plan	PPT		
	1300-1400	Sample Collection	PPT		
	1400-1430	Lunch			
	1430-1530	Ryle's tube feeding & CRTS	PPT		
	1530-1540	Tea Break			
	1540-1700	Patients Rights & Responsibilities	PPT		
	1700-1730	Documentation	PPT		
Day-3	Clinical Topics / Nursing Procedure				
	0900-0930	Recap			
	0930-1025	Blood Transfusion	PPT		
	1030-1040	Address by Medical Director Operations			
	1040-1140	Managing with Urinary Catheter	PPT / Video		
	1140-1145	Tea Break			
	1145-1300	IV Cannulation Procedure	PPT / Video		
	1300-1400	CNE(Topic as per CNE Calendar)	PPT		
	1400-1430	Lunch			
	1430-1530	Equipment Training	Demo		
	1530-1540	Tea Break			
	1540-1700	Bedsore Prevention and Assessment	PPT		
	1700-1730	Documentation	Demo		

Appendix 'A'

Day-4	General Protocol				
	0900-0930	Recap			
	0930-1100	BLS	PPT / Video		
	1100-1115	Tea Break			
	1115-1130	Post BLS	PPT / Video		
	1130-1200	Pre Drug Calculation Test			
	1200-1245	Drug Calculation	PPT/White Board		
	1245-1300	Post Drug Calculation Test			
	1300-1400	CNE(Topic as per CNE Calendar)	PPT		
	1400-1430	Lunch			
	1430-1530	Clinical Pharmacology (MOM)	PPT/Forms		
	1530-1540	Tea Break			
	1540-1630	Types of Insulin, techniques and Hypoglycaemia	PPT/Demo		
	1630-1700	Fall Prevention and Assessment	PPT / Video		
	1700-1730	Documentation	PPT		
Day-5	Infection Control				
	0900-0930	Patient handing taking over	Role Play		
	0930-1030	Restrain Policy	PPT		
	1030-1100	Pre Test Infection Control			
	1100-1115	Tea Break			
	1115-1300	Hand Hygiene, Personnel Protective Clothing, Biomedical waste management	PPT / Practice		
	1300-1400	CNE(Topic as per CNE Calendar)	PPT		
	1400-1430	Lunch			
	1430-1630	Needle Stick Injury, Care Bundle, HAZAMAT Spill	PPT		
	1630-1700	Post Test Infection Control			
	1700-1730	Documentation	PPT		
Day-6	Other departmental Training and Interaction				
		Recap / Address by ANS/DNS/NS			
		IT Department			
		Laboratory & Blood Bank			
		Quality - Nursing SOP & Codes			
		Dietetics			
		Biomedical Equipment's			
		Lunch			
		TPA / MLC / MRD			
		Security - Code Red			
		Nursing Induction Test			

Prepared By

Nursing Education Team

Approved By

Mr Ajay Sharma
(Nursing Superintendent)

Appendix 'B'

ETERNAL HEART CARE CENTRE AND RESEARCH INSTITUTE
INDIVIDUAL TRAINING DATA
(CRITICAL AREA)

NAME: _____ **EMPLOYEE ID** _____

POST: _____ **WARD/ICU** _____ **DOJ** _____

S.No	Topic / Procedure	Date / Time	Effective / Non Effective	Staff Sig & ID	Trainer Sig & ID
1.	Introduction & Orientation of ICU / HDU				
2.	ICU Policy, Rules, Ward stock, CSSD Knowledge				
3.	Biomedical instrument handling & Care				
4.	Grooming / communication skill				
5.	Panacea / HIS				
6.	ICU HDU Nursing Documentation				
7.	IV Cannulation & Blood sampling				
8.	Administration of medicines				
9.	Critical Care flow Chart				
10.	Assisting in Central line insertion / endotraceal intubation				
11.	Handling of critical patient				
12.	Care of Ventilator & BI-PAP Patient				
13.	Crash Cart Policy				
14.	Knowledge about all consent forms & facilated, ensure				
15.	Handing / Taking over of Patient				
16.	Patient Diet plan				
17.	Medicine Indent & Return				
18.	Transfer In/Out & Discharge Policy				
19.	Steps of De-fibrilation				
20.	Emergency Medicine				
21.	Management of Code Blue				
22.	Nursing Training Program CNE				
23.	Medical & Minor surgical Procedure				
24.	MRD File preparation				
25.	Leave Policy				
26.	NABH Knowledge				
27.	High Risk & LASA Policy				
28.	Invasive & Non Invasive Procedure				
29.	Awareness about Early Warning Signs				
30.	Escalation Policy				

(Sig of Nursing Incharge)

Appendix 'C'

ETERNAL HEART CARE CENTRE AND RESEARCH INSTITUTE
INDIVIDUAL TRAINING DATA
(NON CRITICAL AREA)

NAME: _____ **EMPLOYEE ID** _____

POST: _____ **WARD/ICU** _____ **DOJ** _____

S.No	Topic / Procedure	Date / Time	Effective / Non Effective	Staff Sig & ID	Trainer Sig & ID
1.	Introduction & Orientation of Ward				
2.	Ward Policy, Rules, Ward stock, CSSD Knowledge				
3.	Biomedical instrument handling & Care				
4.	Grooming / communication skill				
5.	Panacea / HIS				
6.	Admission Policy & Discharge Process				
7.	Ward / Nursing Documentation orientation & compliance				
8.	Nursing Care Record Book & compliance				
9.	IV Cannulation & Blood sampling				
10.	Administration of medicines				
11.	Handing / Taking over of Patient				
12.	Nurse Call bell response				
13.	High Risk & LASA Policy				
14.	Maintain all check lists				
15.	Crash Cart Policy				
16.	Knowledge about all consent forms & facilated, ensure				
17.	Patient Diet plan				
18.	Medicine Indent & Return				
19.	Transfer In/Out & Discharge Policy				
20.	Steps of De-fibrilation				
21.	Emergency Medicine				
22.	Management of Code Blue				
23.	Nursing Training Program CNE				
24.	Medical & Minor surgical Procedure				
25.	MRD File preparation				
26.	Leave Policy				
27.	NABH Knowledge				
28.	Awareness about Early Warning Signs				
29.	Escalation Policy				
30.					
31.					
32.					

(Sig of Nursing Incharge)

Appendix 'D'

ETERNAL HEART CARE CENTRE AND RESEARCH INSTITUTE

CNE Programme for the Month of April 2018, Time 1300 hrs to 1400 hrs

S.No	Date	Day	Topics	Instructor	Venue	Sig	Remarks
1.	01/04/18	Sun					
2.	02/04/18	Mon	Pain assessment & Fall assesment	Lt Col Alka Sharma(Retd)	Library		
3.	03/04/18	Tue	Infection Control Policies	Dr Swati / ICN	Library		
4.	04/04/18	Wed	Pressure Area Management	Arjohuntleight / Edu Team	Library		
5.	05/04/18	Thu	Nursing Care plan & Nursing Quality Indicator	Ms Shabina Parveen	Library		
6.	06/04/18	Fri	Narcotics, High Risk & LASA Policy	Mr Syed Hashim	Library		
7.	07/04/18	Sat	Nursing Initial Assesment (OPD-IPD Triage)	Lt Col Alka Sharma(Retd)	Library		
8.	08/04/18	Sun					
9.	09/04/18	Mon	End of Life Care	Ms Shabina Parveen	Library		
10.	10/04/18	Tue	Infection Control Policies	Dr Swati / ICN	Library		
11.	11/04/18	Wed	Soft skills	Ms Kriti	Library		
12.	12/04/18	Thu	Epidural Catheter Care	Ms Poonam / Ms Shabina Parveen	Library		
13.	13/04/18	Fri	Vulnerable & Restraints Policy	Ms Shabina Parveen	Library		
14.	14/04/18	Sat	Fire safety and Medical Gases Safety	Mr Banwari / Mr Balvir	Library		
15.	15/04/18	Sun					
16.	16/04/18	Mon	Insulin Injection Techniques	Lt Col Alka Sharma(Retd)	Library		
17.	17/04/18	Tue	Infection Control Policies	Lt Col Alka Sharma(Retd)	Library		
18.	18/04/18	Wed	Soft skills	Ms Kriti	Library		
19.	19/04/18	Thu	Management of Medication	Mr Danish	Library		
20.	20/04/18	Fri	DVT Prophylaxis	Arjohuntleight / Edu Team	Library		
21.	21/04/18	Sat	Nursing Excellence	Ms Shabina Parveen	Library		
22.	22/04/18	Sun					
23.	23/04/18	Mon	Drug Calculation	Mr Syed Hashim	Library		
24.	24/04/18	Tue	Infection Control Policies	Dr Swati / ICN	Library		
25.	25/04/18	Wed	Basic ECG Interpretation	Dr Kush Bhagat	Library		
26.	26/04/18	Thu	GCS & VIP Scoring	Lt Col Alka Sharma(Retd)	Library		
27.	27/04/18	Fri	MRD Protocol	Dr Bhawani Shankar	Library		
28.	28/04/18	Sat	Nursing Excellence	Ms Shabina Parveen	Library		
29.	29/04/18	Sun					
30.	30/04/18	Mon	Nursing Quiz	Ms Shabina Parveen	Audi		

Prepared By

Education Team

Approved By

(Ajay Sharma)
Nursing Superintendent