

VOLUME IV

2024-2025

UTKARSH

Nurturing Compassion,
Inspiring Excellence



**BOMBAY HOSPITAL
COLLEGE OF NURSING,
INDORE**

NURSING PLEDGE

“I solemnly pledge myself before God and in the presence of this assembly to practice my profession with dedication.

I will serve mankind with love and compassion, recognizing their dignity and rights, irrespective of colour, caste, creed, religion, and nationality. I will endeavour to maintain up to date knowledge and skill, to uphold the standards of nursing care to individual, family, and community in all settings and in all aspects of holistic care as a member of the health care team.

I will hold in confidence all personal matter of my patients committed to my care and help them to develop confidence in care rendered by me.

I will refrain from any activity that will harm my personal and professional dignity as a nurse.

I will actively support my profession and service towards its advancement.

I will fulfil my responsibilities as a citizen and encourage change towards optimum care.”



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VISION & MISSION

VISION

Bombay Hospital College of Nursing, Indore aims to be a center of academic excellence, based on sound educational principles and fostering values to prepare competent professional nurses to deliver quality services in health for a global society.

MISSIONS

- To promote excellence in nursing education to build a strong and diverse nursing workforce to advance the health of our nation and the global community.
- To create an environment for the generation of new knowledge through meaningful research, adopting latest methods of pedagogy and incorporating modern principles of academics integrated with highest ethical stands.
- To uphold respect for human life from the moment of conception to its natural end and cultivate a genuine feeling of compassion for the patients.
- To extend the knowledge acquired and new knowledge generated for the development of community and execute social services.
- To empower professionals to face the future health care challenges of the society.
- To promote leadership qualities amongst the student nurses for professional advancement.
- To foster teamwork and cooperative effort in the institution.
- To nurture young minds to excel as better human beings in all endeavours, and to empower the women's society.

CHAIRMAN'S MESSAGE

We strive for excellence in healthcare education; we remain grounded in two core principles: charity and the pursuit of excellence. Our primary responsibility is to nurture compassionate healthcare professionals who prioritize patient well-being.



Shri. B. K. Taparia
Chairman
Bombay Hospital
Trust

DIRECTOR'S MESSAGE

As part of the esteemed Bombay Hospital Group, our institution proudly carries forward a rich legacy of excellence in healthcare and education. The visionary philanthropist Shri Rameshwar Das Ji Birla established Bombay Hospital in the 1950s with the noble mission of providing quality healthcare to all.

Today, this legacy continues through Bombay Hospital Mumbai, a 734-bedded multi-specialty hospital; Bombay Hospital Indore, the first NABH-accredited hospital in Madhya Pradesh; and the newly established Bombay Hospital Jaipur, further extending our commitment to compassionate and quality healthcare across India.

Established in 2008, the Bombay Hospital College of Nursing, Indore, takes immense pride in being the first NAAC-accredited Nursing College in Madhya Pradesh. Our mission is to nurture compassionate, skilled, and innovative nursing professionals who embody excellence in both knowledge and care.

Through “UTKARSH,” our e-magazine, we aim to provide a dynamic platform for our students to express their creativity, share their experiences, and celebrate their achievements. It reflects the vibrant spirit and intellectual enthusiasm of our college community.

I extend my heartfelt congratulations to the entire team of students, faculty, and staff for their dedication and teamwork in bringing this issue to life. Your efforts truly reflect the values and vision of the Bombay Hospital family.

I wish you all continued success and look forward to many more inspiring editions of “UTKARSH” in the future.

Dr. R.V. Patil

Director Medical Services

Bombay Hospital Trust



PRINCIPAL'S MESSAGE

As we celebrate the release of our annual e-magazine “UTKARSH” for the academic year 2024–2025, I am filled with immense pride and gratitude. Our institution, Bombay Hospital College of Nursing, Indore, continues to stand at the forefront of nurturing compassionate, competent, and innovative nursing professionals dedicated to excellence in healthcare.

Reflecting on our journey, we are reminded of the profound responsibility we carry in shaping the future of nursing education. We remain committed to fostering a supportive learning environment that encourages critical thinking, creativity, and collaboration. Our goal is to empower students to explore their potential, refine their skills, and emerge as leaders who uphold the dignity and values of the nursing profession.

The words of the former President of India, Dr. Sarvepalli Radhakrishnan, deeply inspire us:

“Education, to be complete, must be humane... it must include not only the training of the intellect but the refinement of the heart and the discipline of the spirit.”

These timeless words truly reflect the vision and ethos of our institution—education that blends knowledge with compassion and discipline with dedication.

I extend my heartfelt appreciation to our students, faculty, and staff for their unwavering commitment and collaborative spirit in bringing this 4th edition of UTKARSH to life. Together, we continue to advance the frontiers of nursing education and make a meaningful difference in healthcare.

With best wishes for continued growth and success,

Prof. Dr. M. S. Vinsi

Principal

Bombay Hospital College of Nursing,

Indore (M.P.)



VICE PRINCIPAL'S MESSAGE

At Bombay Hospital College of Nursing, Indore, we believe in fostering a holistic learning environment that empowers our students to excel in every aspect of nursing—academically, professionally, and personally.

Our dedicated team of faculty members remains committed to inspiring academic excellence, critical thinking, and lifelong learning. We strive to cultivate a supportive and inclusive ecosystem where students evolve into confident, compassionate, and skilled nursing professionals, ready to make a meaningful impact in the healthcare field.

Through “UTKARSH”, we celebrate the creativity and expression of our students and faculty. I sincerely appreciate everyone who contributed to this edition—their dedication and teamwork truly reflect the spirit of our institution.

Prof. Dr. Amita Paul
Vice Principal
Bombay Hospital College of Nursing,
Indore (M.P.)



CHIEF EDITOR'S MESSAGE

As we proudly present the latest issue of our college e-magazine, I am filled with a sense of accomplishment and gratitude.

The e-magazine has become an integral part of our institution's identity, reflecting our values, mission, and vision. With its global reach, it provides a platform for us to share our story, highlighting the quality of our education, research, and community engagement.

I would like to express my sincere gratitude to Prof. Dr. M. S. Vinsi, Principal of Bombay Hospital College of Nursing, for entrusting me with the responsibility of editing this e-magazine.

I am also grateful to the entire team that worked tirelessly to bring out this publication. Your contributions, guidance, and support have been invaluable.

Prof. Dr. Asha Sreenivasan
HOD-OBG Department
Bombay Hospital College of Nursing,
Indore (M.P.)



EDITORIAL BOARD



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B.Sc. Nursing Student

COLLEGE FACILITIES



Advanced Skill Lab



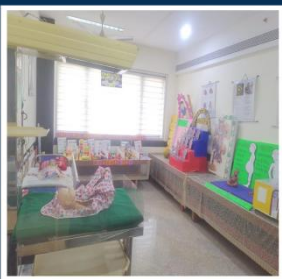
FON Lab



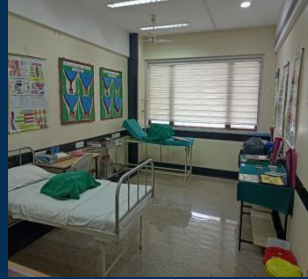
Anatomy Lab



Nutrition Lab



Child Health Nursing Lab



Obstetrics and Gynecology Nursing Lab



Community Health Nursing Lab



Computer lab with Delnet, language lab



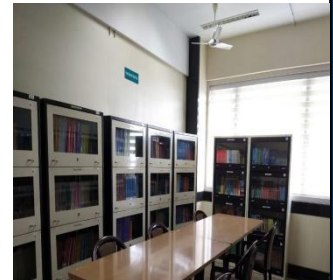
Pre-clinical Science Lab



OSPE Stations



Smart board enabled Class



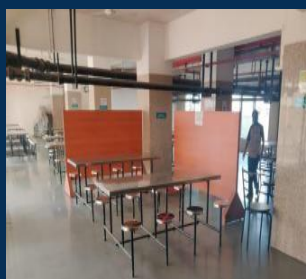
Library Facilities



Hostel



Ground



Mess



Bank

ACHIEVEMENTS

Teacher's Achievements



2nd position in Poster presentation SOCHNI



2nd position in Paper presentation CAHOCON



Counsellors Council of India : Life Membership (Prof. Dr. M. S. Vinsi & Ms. Sharmila Singh)

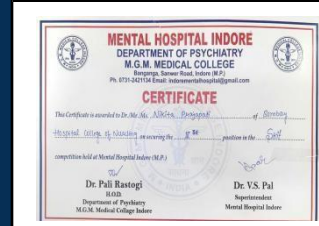


One Week Short Term Training Programme On : Empowering And Innovation

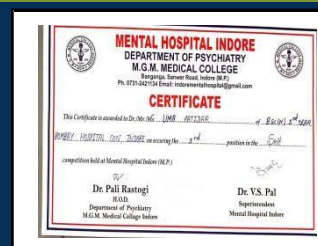
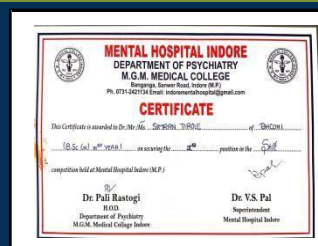
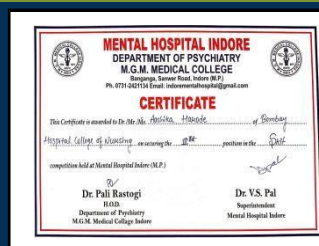
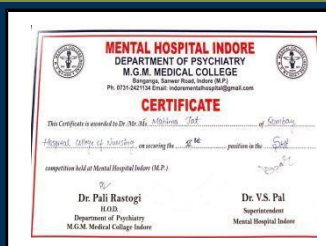
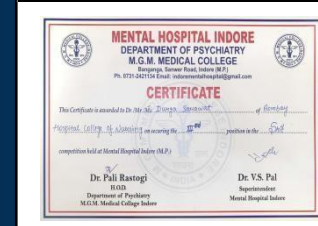
Students Achievements



Participate: E- Mind Mapping Contest 2025 (Amritsar) 3rd Position



Mental Health Day Week: Skit Competition 3rd position



Mental Health Day Week: Skit Competition 3rd position



Mental Health Day Week: Poster Competition



Participate: One Week Short Term Training Programme (STTP) On : Empowering And Innovation

DEPARTMENTAL ACTIVITIES

DEPARTMENT OF COMMUNITY HEALTH NURSING



Water Purification Plant Visit



Role Play on Antenatal Care



School Health Programme



Swachhata Abhiyan rally in the Hatod

DEPARTMENT OF MEDICAL SURGICAL NURSING



World Hepatitis Day



World Cancer Day



World Day For safety and health at work



Blood Donor Day

DEPARTMENT OF MENTAL HEALTH NURSING



Cyber Crime awareness



Filmnureducation



Jeevan Jyothi School visit



World day against drug abuse

DEPARTMENTAL ACTIVITIES

DEPARTMENT OF OBSTETRICAL AND GYNECOLOGICAL NURSING

 <p>Indore, MP, India Vijay Nagar, Indore, 452010, MP, India Lat 22.753793, Long 75.903060 10/07/2024 14:18 GMT +05:30 Note: * Captured by GPS Map Camera</p>	 <p>Indore, Madhya Pradesh, India 150, Opp.prestige Collegear Bombay Hospital, Chhatrak Nagar, Indore, Madhya Pradesh 452010, India Lat 22.754849, Long 75.903071 03/05/2025 09:38 AM GMT +05:30</p>	 <p>Indore, Madhya Pradesh, India 22004, North Rajmohalla, Malhargan, Indore, Madhya Pradesh 452002, India Lat 22.717249, Long 75.841459 14/08/2025 11:37 AM GMT +05:30</p>	 <p>Ramu Khedi, Madhya Pradesh, India Shubham Harsh 28, Ramu Khedi, Madhya Pradesh 452016, India Lat 22.731459, Long 76.054485 05/02/25 11:33 AM GMT +05:30</p>
Breast Cancer Awareness Day	International Midwifery Day	Polycystic Ovarian Cancer Awareness Programme	Sexual and Reproductive Health programme

DEPARTMENT OF CHILD HEALTH NURSING

 <p>Indore, Madhya Pradesh, India 150, Opp.prestige Collegear Bombay Hospital, Chhatrak Nagar, Indore, Madhya Pradesh 452010, India Lat 22.754849, Long 75.903071 28/04/25 04:07 PM GMT +05:30</p>	 <p>Indore, Madhya Pradesh, India 04, Eastern Wing B.S. Opp.prestige Collegear Bombay Hospital, Vijay Nagar, Tala Nagar, Scheme No 94 Sector Wa, Indore, Madhya Pradesh 452011, India Lat 22.754429, Long 75.903038 16/02/25 11:24 AM GMT +05:30</p>	 <p>Indore, Madhya Pradesh, India Ansh Nagar, North Rajmohalla, Malhargan, Indore, Madhya Pradesh 452002, India Lat 22.717569, Long 75.842066 06/08/2025 11:24 AM GMT +05:30</p>	 <p>Indore, Madhya Pradesh, India 0, Golu Naraa Nagar, Scheme Nagar, Indore, Madhya Pradesh 452010, India Lat 22.751197, Long 75.903231 15/09/2025 03:16 PM GMT +05:30</p>
World Immunization Week	International Childhood Cancer Day	World Breast Feeding Week	National Nutritional Week

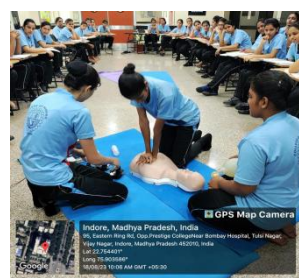
DEPARTMENT OF FOUNDATIONS OF NURSING

 <p>Indore, Madhya Pradesh, India 04/21-04/21, Eastern Wing B.S. Opp.prestige Collegear Bombay Hospital, Scheme No 94 Sector Wa, Indore, Madhya Pradesh 452011, India Lat 22.754849, Long 75.903071 16/02/25 11:24 AM GMT +05:30</p>	 <p>Indore, Madhya Pradesh, India 249, Old Yojna 133 St, opposite Bombay Hospital, EB Sector, Tula Nagar, Scheme No 94 Sector EB, Indore, Madhya Pradesh 452011, India Lat 22.753656, Long 75.904869 12/10/24 11:59:49 AM</p>	 <p>Indore, Madhya Pradesh, India NKA, Mangal City, 1st, Opp.prestige Collegear Bombay Hospital, Vijay Nagar, Scheme No 54, Indore, Madhya Pradesh 452010, India Lat 22.753059, Long 75.903317 02/12/24 02:39 PM GMT +05:30</p>	
Quiz competition on world first aid day	Seminar on world palliative care day	Fire safety training program	Global hand washing day

IQAC ACTIVITIES



2 Star in Innovation and Incubation Council



BLS Training Program



Soft Skills Training



Vacation Intern Training Programme



Financial Literacy



Digital Literacy



Placement cell



Electoral Literacy Club



Critical Review Magazine



Mentor - Mentee



Anti-Ragging



**SEDG cell
SC/ST Cell**

IQAC ACTIVITIES



Project Pragati, a collaborative training program with KEDMAN a Swedish-based company



Global Communication skill Training



Gender Sensitization



Electoral Literacy Club



SEDG cell SC/ST Cell



HSTP



Safe Patient Handling



OSPE



Deeksharambh



CBT



Parent Teacher Meeting

COLLEGE ACTIVITIES



Faculty Development Programmes



Equal Opportunity cell



International Women's Day



Independence Day Celebration



Grievance Redressal cell



POSH



Red Ribbon Club



Sports & Cultural Competition



(IKS) Indian Knowledge System Activities



Alumni Association

CLUB & UNIT ACTIVITIES



Eco-Green Club



Yoga Club



House of Art Club



NSS Unit



TALENT SPARK





The Power of One More Step

Arjun was an ordinary young man from a small village who dreamed of becoming an engineer. His family struggled to make ends meet, but his mother always told him, “Dreams don’t cost money—only effort.” Inspired by her words, Arjun studied under a dim lantern every night after working in the fields during the day.

When exam results came, he failed by just two marks. His heart broke. He felt the world collapse around him. His friends moved on, his relatives mocked him, and even his own confidence began to fade. For days, Arjun sat by the river, wondering if his dream was foolish.

One evening, he saw an old fisherman tirelessly casting his net into the water. For hours, the man caught nothing, yet he didn’t give up. Finally, as the sun began to set, he pulled in a net full of fish. The old man smiled and said, “The river always rewards the one who stays patient.”

Those words struck Arjun deeply. He realized that his failure was not the end—it was just a pause. The next day, he started again, with more focus and determination than before. He studied harder, learned from his mistakes, and refused to let doubt win.

When the next exam came, Arjun gave it everything he had. This time, he not only passed but ranked among the top students in his district. His success brought tears to his mother’s eyes and pride to his village.

Years later, as a successful engineer, Arjun often shared his story with students who felt hopeless. He would tell them, “Success doesn’t belong to the smartest or the luckiest—it belongs to those who refuse to stop walking.”

The lesson from Arjun’s journey is simple yet powerful: failure is not the opposite of success—it’s part of the path toward it. Every setback, every mistake, and every disappointment teaches us something valuable. All you have to do is take *one more step*. Because sometimes, that single step is what separates defeat from destiny.

Moral: Never give up. Keep trying, keep believing, and success will find you—even if it takes one more step



Ms. Yaleesha Pareta

B.Sc Nursing Final Year



The Heart of Healing

In halls where quiet bravery lies,
A nurse walks gently, steady, wise.
With hands that comfort, hearts they mend,
A silent hero, a lifelong friend.

They carry hope in every stride,
Stand strong when storms begin to rise.
Their touch—soft as a whispered prayer,
Their presence—strength beyond compare.

Between the beeps and hurried pace,
They offer calm, a warm embrace.
In darkest nights, when fears grow deep,
They are the light that does not sleep.

No crown of gold, no throne they claim,
Yet grace and courage mark their name.
For in their care, compassion flows—
A gift the world forever knows.

To every nurse, steadfast and true,
This poem is dedicated to you.
For healing hands and hearts so kind,
The noblest service humankind



Ms. Anisha Ram
B.Sc Nursing 4th year



Where the River Sleeps

A story celebrating the bond between humans and nature

In the foothills of the Himalayas, where the mornings were made of mist and the evenings of gold, there flowed a river called Nirva — a quiet stream that carried stories as old as the mountains themselves.

The villagers said Nirva never slept. Her waters sang day and night, whispering to the stones, cradling fallen leaves, and reflecting the endless sky. But one summer, the river began to fade. The rains were late, the forests were thinning, and the once-laughing water slowed to a tired trickle.

Among those who lived by her banks was Meera, a young girl who had grown up listening to the river's song. To her, Nirva was not just water — she was a friend. Every morning, Meera would sit on the river's edge, watching the sunlight scatter like silver fish. But now, silence filled the valley.

One evening, Meera asked her grandmother, “Why is the river dying?”

Her grandmother sighed softly.

“Because we have forgotten how to listen. The forest speaks to the rain, the rain speaks to the river, and the river speaks to us. When we stop listening, everything falls silent.”

Those words stayed with Meera.

The next morning, she set out with a handful of village children. They planted saplings where the forest had been cut, cleared the banks of waste, and built small earthen channels to guide the rainwater back to Nirva. Day after day, they worked — quietly, patiently — until the hills began to green again.

Then, one dawn after weeks of waiting, Meera heard it — a faint, familiar sound.

A murmur.....A hum.

The river was awake.

Nirva had returned, flowing gently, carrying with her the laughter of the mountains and the gratitude of the earth. The villagers gathered to celebrate, but Meera said nothing. She simply sat by the water's edge, smiling, her reflection trembling in the ripples.

The river had taught her something no book could — that nature never truly dies; it only waits for us to remember our place within it.

Moral

When we care for nature, we care for ourselves. Every tree planted, every river protected, is a promise to the future.



Ms.Aleenamol Raju

Ms. Ashly susan Varghese

Ms.Anna Joy



Role of Youth in Nation Building

Introduction

The youth are the real strength and hope of any nation. They represent energy, passion, and the ability to bring positive change. The development of a country depends on how its young generation uses its skills and knowledge for the nation's progress.

Youth as the Foundation of Development

In the 21st century, youth are not just followers — they are creators and leaders. They play an active role in shaping the economy, technology, and culture of the country.

India, with one of the largest youth populations in the world, holds great potential for growth. If guided in the right direction, the youth can make India a global leader in innovation, education, and sustainable development.

Contribution of Youth in Various Fields

1. **Education and Research:** Young minds bring new ideas, creativity, and innovation that help solve real-life problems.
2. **Technology and Entrepreneurship:** Start-ups and digital platforms run by young people are driving India toward modernization.
3. **Social and Environmental Change:** Youth volunteers are promoting awareness about cleanliness, health, gender equality, and environmental protection.
4. **Politics and Leadership:** Educated youth leaders can make governance more transparent, efficient, and corruption-free.
5. **Defense and National Service:** Many young soldiers and officers serve in the armed forces, protecting the country with courage and sacrifice.

Challenges Before the Youth

Despite their potential, youth face problems like unemployment, drug abuse, mental stress, and lack of guidance. To overcome these, there should be proper education, skill training, and opportunities for every young citizen.

Conclusion

The youth are the builders of the nation's future. Their energy, determination, and integrity can transform society. Every young person must take responsibility to contribute towards peace, progress, and prosperity.



As Dr. A.P.J. Abdul Kalam said ,

“Dream, dream, dream. Dreams transform into thoughts and thoughts result in action.”

**Ms. Aayushi Verma
Ms. Anjali Yadav
Ms. Aanchal kag
Ms. Anu Anna Mathew**



“The Night Shift”

It was a quiet night in the hospital.
The kind of silence that only the ICU knows broken only by the soft hum of machines and the slow rhythm of breathing.

I was doing my night shift, checking on my patients one by one.
In the last bed, near the window, lay **Mrs. Mehra**, a frail old woman in her late seventies, fighting cancer.
She had been in the hospital for weeks her body weak, but her eyes still full of life.

Every evening her son would come to visit. He sat beside her for the visiting hour, holding her hand, smiling even when his eyes looked tired.
That night, however, he had to leave early.

Around midnight, I heard a soft voice calling,

“Nurse... nurse...”

I walked over and saw Mrs. Mehra struggling to keep her eyes open. Her voice trembled,

“Can my son come in? Please... I just want to see him for a minute.”

I knew the rules — no visitors allowed in the ICU at night. I tried to explain gently,

“I’m sorry, Ma’am... it’s against hospital protocol. He can come in the morning.”

She nodded quietly, but I saw the tears gathering at the corners of her eyes.
Her lips quivered as she whispered,

“I just wanted to hold his hand. I’m scared... it hurts so much tonight.”

In that moment, something inside me shifted.
I couldn’t call her son, but I couldn’t just walk away either.

So, I pulled a chair close to her bed and took her hand in mine. Her skin was cold, fragile like paper, but she squeezed my hand tightly.



“Thank you, beta,” she said softly. “You remind me of my daughter. She used to hold my hand like this when she was small.”

After a while, she drifted off to sleep — peaceful, calm, no longer trembling. I sat there for a long time, watching the steady rise and fall of her chest, listening to the quiet ticking of the heart monitor.

When my shift ended in the morning, I checked on her again. She was still asleep — peaceful, but forever now.

Her son arrived soon after, his eyes filling with tears when he saw her. He held her hand, still warm, and whispered,

“I’m sorry, Ma... I should’ve stayed.”

I couldn’t stop my own tears. That night, I realized something I’ll never forget: We nurses care for many patients, but some moments care for *us*.

Mrs. Mehra taught me that what the elderly need most isn’t medicine or machines — it’s presence.

Sometimes all they need is someone to sit beside them, to listen, to hold their hand when the world feels too far away.

Moral:

Don’t wait for hospitals and last moments to show love.

Visit your parents, your grandparents, the elders in your family — while they can still see you, still smile, still tell their stories.

Because one day, they’ll be gone... and all you’ll wish for is **one more chance to hold their hand.**



Ms. Athira Eldho
B.Sc Nursing 4th year



Article on Mental Health, Well-being & Lifestyle

Introduction

Mental health is a vital part of overall health and well-being. It affects how we think, feel, and act in our daily lives. According to the World Health Organization (WHO), mental well-being is a state where a person realizes their abilities, can cope with normal stresses of life, work productively, and contribute to their community.

In today's fast-moving world, our lifestyle choices—such as eating habits, sleep, exercise, and social interactions—play a major role in maintaining mental balance and happiness.

Importance of Lifestyle in Mental Health

A healthy lifestyle supports not only physical fitness but also emotional stability and mental peace. Research shows that people who follow good lifestyle habits experience fewer symptoms of stress, anxiety, and depression.

Our daily routine, diet, sleep patterns, and social behavior directly influence the brain's chemical balance, mood, and energy levels.

Main Components of a Healthy Lifestyle

1. **Physical Activity-** Regular exercise helps in reducing stress and anxiety. Activities like walking, yoga, cycling, or dancing release endorphins—"happy hormones"—that uplift mood and improve concentration.
2. **Balanced Diet-** Nutritious food nourishes both the body and mind. A diet rich in fruits, vegetables, whole grains, and proteins improves brain function, while avoiding junk food reduces fatigue and mood swings.
3. **Proper Sleep-** Sound sleep restores energy and keeps the mind calm. Adults should aim for 7–9 hours of quality sleep daily. Lack of sleep can cause irritability, poor focus, and emotional instability.
4. **Social Connections-** Healthy relationships with family, friends, and the community are key to mental well-being. Talking, sharing feelings, and staying connected prevent loneliness and promote emotional support.
5. **Stress Management-** Practicing meditation, deep breathing, or hobbies can help control stress. Limiting screen time, maintaining work-life balance, and spending time in nature also strengthen mental health.

Practical Tips for Good Mental Health

- Exercise regularly and stay physically active.
- Eat healthy, home-cooked meals.



- Sleep on time and maintain a daily routine.
- Limit the use of mobile phones and social media.
- Stay connected with loved ones and seek help when needed.
- Practice mindfulness and gratitude every day.

Conclusion

Mental health and lifestyle are deeply connected. A balanced and healthy lifestyle enhances emotional strength, reduces stress, and increases life satisfaction. By making small yet consistent changes in our daily habits, we can build a healthier mind, a happier heart, and a more fulfilling life.

Remember, taking care of your mind is just as important as taking care of your body.



Ms. Esther Tressa Apren

Ms. Jelmy Sara Philip

Ms. Jyoti Jagati

Ms. Devyani Chouhan



हमारा नर्सिंग कॉलेज

सुबह की घंटी, यूनिफॉर्म सफेद,
दिल में उमंग और सपनों की रेखा
किताबें, स्टेथोस्कोप साथ लिए,
नए जीवन की राहें लिए।

क्लास रूम में ज्ञान की बात,
टीचर की आवाज़, अनुशासन का साथ।
प्रैक्टिकल में सीखते हर पल,
कैसे बनें दूसरों के संबल।

हॉस्पिटल की गलियों में दौड़,
हर मरीज की सुनती हैं जोड़।
थकान भरी पर मुस्कान वही,
सेवा में ही खुशियाँ सही।

दोस्तों संग हँसी के पल,
कभी पढ़ाई, कभी हल चला।
इंटरनशिप, ड्यूटी, और रातें लंबी,
फिर भी दिल में होती है चमक चमकीली।
नर्सिंग कॉलेज— हमारा गौरव,
हाँ बनता है जीवन का सर्वस्व।
यहाँ सिखाती है हर घड़ी,
सेवा ही सबसे बड़ी कड़ी



Ms. Khushboo Tiwari
Ms. Meena Patidar



ग्रुप A की क्लिनिकल यादें

Aasha ने सब से पहला BP लिया,
सीखा कि नर्सिंग में धैर्य ही सबसे बड़ा था।

Anjana ने patient की देखभाल की,
उसके चेहरे की मुस्कान में खुद को पाया।

Arya ने stethoscope लगाया,
हर heartbeat से जीवन का महत्व जाना।

Ashna ने thermometer देखा,
हर मरीज की सेहत को समझा, हर पल सीखा।

Anushka ने dose लिखी,
सटीकता और जिम्मेदारी को अपनाया।

Babli ने trolley सँभाली,
कदम - कदम पर सीखने और बढ़ने की राह बनाई।

Diksha ने हर patient के लिए मुस्कान रखी,
सहानुभूति और करुणा की मिसाल बनी।

Arti ने vitals check किए,
हर छोटी - छोटी जानकारी में ज़िंदगी का महत्व देखा।

Anisha ने files संभाली,
प्रत्येक record में सटीकता और जिम्मेदारी दिखाई।

Aashika ने stethoscope sanitize किया,
साफ़- सुथरे काम से professionalism सीखा।

Alna ने patient को counsel किया,
समझ और धैर्य की ताकत महसूस की।

Angela ने ward round में notes लिए,
हर observation में ज्ञान और अनुभव का खजाना पाया।



Ms. Aasha Yadav & Group
B.Sc. Nursing 3rd year



“The Hands That Heal”

In silent halls where hope is thin,
A nurse walks softly, strength within.
With gentle hands and steadfast eyes,
She lifts the weak, the weary rise.

No crown of gold, no robe of fame,
Yet hearts remember her by name.
Through sleepless nights, through endless care,
She’s love in motion, always there.

Her voice—a calm in pain’s wild storm,
Her touch—a light that keeps us warm.
She heals with skill, but most of all,
With kindness that breaks every wall.

For nursing is no simple art,
It’s science woven with the heart.
To serve, to soothe, to stand, to stay—
A calling few can walk each day.

So here’s to nurses, brave and true,
The world feels safe because of you.
Angels in scrubs, with hearts that feel—
The soul of care, the hands that heal.



**Ms. Linu & Group B.Sc.
Nursing 3rd year**



The Life of a Nursing Student

Becoming a nurse is more than a career choice—it's a calling that requires dedication, empathy, and relentless hard work. Nursing students, the future backbone of healthcare, often face a unique blend of academic, clinical, and personal challenges that shape both their professional and personal lives.

Academic Rigor and Continuous Learning-

Nursing education is demanding. Students must master a wide range of subjects, from anatomy and physiology to pharmacology, microbiology, and ethics. The learning process is not limited to textbooks; critical thinking, problem-solving, and decision-making are continuously developed through case studies, simulations, and exams.

Clinical Training: Learning by Doing-

One of the most defining aspects of nursing student life is clinical training. Students spend hours in hospitals, clinics, and community settings, applying theoretical knowledge in real-life scenarios. This hands-on experience helps students understand patient care, medical procedures, and healthcare teamwork. While clinical rotations are invaluable, they can also be physically exhausting and emotionally challenging, as students often encounter patients in pain, critical conditions, or end-of-life situations.

Emotional and Psychological Challenges-

Nursing students often face high levels of stress and emotional fatigue. Balancing studies, clinical duties, and personal life can be overwhelming. Witnessing illness, suffering, and death firsthand can be emotionally taxing. It is essential for nursing students to develop coping strategies, such as peer support, counseling, meditation, or mindfulness, to maintain mental well-being.

Time Management and Lifestyle Adjustments-

A nursing student's schedule is often packed with lectures, lab work, study sessions, and clinical shifts. Social life and leisure activities can take a backseat,



making it essential for students to plan carefully and prioritize self-care. Nutrition, exercise, and adequate sleep are sometimes neglected but play a vital role in sustaining energy and focus.

The Rewarding Path Ahead-

While the path of a nursing student is tough, it is also deeply rewarding. The knowledge gained, the skills developed, and the relationships built during this phase prepare students for a meaningful career in healthcare. Graduating as a nurse brings not only a sense of achievement but also the opportunity to make a tangible difference in patients' lives every day.

Conclusion-

Life as a nursing student is a delicate balance of academic rigor, practical training, emotional resilience, and personal growth. It is challenging, sometimes exhausting, but ultimately fulfilling. Those who persevere emerge not only as competent healthcare professionals but as compassionate individuals ready to serve humanity with dedication and care.



Ms. Hansa Rathore & Group
B.Sc. Nursing 3rd year



Anti-Ragging

Ragging is a harmful practice that can cause physical, emotional, and psychological harm to students. Anti-ragging measures ensure a safe, respectful, and supportive campus environment. The UGC has made ragging a punishable offense, and institutions conduct awareness programs, counseling sessions, and strict monitoring to prevent such incidents. Students are encouraged to report any form of ragging without fear. The national Anti-Ragging Helpline 1800-180-5522 and the official website www.antiragging.in provide 24/7 support for complaints and guidance. A strong anti-ragging culture promotes harmony, confidence, and a positive learning experience for all students



Ms. Sakshee Wagdre & Group
B.Sc. Nursing 3rd year



Emergence of Chikungunya : A Rising

Challenge for Global Health

Introduction Chikungunya is a mosquito-borne alpha virus marked by sudden high fever, severe joint pain, rash, and fatigue. First isolated in Tanzania (1952), it remained localized until modern travel and ecological shifts triggered widespread outbreaks in the 21st century. **Historical Background**

- **Discovery (1952–1960s):** Identified on the Makonde Plateau; named from “kungunyala” (“that which bends up”).
- **Sporadic Outbreaks (1960s–1990s):** Occurred in Africa and Asia, often misdiagnosed as dengue; limited surveillance kept it contained.

Virology & Transmission

- **Virus:** Enveloped, positive-sense RNA alphavirus causing high viremia.
- **Vectors:** *Aedes aegypti* & *Aedes albopictus*—day-biting, urban/peri-urban mosquitoes.
- **Cycle:** Humans amplify the virus; mosquitoes acquire it during peak viremia and infect new hosts.

Global Spread & Recent Outbreaks

- **Reunion Island (2005–06):** ~266,000 infected; E1-A226V mutation enhanced *Ae. albopictus* transmission.
- **Europe & Americas (2007–2015):** First local European cases (Italy, 2007); Caribbean emergence (2013) led to ~2.6 million suspected cases.
- **2020–2025 Trends:** Resurgence in East Africa/South Asia; sporadic autochthonous cases in southern Europe and the U.S.

Symptoms:

- **Acute (2–7 days):** High fever (≤ 40 °C), symmetric polyarthralgia, rash, myalgia, headache.
- **Chronic:** Persistent joint pain in ~30–40% of patients.

Diagnosis:

- *RT-PCR* in acute stage; *IgM/IgG ELISA* from day 5.
- Rule out dengue, Zika, rheumatoid arthritis.

Public Health Impact

- **Burden:** Low mortality (<1%) but significant morbidity—lost



- **Healthcare Strain:** Outbreaks can overwhelm clinics lacking diagnostics and vector control.

Prevention & Control

- **Vector Control:** Eliminate standing water; community source reduction; larviciding; Wolbachia and sterile-male releases.
- **Personal Protection:** DEET/picaridin repellents; insecticide-treated clothing; screens (note: Aedes bite by day).
- **Surveillance:** Integrated case reporting + entomological monitoring; climate- and travel-based early warnings.
- **Vaccines:** Multiple candidates in Phase II/III trials (live-attenuated, virus-like particles).

Future Outlook

- **Climate & Urbanization:** Expand Aedes habitats; increased outbreak risk.
- **One Health:** Human–animal–environment surveillance to preempt spillovers.
- **Tech Innovations:** Genomic surveillance and digital outbreak mapping.

Conclusion Chikungunya's rise from a remote tropical illness to a global challenge highlights the nexus of viral evolution, vector ecology, and human mobility. Success demands vigilant surveillance, community engagement, and investment in vaccines and vector-control innovations.

Key Takeaways

- Sudden fever and crippling joint pain define chikungunya.
- Spread fueled by Aedes mosquitoes, modern travel, and climate change.
- Diagnosis: RT-PCR/ELISA; Prevention: integrated vector control and personal protection.
- Vaccines on the horizon; proactive public-health measures remain essential.

Prof. Dr. Deepa P.D.
(Medical Surgical Nursing H.O.D.)



Primary Amoebic Meningoencephalitis (PAM)

Introduction:

Primary amoebic meningoencephalitis (PAM) is a rapid, often fatal infection of the brain caused by the free-living amoeba *Naegleria fowleri*. Early recognition and prompt treatment are critical to survival.

Etiology & Ecology

- **Organism:** *N. fowleri* thrives in warm (≥ 25 °C) freshwater—lakes, rivers, hot springs, spas.
- **Life Stages:** Infectious trophozoite, dormant cyst, transient flagellate.
- **Distribution:** Global; hotspots in southern U.S., Australia, parts of Asia. Warming climates and recreational water use may expand its range.

Transmission & Pathogenesis

1. **Entry:** Amoebae enter nasal passages during swimming/diving.
2. **CNS Invasion:** Trophozoites traverse the olfactory epithelium and cribriform plate to reach brain tissue.
3. **Damage:** Direct phagocytosis of neural cells + intense inflammation → cerebral edema, raised intracranial pressure.

Clinical Presentation

- **Incubation:** 2–15 days post-exposure
- **Early (Day 1–2):** Frontal headache, fever, nausea, vomiting, neck stiffness
- **Progressive (Day 3–5):** Confusion, seizures, photophobia, coma
- **Prognosis:** ~97% mortality; death usually within 7–10 days of symptoms

Diagnosis

- **CSF Analysis:** Neutrophilic pleocytosis, high protein, low glucose; wet-mount may reveal motile trophozoites
- **Molecular:** PCR targeting *N. fowleri* DNA
- **Imaging:** CT/MRI shows cerebral edema (non-specific)

Treatment

Antimicrobials:

- Amphotericin B (IV \pm intrathecal)
- Miltefosine (compassionate use)



- Adjuncts: Fluconazole, rifampin, azithromycin
- **Supportive Care:** Control intracranial pressure (hyperosmolar therapy, ventilation, decompressive surgery)

Prevention

- Avoid nasal submersion in warm freshwater; use nose clips.
- Ensure adequate pool/spa chlorination.
- Issue public advisories when water temperatures exceed 30 °C.

Recent Advances & Future Directions

- **Diagnostics:** Development of rapid, point-of-care PCR assays.
- **Therapies:** Preclinical compounds targeting amoebal metabolism.
- **Surveillance:** Satellite-based water-temperature monitoring linked to warning systems.

Conclusion:

PAM's rapid course and high fatality demand vigilance. Clinicians, public-health officials, and water-recreation users must collaborate on early detection, effective treatment protocols, and preventive measures. Future innovations in diagnostics, therapeutics, and environmental monitoring hold promise for reducing the toll of this devastating disease.

Key Takeaways

- *N. fowleri* enters via nasal passages in warm freshwater.
- Symptoms mimic bacterial meningitis but progress far faster.
- **Diagnosis:** CSF microscopy/PCR; **Treatment:** Amphotericin B + miltefosine + intensive care.
- **Prevention:** Safe water practices, proper chlorination, and temperature-based advisories.

Dr. Priya Verma

Asst Professor

Medical Surgical Nursing



Nursing the Future: Recent Trends and Advances in Obstetrical & Gynecological Nursing

Obstetrical and gynaecological nursing is evolving quickly. From virtual prenatal check-ins to nurse-led bedside ultrasound and enhanced recovery after cesarean programs, modern practice blends technology, evidence-based protocols, and person-centred care. These changes expand nursing roles, improve maternal outcomes, and create rich learning opportunities for students.

1. Telehealth and digital maternity care — more than a pandemic stopgap

Telehealth and mobile health (mHealth) solutions have become routine parts of prenatal and postpartum care, improving access for many women and enabling more flexible follow-up after birth. Virtual visits, remote blood-pressure monitoring, and pregnancy apps let nurses triage symptoms early, reinforce education, and connect families to timely care — especially in regions where travel or clinic access is limited. Telehealth augments, rather than replaces, face-to-face assessment and creates opportunities for nurse-led remote monitoring and counselling.

2. Point-of-care ultrasound (PoCUS) — bedside imaging in nursing hands

Training nurses and midwives in basic obstetric point-of-care ultrasound is a growing trend, particularly in low-resource settings. With focused training, nurses can perform limited scans to confirm fetal viability, estimate gestation, or detect obvious complications — enabling faster decision-making and reducing delays in referral. Educational programs and competency frameworks are emerging to ensure safe, standardized use.

3. Enhanced Recovery After Cesarean (ERAC) — faster recovery, better experience

Enhanced Recovery After Cesarean protocols apply evidence-based steps before, during, and after cesarean delivery (early feeding and mobilization, multimodal analgesia, and targeted fluid management). Nurses are central to delivering ERAC: they educate mothers, monitor recovery milestones, manage

pain with multimodal approaches, and support early breastfeeding and mobilization — all linked to shorter hospital stays and higher patient satisfaction. Professional ERAS/ERAC guidance helps nursing teams implement these bundles safely.



4. Artificial intelligence and data-driven risk stratification (growing locally)

Digital tools and AI are beginning to be used to identify pregnant women at higher risk for complications by analyzing large datasets. In India and elsewhere, professional bodies and institutions are exploring digital maternal-care platforms to help clinicians and nurses with risk prediction and targeted interventions. While AI promises improved population health management, nurses will need training in digital literacy and data-informed care pathways.

5. Person-centred care: pain management, respectful maternity care, and mental health

There's renewed emphasis on respectful, trauma-informed care and adequate pain management across gynecological procedures and childbirth. Professional guidance increasingly highlights the nurse's role in individualizing pain control, counselling, and supporting maternal mental health in the perinatal period. Nurses are often the first to screen for postpartum depression and to provide early psychosocial support or referral.

6. Education & simulation — preparing nurses for high-stakes events

Simulation-based training (team drills for postpartum hemorrhage, shoulder dystocia, eclampsia) continues to be a cornerstone for improving clinical skills, communication, and crisis resource management. Coupled with competency-based curricula (e.g., for PoCUS and emergency PPH protocols), simulation helps students translate knowledge into safe clinical action.

Conclusion:

The modern obstetrical and gynaecological nurse must be clinically skilled, technologically fluent, and deeply attuned to person-centred care. As these trends continue, nursing education and practice will shift toward blended care models where nurses lead in prevention, early detection, management, and compassionate support **across the reproductive life.**

Prof. Dr. Asha Sreenivasan
HOD Obstetrical Nursing Department



Malnutrition: A Community Challenge and Our Collective Responsibility

Malnutrition remains one of the most pressing public health challenges of our time, affecting millions of children, women, and families around the world. Despite advancements in healthcare and education, many communities continue to struggle with under nutrition, micronutrient deficiencies, and even over nutrition — forming what experts call the “**triple burden of malnutrition.**”

Understanding Malnutrition

Malnutrition refers to an imbalance between the body’s nutritional needs and the food it receives. It can take several forms:

- **Under nutrition:** Low weight, stunted growth, or wasting due to lack of nutrients.
- **Micro nutrient deficiencies:** Lack of essential vitamins and minerals such as iron, iodine, or vitamin A.
- **Over nutrition:** Excess intake of calories leading to overweight and obesity.

In India, according to recent reports, nearly one in three children under the age of five is underweight or stunted. This affects not just their growth, but also their ability to learn, resist infections, and achieve their full potential.

Community-Based Approaches: The Way Forward

The solution to malnutrition does not lie only in hospitals or laboratories it begins in our **communities**. Community health nurses play a vital role in promoting good nutrition practices and preventing malnutrition at the grassroots level.

Some effective community-based strategies include:

- **Nutrition Education:** Teaching families about balanced diets, breastfeeding, and complementary feeding using locally available foods.
- **Growth Monitoring:** Regular weight and height checks to detect early signs of under nutrition.
- **Supplementation Programs:** Providing iron, folic acid, vitamin A, and fortified foods to vulnerable groups.
- **Promotion of WASH (Water, Sanitation, and Hygiene):** Encouraging safe drinking water and hand washing to prevent infections that worsen malnutrition.
- **Community Participation:** Involving mothers, self-help groups, and local leaders to spread awareness and take ownership of nutrition programs.



Role of Community Health Nurses

Community health nurses act as educators, motivators, and caregivers. Their continuous home visits, awareness sessions, and nutrition demonstrations empower families to make healthier choices. They also identify malnourished children early and refer them to appropriate treatment centers. Through dedication and compassion, nurses bridge the gap between health services and the community.

Together Towards a Healthy Future

Fighting malnutrition requires teamwork - from healthcare professionals, community volunteers, teachers, and families. By spreading knowledge, supporting government nutrition schemes, and encouraging healthy lifestyles, we can build stronger, healthier generations.

As Florence Nightingale once said, *“The very first requirement in a hospital is that it should do the sick no harm.”* Similarly, the first requirement in a community should be that no child suffers from hunger or malnutrition.

Let us pledge to nurture not only the bodies but also the hopes of our communities - because **good nutrition is the foundation of good health and a brighter future.**

Prof. Dr. Amita Paul
Vice-Principal
Community Health Nursing



Workforce Challenges, Burnout and Role Expansion in Community Health Nursing

Introduction

Community Health Nursing is the backbone of primary healthcare and public health systems. Community health nurses (CHNs) are at the forefront of outreach, health education, disease prevention, maternal-child health, and chronic disease management. In recent years, however, the profession has faced growing challenges related to **staff shortages, excessive workloads, unclear role boundaries, and rising expectations** from health systems and communities. These pressures not only affect the quality of patient care but also the mental well-being and retention of nurses.

Workforce Shortages And Staffing Imbalances

A global shortage of nurses remains a critical issue, with the World Health Organization estimating a deficit of more than 5.9 million nurses worldwide. The problem is particularly visible in community health settings, where staff numbers are often lower than in hospitals.

Community health nurses are responsible for vast geographical areas and diverse populations. Many rural and semi-urban regions have only a few nurses managing immunization drives, maternal care, school health, and disease surveillance. This shortage leads to **high caseloads**, extended working hours, and limited time for each client, ultimately reducing the effectiveness of preventive and promotive health services.

In India, community health programs such as the National Health Mission (NHM) and Ayushman Bharat have expanded rapidly, but the recruitment and retention of qualified nurses have not kept pace. Contractual employment and limited career advancement opportunities also contribute to workforce instability.

High Caseloads and Increased Work Demands

Community health nurses today are expected to do more with fewer resources. Their work extends beyond bedside care to include **home visits, health screenings, counseling, data recording, vaccination campaigns, digital documentation, and telehealth consultations**.

This expansion of duties, though valuable for public health impact, has led to **work overload**. Nurses often manage hundreds of families, juggling administrative tasks, reporting requirements, and

community engagement simultaneously. The demand for continuous program monitoring and real-time reporting through digital tools has increased pressure without always improving working conditions.

During public health emergencies like COVID-19, community health nurses played critical roles in contact tracing, community awareness, and vaccination drives—often at personal risk and with limited rest. Such experiences have magnified the issue of **burnout**.



Burnout and Emotional Fatigue

Burnout among community health nurses is a growing concern. It manifests as physical exhaustion, emotional detachment, and a sense of reduced personal accomplishment. Contributing factors include:

- Long working hours with inadequate rest.
- Lack of emotional support and professional recognition.
- Repeated exposure to distressing situations (poverty, disease, death).
- Balancing multiple roles — caregiver, educator, social worker, and data reporter.

Burnout can lead to absenteeism, reduced productivity, and even attrition from the profession. Moreover, it directly affects the quality of care delivered to the community.

Addressing burnout requires a **supportive work environment**, access to counseling, regular supervision, and peer support networks. Recognition programs and professional development opportunities can also improve morale and job satisfaction.

Role Expansion and Ambiguity

The modern CHN is no longer confined to traditional community visits or immunization programs. Their responsibilities now extend to **digital health management, chronic disease monitoring, environmental health, mental health promotion, and health policy advocacy**. However, this expansion has created **role ambiguity** — unclear job expectations and overlapping responsibilities with other health professionals such as community health officers (CHOs), ASHA workers, and social workers. In some settings, nurses are expected to handle administrative and clinical duties without clear delineation, leading to confusion and decreased efficiency.

Proper **role definition, interdisciplinary collaboration, and supportive supervision** are essential to balance these expanding responsibilities. Training programs and continuing education must adapt to prepare CHNs for emerging challenges in telehealth, epidemiology, and community leadership.

Strategies for Improvement

To address workforce challenges and support community health nurses, the following strategies are vital:

1. **Recruitment and Retention:** Increase hiring and provide permanent employment opportunities to ensure continuity of care.
2. **Workload Management:** Implement realistic caseload ratios and digital tools that simplify reporting rather than add complexity.
3. **Professional Development:** Offer ongoing training in new technologies, leadership, and mental health support.
4. **Supportive Supervision:** Establish mentorship programs and regular feedback systems to enhance motivation and performance.



5. **Well-being Initiatives:** Introduce stress management workshops, peer support groups, and recognition awards to prevent burnout.
6. **Policy Reforms:** Integrate community health nurses in policy-making and planning, ensuring their voices shape health strategies.

Conclusion

Community health nurses stand as the bridge between healthcare systems and the community. Their dedication sustains the foundation of primary care and public health outreach. Yet, without adequate staffing, clear role definitions, and emotional support, their potential remains underutilized.

Addressing workforce shortages, preventing burnout, and redefining professional roles are essential steps toward strengthening the nursing workforce. By investing in the well-being and empowerment of community health nurses, we ensure not only better health outcomes but also a stronger, more resilient healthcare system for the future.

Mr. Ishtiyak Khan
Associate Professor
Community Health Nursing



Tele-health and Digital Innovation in Community Health Nursing: Opportunities and Barriers

In recent years, community health nursing has entered a transformative phase, driven by digital technologies such as remote monitoring, mobile health (m-Health) applications and e-consultations. These innovations promise to enhance access, continuity and quality of care—especially in underserved or rural areas. At the same time, significant barriers like infrastructure deficits, digital literacy gaps and equity concerns continue to constrain full adoption. This article explores how community health nurses are adopting these technologies, what opportunities exist, and what barriers must be addressed.

OPPORTUNITIES

Community health nurses are increasingly leveraging digital tools to extend their reach beyond conventional in-person visits. For example, mobile health applications allow remote monitoring of vital signs or symptoms, enabling nurses to detect early changes and intervene sooner. Studies of digital health in nursing indicate that tele-health opens up access for patients in remote communities, reducing travel burdens and making care more convenient.

Digital tools also support nurses in data-capture, tracking of patients' progress, and use of analytics to guide care planning. These features enhance efficiency, enabling more timely interventions and freeing nurse time for critical tasks. Moreover, e-consultations (via video, phone or secure messaging) offer nurses the ability to provide counselling, education and follow-up care from a distance. This aligns with the trend of virtual wards and remote care models in community settings.

BARRIERS

Despite the promise, community health nurses face a range of practical obstacles. A major barrier is inadequate infrastructure: unreliable internet connectivity, insufficient devices or power supply, and limited access to necessary software undermine remote monitoring or e-consultations. Research on digital health in nursing highlights these as persistent issues. nursing.jmir.org+1

Digital literacy—both of nurses and the communities they serve—is another significant hurdle. Many community health settings involve older staff or populations unfamiliar with smartphones, apps or virtual platforms. Usability issues (screen freezes, audio delays, and multiple platforms) hamper uptake and effectiveness. nursing.jmir.org+1



Equity and access concerns also loom large. A “digital divide” means that vulnerable populations—low-income households, elderly, remote communities—may not benefit equally from tele-health innovations. Without careful design, digital health risks exacerbating existing health disparities. Further,

workflow integration and nurse acceptance matter: nurses may feel that digital care replaces face-to-face interaction and may resist change unless training, support and leadership buy-in are present. [PubMed+1](#)

IMPLEMENTATION CONSIDERATIONS

For digital innovations to succeed in community health nursing, several factors are key:

- **Training & capacity building:** Equip nurses with digital health skills, telecommunication etiquette and remote-care workflows.
- **Context-appropriate design:** Solutions should work under low bandwidth, minimal hardware, local languages and simple interfaces.
- **Hybrid models:** Blend digital care with in-person visits so that remote tools augment rather than replace human connection.
- **Focus on equity:** Ensure that resource-poor or digitally excluded groups are included via subsidised devices, community kiosks, or assisted digital access.
- **Monitoring & feedback:** Evaluate usage, patient satisfaction, clinical outcomes and iterate on the platform design and workflow.

CONCLUSION

Digital innovation and tele-health represent powerful opportunities for community health nursing—enabling greater reach, improved monitoring and stronger patient engagement. Yet these possibilities will remain limited unless we address the infrastructure, digital literacy and equity barriers. As community health nurses adopt new tools, they must continue emphasising the human side of care, ensuring technology enhances rather than replaces compassionate, accessible service. With thoughtful implementation and inclusive design, digital health can become a cornerstone of modern community nursing—bringing care closer, bringing data smarter and bringing hope further into every community.

Ms. Varsha Gayke
Assistant Professor
Community Health Nursing



ADMISSION TERMS AND CONDITIONS

The minimum age for admission shall be 17 years on 31st December of the year in which admission is sought; the maximum age limit for admission shall be 35 years.

1. Minimum educational qualification-

- ✧ Candidates with science who have passed the qualifying 12th standard examination (10 + 2) and must have obtained a minimum of 45% marks in physics, chemistry, and biology, taken together and passed in English individually.
- ✧ Candidates are also eligible for State Open School recognized by the state government and National Institute of open school (NIOS) recognized by the Central government. Having science subjects and English only.
- ✧ English is a compulsory subject in 10 + 2 for being eligible for admission to B.Sc. Nursing.
- ✧ Only female candidates are eligible for admission.

2. Candidates shall be medically fit.

3. Candidates should appear for the pre-nursing selection test organized by the M.P. Employees Selection Board in Bhopal for admission in B.Sc. Nursing course. Cut-off marks for this exam

- a) For general category and EWS students, 50% marks are compulsory for selection in the B.Sc. nursing course.



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