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# NARAYANA COLLEGE OF NURSING

CHINTHAREDDYPALEM :: NELLORE - 524 003. A.P.

Recognized by Indian Nursing Council vide letter No. 18-916/2002/inc dated: 08.11.2002, Affiliated to NTR University of Health Sciences, A.P. Vijayawada  
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## DEPARTMENT OF MENTAL HEALTH NURSING BRICS<sup>2</sup> PROGRAMME ON TEACHING LEARNING METHODOLOGY

DATE: 10/01/2019

Department for Mental Health Nursing has organized a reorientation programme on application of BBRRICCSSL as a teaching learning methodology. This reorientation programme was organized with the objective to enhance the knowledge which was found little lesser in the previous programme. This programme was organized for both faculties and M.Sc (N) students.

54 Participants (28 faculties & 26 students) has attended the programme. The concept application of BBRRICCSSL was focused on the condition of Dementia. Following were the discussions held

**B: Bringing education into life-** Anatomy and physiology of brain, definition, incidence, risk factors, etiology where the application of concepts related to microbiology focusing on the etiological factors, biochemistry emphasizing on the changes on the cellular level, nutrition highlighting the diet factors responsible for dementia, pathological changes in disease progression, diagnostic evaluation, management focusing on pharmacological management, nursing management including application of nursing process, rehabilitation and preventing measures, use of alternative and complementary medicine was discussed.

**B: Block based learning-** Unit XII -the topics of dementia, delirium and organic amnesic disorder has to be discussed to the students.

**R: Reflective learning-** brainstorming sessions, concept mapping, jigsaw method, pretest and posttest assessment on dementia was discussed

**R: Research based learning-** various research articles on dementia was discussed

**I: Internet based learning-** modules of care giving can be learnt on dementia

**I: Interactive learning-** Group discussion, panel discussion, seminars, debate, elocution on dementia can be conducted for students



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**C: Contextual learning-** Case studies, clinical presentation, clinical demonstration-MSE, Neurological examination, psychological test

**C: Capstone project-** Research on nursing interventions to improve quality of life, quality of life for patient with dementia, experience of people with dementia, family caregiver burden, Preventing falls, wandering, Rehabilitation units, Long term stay units.

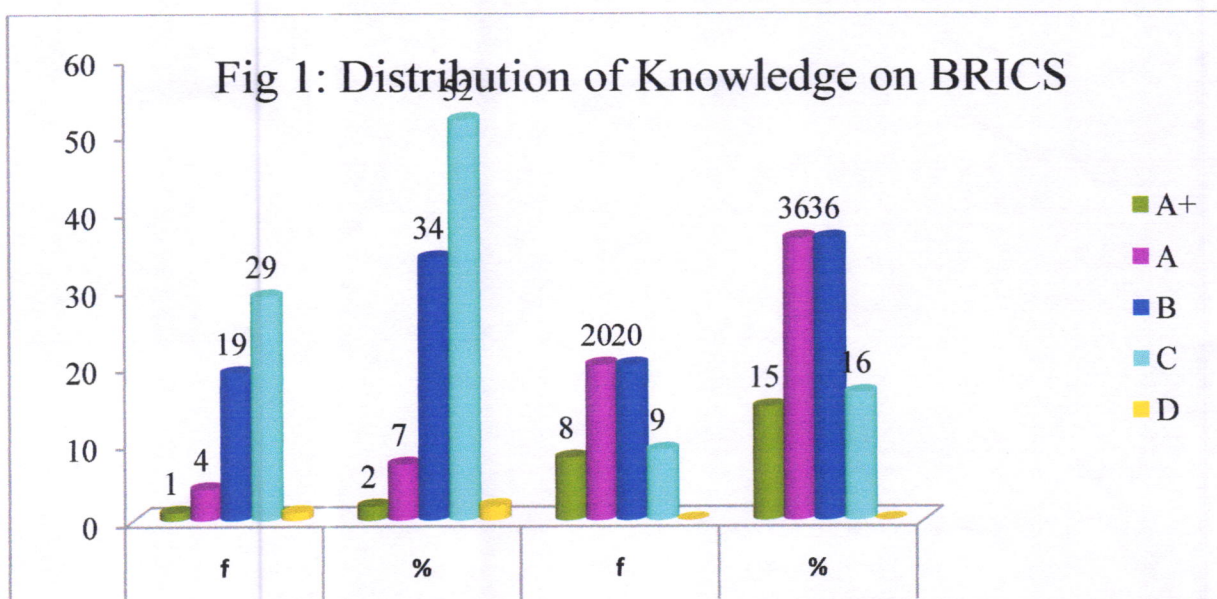
**S: Supervised learning-** Clinical teaching and learning, Presentations.

**S: Summative and formative evaluation-** Evaluation can be done by Pretest posttest evaluation, quiz competition, weekly test, Internal exams, model exam, university exam.

Pretest and posttest evaluation was made for the faculties

**Table 1: Frequency and percentage distribution of Knowledge on BRICS (N=54)**

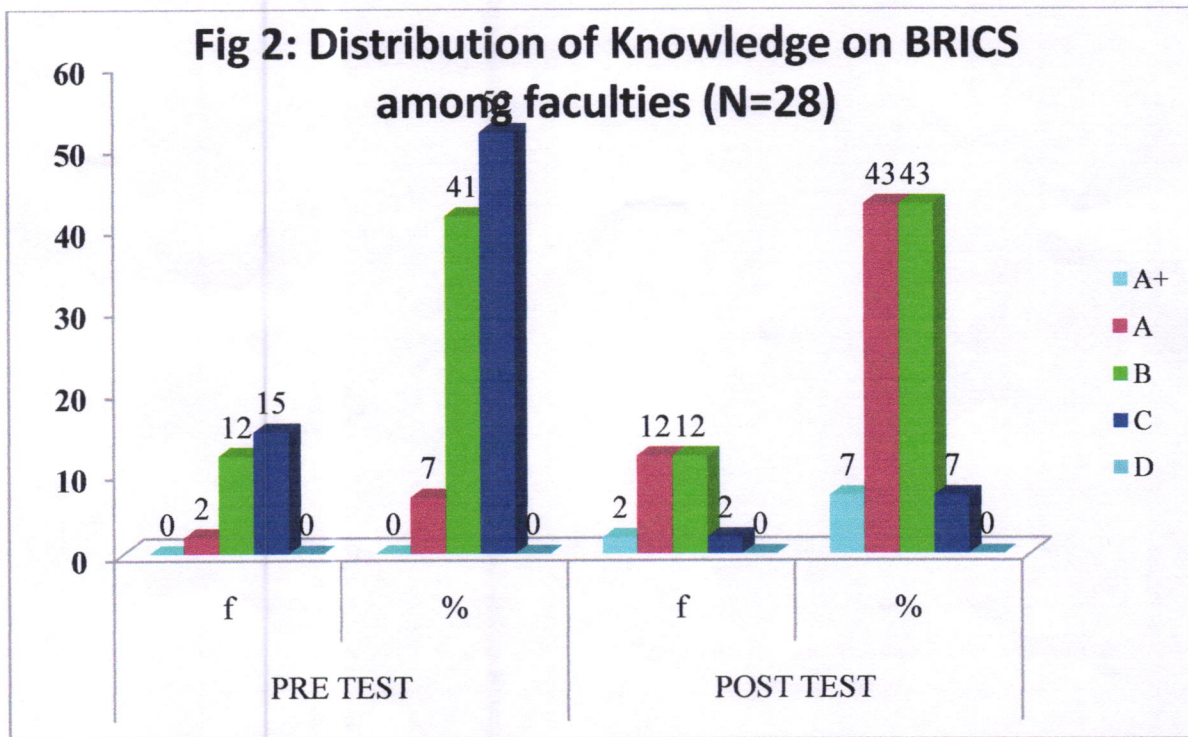
| GRADE | PRE TEST |    | POST TEST |    |
|-------|----------|----|-----------|----|
|       | f        | %  | f         | %  |
| A+    | 1        | 2  | 8         | 15 |
| A     | 4        | 7  | 20        | 36 |
| B     | 19       | 34 | 20        | 36 |
| C     | 29       | 52 | 9         | 16 |
| D     | 1        | 2  | 0         | 0  |



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**Table 2: Frequency and percentage distribution of Knowledge on BRICS for faculties (N=28)**

| GRADE | PRE TEST |    | POST TEST |    |
|-------|----------|----|-----------|----|
|       | f        | %  | f         | %  |
| A+    | 0        | 0  | 2         | 7  |
| A     | 2        | 7  | 12        | 43 |
| B     | 12       | 41 | 12        | 43 |
| C     | 15       | 52 | 2         | 7  |
| D     | 0        | 0  | 0         | 0  |

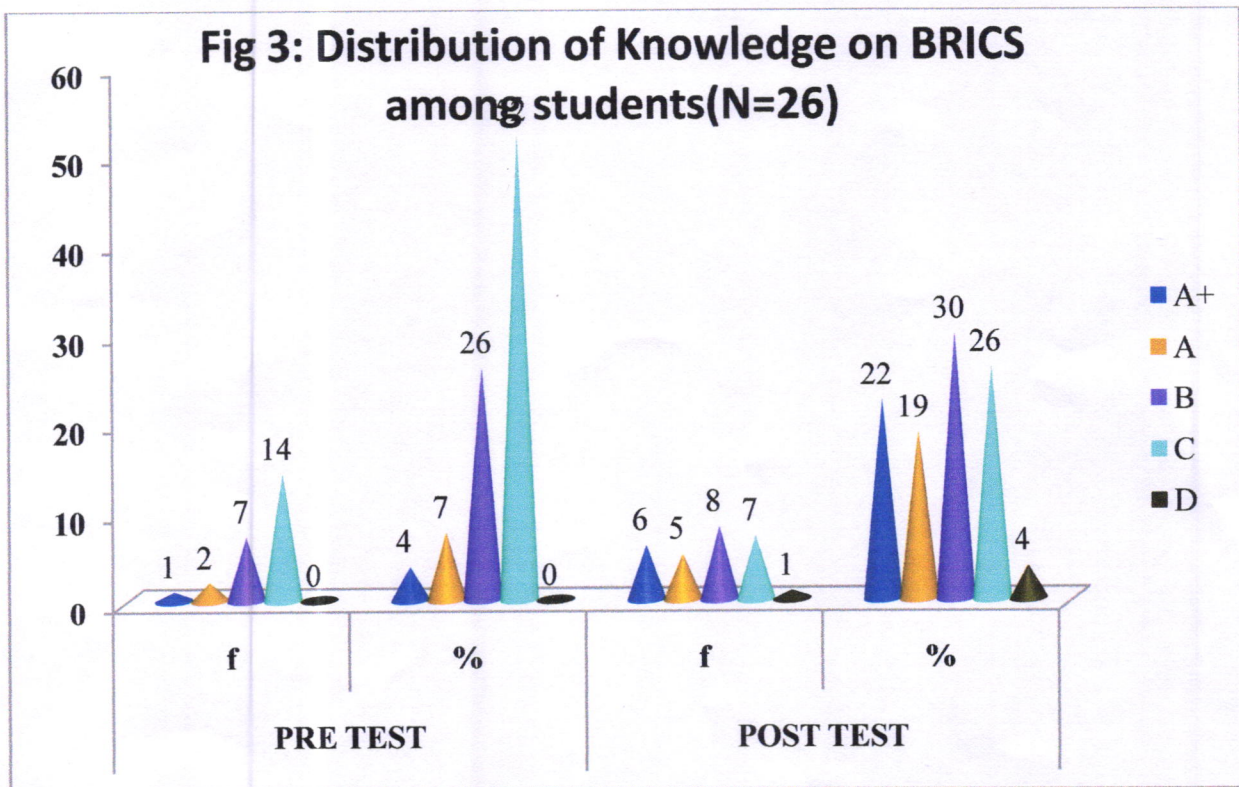


**Table 3: Frequency and percentage distribution of Knowledge on BRICS for students (N=26)**



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| GRADE | PRE TEST |    | POST TEST |    |
|-------|----------|----|-----------|----|
|       | f        | %  | f         | %  |
| A+    | 1        | 4  | 6         | 22 |
| A     | 2        | 7  | 5         | 19 |
| B     | 7        | 26 | 8         | 30 |
| C     | 14       | 52 | 7         | 26 |
| D     | 0        | 0  | 1         | 4  |



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## DEPARTMENT OF OBSTETRICS & GYNECOLOGICAL NURSING

### BRICS<sup>2</sup> PROGRAMME ON POSTPARTUM HAEMORRHAGE

Narayana College of Nursing had conducted a BRICS<sup>2</sup> Program (TOT) On Postpartum Haemorrhage by Obstetrical and Gynecological Nursing. The program was conducted on 9/3/2018 at seminar hall from 12pm-1pm. The program had begun with welcome address by Asso Prof. Mrs. Usha Kiran. Pre-test questionnaires were given to 27 faculties after the attendance. Commenced tutorial with the help of LCD Presentation and the components of the BRICS<sup>2</sup> Teaching module, with appropriate and supportive explanations. Participants involved actively by doing small exercise on a given "SCENARIO". A video on MOCK DRILL regarding "POSTPARTUM HAEMORRHAGE & ITS MANAGEMENT" was presented. The session completed with the post test and suggestions by the Nursing Dean for further enhancement of future tutorials in OBG NURSING.

### DATA ANALYSIS & INTERPRETATION OF BRICS<sup>2</sup> PROGRAMME ON POSTPARTUM HAEMORRHAGE (N=27)

#### SCORE INTERPRETATION:

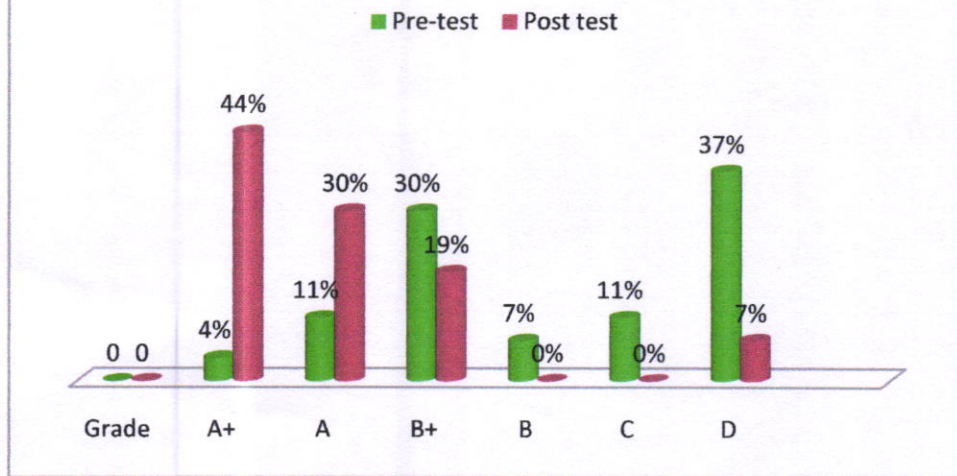
| Grade | Pre-test  |            | Post test |            |
|-------|-----------|------------|-----------|------------|
|       | frequency | percentage | frequency | percentage |
| A+    | 1         | 4          | 12        | 44         |
| A     | 3         | 11         | 8         | 30         |
| B+    | 8         | 30         | 5         | 19         |
| B     | 2         | 7          | 0         | 0          |
| C     | 3         | 11         | 0         | 0          |
| D     | 10        | 37         | 2         | 7          |
|       | 27        | 100        | 27        | 100        |



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## LEVEL OF KNOWLEDGE ON PPH



The result showed that, among 27 participants, in pre-test, 1(4%) had A+ Grade ,3(11%) had A Grade ,8(30%) had B+ Grade ,2(7%) had B Grade ,3(11%) had C Grade,10(37%) had D Grade knowledge. whereas in post-test,12(44%) had A+ Grade, 8(30%) had A Grade ,5(19%) had B+ Grade ,0(0%) had B Grade ,0(0%) had C Grade,2(7%) had D Grade knowledge regarding Postpartum Hemorrhage. Hence, it can be concluded that, the” **BRICS<sup>2</sup> “PROGRAMME ON POSTPARTUM HAEMORRHAGE”** was effective in improving the participant’s level of knowledge.

**CONCLUSION:** The program concluded that there was significant improvement of knowledge in post test as compared to the pre test. More participants had A+ grade than pre-test. BRICS<sup>2</sup> was considered as very effective method of teaching for improving knowledge among participants and can be recommended to apply in all areas of teaching along with regular class room teaching.



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## DEPARTMENT OF MEDICAL SURGICAL NURSING BRICS<sup>2</sup> PROGRAMME ON RENAL CALCULI

Department of Medical Surgical Nursing had conducted a BRICS<sup>2</sup> Program (TOT) on Renal calculi. The program was conducted on 8/3/2018 at seminar hall from 12pm-1pm. The program had begun with welcome address by Prof. Mrs. Latha.A, HOD. Pre-test questionnaires were given to 26 faculties after the attendance. Prof. Mrs. Latha.A Commenced tutorial with the help of LCD Presentation and the components of the BRICS<sup>2</sup> Teaching module, with appropriate and supportive explanations.

Mrs. Latha.A, Prof, has explained in detail about Renal calculi based on BBRIICCSS method.

1. **BRINGING BACK INTO LIFE:** In this explained about anatomy of kidneys, ureters, bladder and urethra, its structures, locations and organs associated with it and also explained about physiology of renal blood flow through kidneys, renal blood supply and nerve supply.
2. **BLOCK BASED LEARNING:** In this explained definition, incidence, risk factors, etiology, pathophysiology, classification of stones, clinical manifestations, diagnostic studies, drugs used to treat renal stones, type of surgeries used in renal calculi and nursing management.
3. **REFLECTIVE LEARNING:** Here discussed about dietary modifications, pre test and post test assessment.
4. **RESEARCH BASED LEARNING:** Here we gathered data about management of renal calculi from different journals, articles and research studies.
5. **INTERNET BASED LEARNING:** In this we collected in detailed content about renal calculi from different websites.



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6. **INTERACTIVE LEARNING:** In this aspect we used Group discussion, Panel discussion, Seminars, Debate and Elocution in order to improve in-depth knowledge on renal calculi.
7. **CONTEXTUAL LEARNING:** Here we used Case studies, Clinical presentation, and Clinical demonstration- physical examination of genito urinary system, pain assessment and nutritional assessment.
8. **CAPSTONE PROJECT:** Here we are giving research topics on various aspects of renal calculi are Increase water intake may help to reduce the risk of recurrence of kidney stone, Diuresis and inversion therapy improve outcomes for people with lower pole kidney stone following shock wave lithotripsy, Effect of medical expulsive therapy on spontaneous stone passage and Pharmacotherapy in prevention of stone recurrence
9. **SUPERVISED LEARNING:** In this method we can supervised the students teaching skills during clinical presentations and case studies on Renal calculi.
10. **SUMMATIVE AND CONTINOUS ASSESSMENT:** Pretest -post test evaluation, Quiz competition, Weekly test, Internal exams, Model exam and University exam.

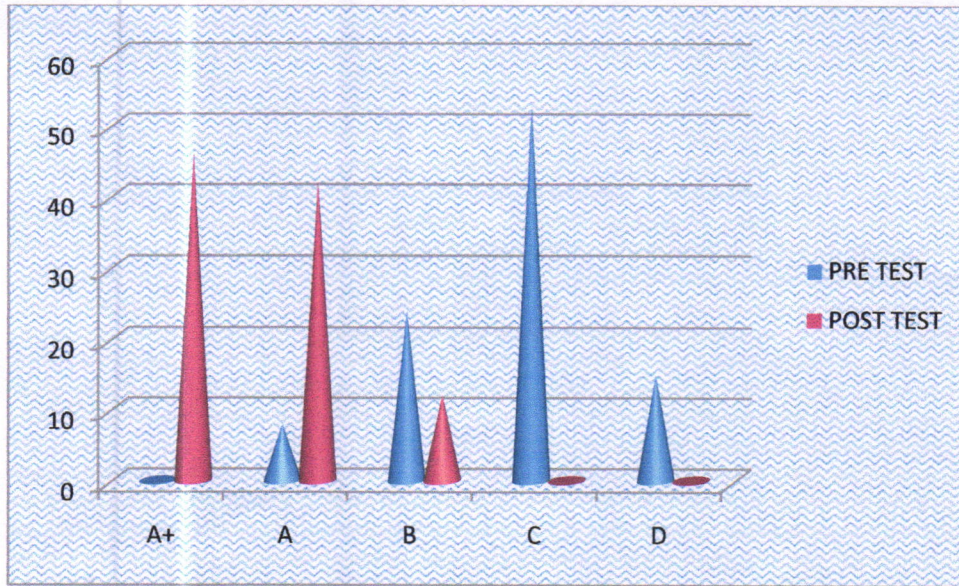
At last Dr.S.Indira given suggesstions on types of renal stones and summarized the whole topic, then post test was conducted and programme was concluded with vote of thanks.

#### DATA ANALYSIS OF BRICS<sup>2</sup> PROGRAMME ON RENAL CALCULI (N=26)

| GRADE        | NURSING FACULTY  |                   |                  |                   |
|--------------|------------------|-------------------|------------------|-------------------|
|              | PRE-TEST         |                   | POST TEST        |                   |
|              | FREQUENCY<br>(F) | PERCENTAGE<br>(%) | FREQUENCY<br>(F) | PERCENTAGE<br>(%) |
| A+           | 0                | 0                 | 12               | 46                |
| A            | 2                | 8                 | 11               | 42                |
| B            | 6                | 24                | 3                | 12                |
| C            | 14               | 53                | 0                | 0                 |
| D            | 4                | 15                | 0                | 0                 |
| <b>TOTAL</b> | <b>26</b>        | <b>100</b>        | <b>26</b>        | <b>100</b>        |



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Hence, it can be concluded that, the "BRICS<sup>2</sup>" "PROGRAMME ON RENAL CALCULI" was effective in improving the participant's level of knowledge.

**CONCLUSION:** The program concluded that there was significant improvement of knowledge in post test as compared to the pre test. More participants had A+ & A grade than pre-test. BRICS<sup>2</sup> was considered as very effective method of teaching for improving knowledge among participants and can be recommended to apply in all areas of teaching along with regular class room teaching.



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Biomedical and Behavioral Research. Lastly she added about informed consent and emphasized on elements of informed consent and vulnerable population.

**'R' indicates - Reflective Learning**, it includes student's self-reflective evaluation to understand if people has learnt thoroughly, the learning outcome of the subject as expected.

**'R' indicates - Research Based Learning**, in this topic ethics in nursing research was explained with research abstracts like Bowrey S, Thompson JP (2014) Nursing research: ethics, consent and good practice. *Nursing Times*; 110: 1/3, 20-23.

**'I' indicates - Interactive Learning**, it can be done with Group discussion, Panel discussion, Seminars, Debate, Elocution.

**'I' indicates - Internet Based Learning**, it was explained with internet websites like [https://www.magonlinelibrary.com/doi/full/10.12968/bjca.2017.12.1.10?utm\\_source=TrendMD&utm\\_medium=cpc&utm\\_campaign=British\\_Journal..](https://www.magonlinelibrary.com/doi/full/10.12968/bjca.2017.12.1.10?utm_source=TrendMD&utm_medium=cpc&utm_campaign=British_Journal..)

- [www.nursingtimes.net / Vol 110 No 1/3 / Nursing Times 15.01.14 21](http://www.nursingtimes.net / Vol 110 No 1/3 / Nursing Times 15.01.14 21)

**'C' indicates - Contextual Learning** mainly it can be done through Clinical supervision, sample recruitment into the study, data collection for main study, data collection for mini study, Check for samples contamination

**'C' indicates - Capstone Project** it promotes integral learning and understand the connections between various subjects. Eg., Research can be done on

- **ethics in Nursing Practice: A Guide to Ethical Decision Making**

**'S' indicates - Supervised Learning**. Supervision can be done while students are carrying out Dissertation, Mini study, Main study, Pilot study, Data collection and Journal club presentations.

**'S' indicates - Summative and Continuous Assessment** can be done through Pretest -posttest evaluation, Quiz competition, Weekly test, Internal exams, Model exam and University exam.

At the end of presentations Post test was conducted for 15 mts. The programme ended with vote of thanks and national anthem.

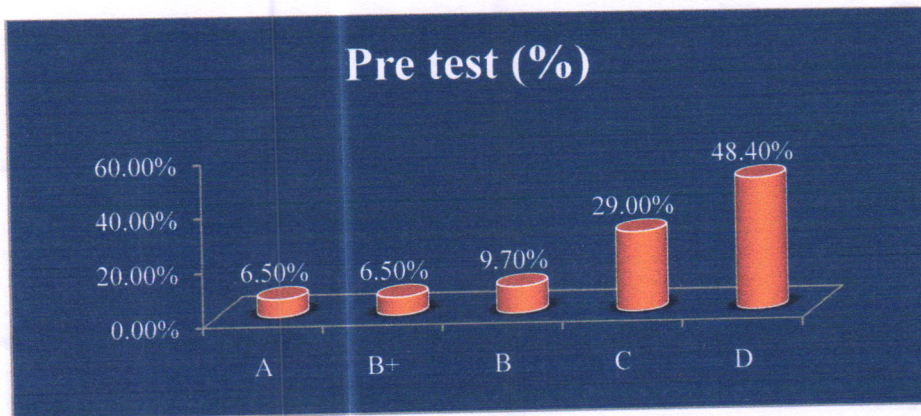


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**Pre-test and post-test knowledge score distribution:**

**Table 1: Frequency and percentage distribution of Pre test. N=31**

| Sl.no | Grade | F  | %     |
|-------|-------|----|-------|
| 1     | A     | 2  | 6.5%  |
| 2     | B+    | 2  | 6.5%  |
| 3     | B     | 3  | 9.7%  |
| 4     | C     | 9  | 29.0% |
| 5     | D     | 15 | 48.4% |



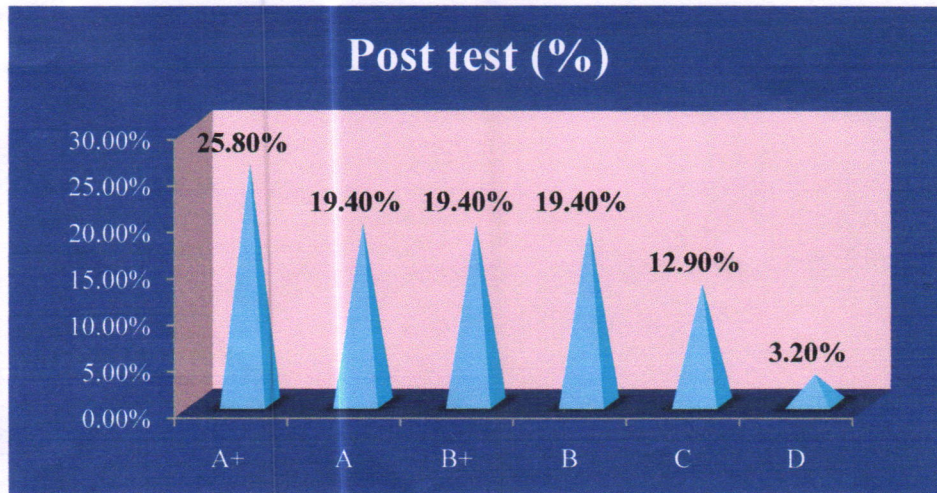
**Fig 1: The percentage distribution of Pre test.**

**Table 2: Frequency and percentage distribution of Post test. N=31**

| Sl.no | Grade | F | %     |
|-------|-------|---|-------|
| 1     | A+    | 8 | 25.8% |
| 2     | A     | 6 | 19.4% |
| 3     | B+    | 6 | 19.4% |
| 4     | B     | 6 | 19.4% |
| 5     | C     | 4 | 12.9% |
| 6     | D     | 1 | 3.2%  |



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**Fig 2: The percentage distribution of Post test.**

**Glimses of BRICS<sup>2</sup> Programme Ethics in Nursing research**



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## DEPARTMENT OF COMMUNITY HEALTH NURSING

### BRICS<sup>2</sup> PROGRAMME ON DENGUE FEVER

Narayana College Of Nursing, Department of Community Health Nursing organized BBRIICCSS method of teaching on “DENGUE” & held on 26/03/2018 between 12 Noon to 1 PM in seminar hall.

Pretest was conducted and Dept of Community Health Nursing presented on dengue fever by using BBRIICCSS method of teaching. The following content was discussed.

**B- BRINGING BACK IN TO LIFE:** Bringing life to concepts of creativity and problem solving as the faculty/students participate in activities that will allow to imagine future contribution, discussed about life cycle of mosquito *Aedes aegypti* & *Aedes albopictus* & *Aedes polynesiensis* mosquitoes, The average lifespan of an *Aedes* mosquito in Nature is 2 weeks. The mosquito can lay eggs about 3 times in its lifetime, and about 100 eggs are produced each time. The eggs can lie dormant in dry conditions up to about 9 months, after they can hatch if it is exposed to favourable conditions, i.e. water and food. Dengue virus Four types of dengue virus exists. DEN1 First isolated from Hawaii in 1944, DEN2 from New Guinea in 1944, DEN 3 & 4 from philippines in 1956.

**B-BLOCK BASED LEARNING:** Block based learning dedicated learning of one subject at a time focuses on more immersed learning. Teaching /learning one module is prepared based on unit wise, Program: B.Sc(N), Year: II Year, Subject: Community Health Nursing, Unit: IV , Topic: Dengue, Definition : Dengue fever is a disease caused by one of a number of viruses that are carried by mosquitoes. The Region of the Americans (2016)world wide reported more than 2.38 million cases in 2016, Brazil alone contributed slightly less than 1.5 million cases, approximately 3 times higher than in 2014. Dengue fever may occur at any age but is more common among children, Hemorrhagic symptoms. Shortly after the fever breaks or sometimes



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within 24 hours before, signs of plasma leakage appear along with the development of hemorrhagic symptoms,

### **Nursing Diagnosis**

Based on the assessment data, the major nursing diagnoses for a patient with DHF are:

1. **Increased body temperature** related to the process of dengue virus infection.
2. **Deficient Fluid Volume** related to increased capillary permeability, bleeding, vomiting and fever
3. **Pain** related to infection process as evidenced by verbalisation.
4. **Imbalanced Nutrition less than body requirements** related to nausea, vomiting, no appetite.
5. **Risk for bleeding** related to altered clotting facto.
6. **Risk for ineffective tissue perfusion** related to failure of the circulatory system.
7. **Risk for shock** related to dysfunction in the circulatory system.
8. **Deficient Knowledge: about the disease process** related to a lack of information.

**R- REFLECTIVE LEARNING:** At the end of the every block student will do a self reflective evaluation to understand if she has learnt the learning outcome of the subject. Case presentation, conducting MCQs, very short answer question

**R- RESEARCH ORIENTED LEARNING:** Incorporating Latest Research Abstracts In The Field Of dengue, E.g. Li Ping Wong, Sazaly AbuBakar, Health Beliefs and Practices Related to Dengue Fever: A Focus Group Study, July 11, 2013, The study revealed that awareness about DF and prevention measures were high. The pathophysiology of dengue especially dengue haemorrhagic fever (DHF) and dengue shock syndrome (DSS) were rarely known; as a result, it was seen as deadly by some but was also perceived as easily curable by others without a basis of understanding. Young adults and elderly participants had a low perception of susceptibility to DF. In general, the low perceived susceptibility emerged as two themes, namely a perceived natural ability to withstand infection and a low risk of being in contact with the dengue virus vector, Aedes spp. mosquitoes. The barriers to sustained self-prevention against dengue prevention that emerged in focus groups were: i) lack of self-efficacy, ii) lack of perceived benefit, iii) low perceived susceptibility, and iv) unsure perceived susceptibility. Low perceived



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benefit of continued dengue prevention practices was a result of lack of concerted action against dengue in their neighborhood. Traditional medical practices and home remedies were widely perceived and experienced as efficacious in treating DF.

**I-INTERACTIVE LEARNING:** It comprises faculty student interaction session, Group discussions topics selected for various aspects of disease condition and its management discussion by applying nursing process with Group discussion, Panel discussion, Seminars, Debate, Elocution

**I-INTERNET BASED LEARNING:** by using the website the students gain knowledge,  
<http://www.bmj.com/content/351/bmj.h6676>  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5583666/>

**C-CONTEXTUAL LEARNING:** It gives an opportunity to the students to relate what is being taught into the context of the real world, and thus eliminating the questions of “why do I need to learn this stuff”

- Care plans on dengue fever
- Case studies on dengue fever
- Community presentations on dengue fever

**C-CAPSTONE PROJECT:** These capstone projects integrate learning and understanding connection between theory and practice by research

- Prevalence of dengue fever
- Nursing interventions to improve quality of life a patient with dengue fever
- Experience of people with dengue fever
- Complementary therapies for dengue fever

**S- SUPERVISED LEARNING:** It comprises faculty support, tutorial based learning for especially for Slow learners.

**S-SUMMATIVE AND CONTINOUS ASSESSMENT;** includes conducting written examination by



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**Write very short notes on**

1. define dengue fever
2. write on prevalence of dengue fever in India
3. Enlist epidemiological features of dengue fever

**BBRRIICCSS ON DENGUE**

**Pre test and post test analysis:**

**Table-1: Frequency and Percentage distribution of level of knowledge among Nursing Faculty N=25**

| GRADE | NURSING FACULTY AND STUDENTS |                   |                  |                   |
|-------|------------------------------|-------------------|------------------|-------------------|
|       | PRE-TEST                     |                   | POST TEST        |                   |
|       | FREQUENCY<br>(F)             | PERCENTAGE<br>(%) | FREQUENCY<br>(F) | PERCENTAGE<br>(%) |
| A     | 1                            | 4                 | 11               | 44                |
| B     | 10                           | 40                | 8                | 32                |
| C     | 13                           | 52                | 5                | 20                |
| D     | 1                            | 4                 | 1                | 4                 |
| TOTAL | 25                           | 100               | 25               | 100               |

Table-1: shows frequency and percentage distribution of level of knowledge among nursing faculty out of 25 participants in pre test, 1(4%) are having A grade knowledge, 10(40%) are having B grade knowledge, 13(52%) are having C grade knowledge, and 1(4%) are having D grade knowledge. In post test, 11(44%) are having A grade knowledge, 8(32%) are having B grade knowledge, and 5(20%) are having C grade knowledge, and 1(4%) are having D grade knowledge.



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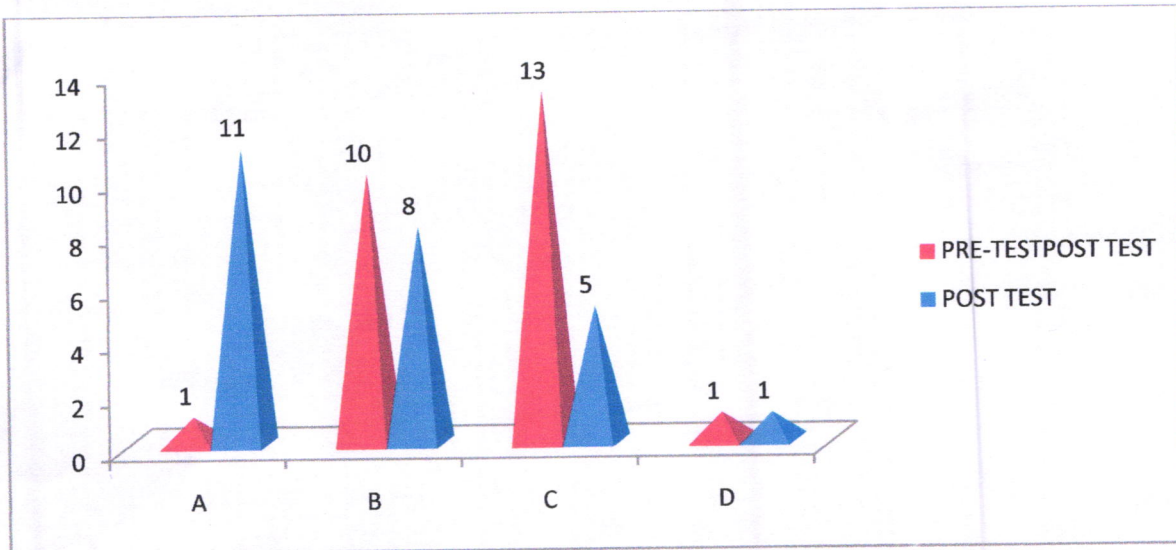


Fig-1: Comparison Of Pre Test & Post Test Scores Among Nursing Faculty

**CONCLUSION:**

The above result shows that there was effectiveness of course enrichment on **dengue fever** in improving the level of knowledge among faculty.



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