FEASIBILITY STUDY REPORT:

ADVANCING NURSING EDUCATION AT BEL-AIR HOSPITAL

PHANCHEGANI, MAHARASHTRA, INDIA

University of Illinois at Chicago
College of Nursing
February 7, 2005
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<th>Description</th>
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<tbody>
<tr>
<td>ACRN</td>
<td>Aids Certified Registered Nurse</td>
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<td>ART</td>
<td>Anti-retroviral Therapy</td>
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<td>BS</td>
<td>Bachelor of Science</td>
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<td>BSc</td>
<td>Bachelor of Science</td>
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<td>BSN</td>
<td>Bachelor of Science in Nursing</td>
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<td>CBCI</td>
<td>Catholic Bishops Conference of India</td>
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<td>CHART</td>
<td>Center for Health, HIV/AIDS Research &amp; Training</td>
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<tr>
<td>CGFNS</td>
<td>Commission on Graduates of Foreign Nursing Schools</td>
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<td>CMMB</td>
<td>Catholic Medical Mission Board</td>
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<td>CON</td>
<td>College of Nursing</td>
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<td>GNM</td>
<td>General Nursing and Midwifery</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>INC</td>
<td>Indian Nursing Council</td>
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<td>IRCS</td>
<td>Indian Red Cross Society</td>
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<td>L.T.</td>
<td>Leelabai Thackersey (College of Nursing)</td>
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<td>MCBS</td>
<td>Missionary Congregation of the Blessed Sacrament</td>
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<td>MIRT</td>
<td>Minority International Research Training</td>
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<td>MNC</td>
<td>Maharashtra Nursing Council</td>
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<tr>
<td>MSc</td>
<td>Master of Science</td>
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<tr>
<td>NACO</td>
<td>National Aids Control Organization</td>
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<tr>
<td>PHC</td>
<td>Primary Health Care</td>
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<tr>
<td>PhD</td>
<td>Doctor of Philosophy</td>
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<td>RH</td>
<td>Ruby Hall Clinic</td>
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<tr>
<td>RN</td>
<td>Registered Nurse</td>
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<tr>
<td>S.N.D.T.</td>
<td>Shreemati Nathibai Damodar Thackersey (Women’s University)</td>
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<tr>
<td>TGINE</td>
<td>Tehmi Grant Institute of Nursing Education</td>
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<td>UIC</td>
<td>University of Illinois</td>
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<tr>
<td>UK</td>
<td>United Kingdom</td>
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<td>U.S.</td>
<td>United States</td>
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<td>USF</td>
<td>University of South Florida</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Feasibility Study Report: Advancing Nursing Education at Bel-Air Hospital

Executive Summary

This report summarizes a feasibility study that was conducted December 5, 2004 through December 17, 2004 in association with Bel-Air Hospital in Panchgani, Maharashtra, India and the University of Illinois at Chicago (UIC) College of Nursing (CON). The aim of the study was to determine the feasibility of a nursing college at Bel-Air Hospital to advance nursing education. Data collection occurred through dialogue with stakeholders, observation, and attendance at professional meetings focusing on HIV/AIDS in India. Written materials obtained while traveling, along with selected professional literature were added to the database.

Goals underlying the vision of a nursing college consist of the following: 1) offering high-quality nursing care, 2) participating in advancing the role of nursing in health care in India, and 3) improving recruitment and retention of nurses at Bel-Air Hospital. The core mission of Bel-Air is to provide affordable, non-discriminatory, effective care to people with TB and/or HIV/AIDS. Bel-Air Hospital is one of the few hospitals in Satara district that provides care for people affected by HIV/AIDS and has a favorable reputation for its care. Recruitment and retention of nurses at Bel-Air Hospital and other health care facilities in the region are challenging issues. In fact, other mainstream nursing programs reported significant problems related to nurses migrating out of the country. Nursing is growing in status as a profession, care standards are improving and applicants for nursing education programs are numerous.

Bel-Air Hospital’s strength in providing accessible, affordable care to people with HIV/AIDS, along with its mission as a general hospital, are factors that make a nursing college on its campus feasible. Another direction for development at Bel-Air Hospital is to expand its regional training mission for physicians to include continuing education in HIV/AIDS for nurses and other health care professionals.

Envisioning a nursing college at Bel-Air Hospital requires two considerations. First, the current standard of patient care at Bel-Air Hospital must be maintained. Second, the development of a nursing college should enhance nurse retention and minimize nurse migration. Essential to the success of a college is Bel-Air Hospital’s collaboration with regional nursing colleges. Nursing programs with excellent standing in the region have expressed interest in being involved with Bel-Air Hospital as a nursing college is started. Curricular or other support from UIC CON may provide leverage for starting a new nursing college. Moreover, the quality and sustainability of a nursing college can be enhanced through education and research initiatives. UIC CON faculty would have the opportunity to develop their research and teaching experience through international collaboration.
Feasibility Study Report: Advancing Nursing Education at Bel-Air Hospital

BACKGROUND

This report summarizes a feasibility study conducted December 5, 2004 through December 17, 2004 in association with Bel-Air Hospital in Panchgani, Maharashtra, India. To determine the potential for collaboration between Bel-Air and UIC, information about Bel-Air Hospital, nursing in India, HIV/AIDS and issues in starting a nursing college at Bel-Air Hospital, was obtained through discussions with stakeholders in India. Bel-Air Hospital’s strength in providing accessible, affordable care to people with HIV/AIDS, along with its mission as a general hospital, are factors that make a nursing program on its campus feasible. Bel-Air Hospital’s collaboration with regional nursing colleges is essential to the success of a nursing program. Curricular or other support from University of Illinois at Chicago (UIC) College of Nursing (CON) may provide leverage for establishing a nursing college. Moreover, the quality and sustainability of a nursing college may be enhanced through education and research initiatives. UIC CON faculty and students would have the opportunity to develop their research and teaching experience through international collaboration.

METHODOLOGY

The Feasibility Study for advancing nursing education at Bel-Air Hospital was conducted in three phases from the Fall of 2004 through January 2005. The three phases include the following activities: initiating the work, collecting the data, and synthesizing the findings.

Initiating the Work

To work on all phases of the project, the leadership team at UIC CON and Bel-Air Hospital initially identified key stakeholders, discerned stakeholders’ vision for advancing nursing education at Bel-Air, and key issues to facilitate decision-making for a long-term plan. Prior to traveling to India, data sources related to nursing in India were identified, along with resources, people, and institutions to visit. Fr. Tomy Karyilakulam at Bel-Air Hospital arranged appointments with key stakeholders in India.

Collecting Data

Drs. Karen Solheim and Beth Marks traveled to India to meet with various stakeholders associated with advancing nursing education at Bel-Air Hospital in Panchgani, Maharashtra, India between December 5, 2004 through December 17, 2004. Please refer to Appendix A for the Feasibility Study Plan and Appendix B for the India Travel Itinerary. The following questions were used to guide the meetings with key stakeholders in India:

1. What were the contextual factors that impact the practice of nursing in the nation, state, region?
Bel-Air Hospital, Panchgani, Maharashtra, India

Bel-Air Sanatorium and Hospital was started in 1912 by Dr. R.B. Billimoria. The lush 44-acre Bel-Air campus is located in the Ghat mountains, in Panchgani (population 15,000), Satara District (population 3 million). Its core mission is to provide affordable, non-discriminatory, effective care to people with TB and/or HIV/AIDS. Another important goal of Bel-Air Hospital is providing general health care services to people in the surrounding community. Bel-Air Hospital is an IRCS project managed by the MCBS. Fr. Tomy Karyilakulam of the MCBS is the administrator Bel-Air Hospital.

Service and Staff
Enterprises that have important linkages with the hospital and sanatorium lie adjacent to Bel-Air Hospital. An Ayurvedic and Naturopathy Health Center, next to the hospital campus, is an integral part of Bel-Air and important to its healing mission (ICRSb). This center has been a source of revenue for Bel-Air Hospital to provide free treatment at the sanatorium and hospital. Just beyond the Ayurvedic Center a new facility for St. Xavier’s boarding school for boys is being constructed. This school is a project of the MCBS. Fr. Joseph is the administrator. Bel-Air Hospital’s role as a health service provider in this locale extends to other boarding schools. Approximately 1000 of the 5000 students attending schools in the region are enrolled at Bel-Air for their health care at the cost of 500 rupees per year. Providing this care is another source of revenue for Bel-Air Hospital and provides a signal to the Community that Bel-Air Hospital offers comprehensive health care, in addition to care for TB and HIV/AIDS.
Bel-Air Hospital staff members provide medical/surgical, pediatric, gynecologic and obstetric (8 infants delivered/month), intensive care (10 to 15 patients/month), casualty (emergency), outpatient, and dental services. Current census of the 250-bed hospital is approximately 125 patients. A comprehensive stock of medications, basic laboratory, and diagnostic facilities is available. Medical and nursing care, basic medicine, routine diagnostic studies, as well as room and board are free to most patients (Bel-Air Hospital, 2003). Approximately 28 nurses with the leadership of a nursing matron and an assistant matron provide nursing care. Resident and non-resident physicians, medical social workers (5) and volunteers with HIV/AIDS (16+) are also part of the staff. Additional personnel include a food service supervisor, office staff, a driver, and others.

Facility and Revenue

Health care activities take place in several buildings across the campus. Buildings in addition to individual, free-standing hospital wards include the following: the mess hall, the matron’s office, an education building, a canteen, the nurses’ hostel, and several houses for staff. Both the ICRS and Fr. Tomy stated that facility maintenance and upgrading is needed. An application has recently been made to the Tata family to upgrade the mess hall. There is also a need for funding to upgrade a former operating theatre (approximately 9 rooms), which could be used as a training institute. Additional items needed include a new medication refrigerator (about 10,000R) and a machine that would permit Bel-Air Hospital to conduct its own CD4 counts (30 lakhs).

Both the National Aids Control Organization (NACO) and the Avert Society have funded HIV/AIDS care at Bel-Air Hospital (IRCSb). The Avert Society is an independent society that was formed through agreement between NACO, the Government of Maharashtra, and the United States Agency for International Development (USAID). The Avert Society’s aims include providing comprehensive and holistic programming to people with HIV/AIDS and mitigating the impact of sexually transmitted disease and related infectious disease in Maharashtra (ICRSb). No external-funding had been received for the six months prior to the visit, which was adding to the challenges of operation. Administrators would like to increase the use of the Ayurvedic Center’s to generate additional revenue for the hospital. Boarding school students’ health care fees (500R/year) and private donations also support Bel-Air Hospital operations.
HIV/AIDS Services

Bel-Air Hospital is recognized as an effective care provider for people affected by HIV/AIDS. Out of 30 or so hospitals in Satara district, only four provide care for people with HIV/AIDS, one of which is Bel-Air Hospital. Other health professionals in the region reported that Bel-Air staff members provide effective, compassionate care to people with HIV/AIDS. The government of India has recognized Bel-Air Hospital as a model HIV/AIDS treatment facility (IRCSa). The number of patients treated per year at Bel-Air Hospital has steadily increased from 8 in 1995, to 376 in 2002 (IRCSb). The majority of patients are from Satara district (Bel-Air Hospital, 2003). Most of the patients at the time of our visit were admitted for HIV/AIDS and/or TB. Of the 8 children in pediatrics, 1 had TB, the others HIV/AIDS.

Several HIV/AIDS-related services are available at Bel-Air Hospital. Patients are diagnosed with HIV/AIDS and opportunistic infections are treated. If possible, people start antiretroviral therapy (ART). ART is supposed to be provided free to people in high-risk states including Maharashtra. Yet in reality, patients must pay for ART. Though Fr. Tomy has been able to negotiate the cost of ART to 800R/mo, still some patients are not able to afford it and commit to life-long treatment. One nurse leader at Bel-Air Hospital commented that “counseling” is the most important intervention for HIV/AIDS. Bel-Air staff members visit villages of discharged patients to facilitate their re-entry into the community. Patients are followed after discharge to prevent relapse. Currently, approximately 10 to 12 patients die each month at the hospital.

Reducing the stigma associated with HIV/AIDS and providing non-discriminatory care are very important at Bel-Air Hospital. Several strategies are in place to support these principles. Patients are rarely turned away from Bel-Air Hospital. Bel-Air Hospital personnel insist that families remain involved with the family member admitted to Bel-Air Hospital; people with HIV/AIDS cannot be left there without support. Staff, ambulatory patients and volunteers eat together in one mess hall. A barber visits Bel-Air Hospital to offer shaves and haircuts to people with HIV/AIDS. A Bel-Air Hospital physician described a decrease in stigma among physicians in the region as a result of HIV/AIDS training offered by Bel-Air Hospital.

Nursing At Bel-Air Hospital

The nursing staff members, many recruited by Fr. Tomy in his home state of Kerala, come from well-qualified institutions and are licensed. The assistant nursing matron described the staff as “very keen” and willing to do any care. Nurses start at a salary of 3000R/month with increases to 6,000R/month possible. Room in the nurses’ hostel and board are provided. Nurses are committed to staying at Bel-Air Hospital for 1 ½ years, though how they are held accountable to this policy is not clear. Some nurses continue employment up to 3 years. Fr. Tomy describes recruitment and retention as difficult issues. Migration outside the country is pursued by many of the nurses.
**Indian Red Cross Society (IRCS)**

Bel-Air Hospital is a project of the Maharashtra State Branch (founded 1936) of the ICRS (ICRSa). The ICRS, founded in 1920, is part of the international Red Cross and Red Crescent movement. Bel-Air Hospital’s founder, Dr. R.B. Billimoria, transferred its management to the IRCS in 1965 (ICRSa, b). The governor of Maharashtra is the president of this branch of the IRCS; the minister of public health is the vice-president. Our contact was with office-bearers Dr. C.J. Batliwalla, Hon. Secretary and Joint Hon. Secretary, Mrs. H. Modi. The IRCS and the MCBS are in a 30 year contract in regard to Bel-Air Hospital management. Both Fr. Tomy and Mrs. Modi expressed how important they find their ongoing collaboration.

**The Missionary Congregation of the Blessed Sacrament**

Fr. Tomy is a member of the MCBS and is accountable to that order. Through that relationship he could be replaced at anytime. According to the agreement with the ICRS, the MCBS is responsible for providing Bel-Air Hospital suitable management staff. Fr. Tomy hopes that he will remain at Bel-Air Hospital for at least three more years.
The University of Illinois at Chicago, College of Nursing

UIC is one of the 88 Research I institutions in the nation. UIC has 15 colleges and schools with six health sciences units. These are Dentistry, Health and Human Development Sciences (HHDS), Medicine, Nursing, Pharmacy and Public Health. In addition to the Chicago campus, the CON has programs on the University of Illinois campus at Urbana/Champaign, in the Quad Cities region of Illinois, and outreach programs into Peoria and Rockford. The CON at Chicago is within the 305-acre west side Medical Center District located about two miles west of downtown Chicago. The district has the world's largest concentration of public and private health care facilities and includes: Cook County Hospital, Rush-Presbyterian-St. Luke's Medical Center, West Side Veterans Administration Hospital, Institute for Juvenile Research, Illinois State Psychiatric Institute, and Illinois Institute for Developmental Disabilities at Chicago. The College of Nursing has close working relationships with a variety of clinical agencies in and around Chicago, such as Chicago Department of Health and the Cook County Department of Health.

UIC CON provides education and research training to nearly 400 undergraduate and over 300 masters and doctoral students. The college is organized into the following three academic departments: 1) Medical-Surgical Nursing, 2) Maternal-Child Nursing, and 3) Public Health, Mental Health and Administrative Nursing. The Global Health Leadership Office (GHLO) is a unit of the College of Nursing that fosters multidisciplinary collaboration relevant to Primary Health Care and international health within the U.S. and abroad.

The College offers both a generic baccalaureate program and a RN/BSN program for registered nurses. Through the Graduate College of UIC, the CON offers the Master of Science in Nursing and the Doctor of Philosophy in Nursing Science degrees. The master’s program prepares nurses for advanced practice roles as clinical nurse specialists and nurse practitioners with a variety of concentrations offered through the College’s three departments. Focusing on the development of independent, theory-building nurse researchers, the PhD program emphasizes empirical research and theory development. The program is supported by three Institutional Research Training Grants; one focusing on biobehavioral nursing research, one on primary health care, and the third on reducing disparities in underserved populations.

UIC CON is a nationally recognized research institution, ranked 4th by the National Institutes of Health and the National Institute of Nursing Research for extramural awards to nursing schools (2003). The college houses the following three research centers: 1) the Center for Research Facilitation, 2) the Center for Research on Cardiovascular and Respiratory Health and, 3) the Center for Reducing Risks in Vulnerable Populations. These centers provide a variety of resources to support researchers and the advancement of nursing science.

The World Health Organization (WHO) Nursing and Nurse Midwifery Collaborating Center for International Nursing Development in Primary Health Care represents the College’s designation as "an institution that the WHO has requested become part of an international collaborative network carrying out activities in support of the organization’s program at all levels". As one of over 30 designated nursing collaborating centers, the Center faculty collaborate with WHO in developing and sharing relevant teaching-learning materials for nursing education to achieve Primary Health Care (PHC). Goals include to promote, stimulate, and participate in the growth of a network of nursing educational institutions oriented to PHC; assist in the dissemination of information and research findings relevant to the goal of Health for All (HFA); collaborate in the conduct of nursing research of significance to WHO; and encourage an understanding of the role of university schools of nursing in the achievement of the goal of HFA.
This study represents a collaborative initiative of the College’s department of medical-surgical nursing and the Global Health Leadership Office/WHO Collaborating Center. Expertise from other College departments may be incorporated as this project develops.

**Additional Stakeholders Identified in India**

Through encounters with leaders from selected health care institutions, nursing schools and colleges, and the Catholic Church in India, the following potential stakeholders were identified.

**Catholic Church**

The Catholic Bishops Conference of India (CBCI) has a health committee responsible for health programs and policy for the Catholic Church in India. Rev. Dr. Alex Vadakumthalaal, the executive secretary made his first visit to Bel-Air Hospital while the study team was there. The Catholic Medical Mission board (CMMB) is a technical advisor and supporter to CBCI. The Catholic Health Association of India, directed by Fr. Sebastian, Caritas India and Catholic Relief Services are additional Catholic Church entities providing services in India.

**L.T. College of Nursing, S.N.D.T. University**

Leelabai Thackersey (L.T.) College of Nursing at Shreemati Nathibai Damodar Thackersey (S.N.D.T.) Women’s University in Mumbai offers one of three nursing PhD programs in India, in addition to MSc and BSc nursing preparation. Several people we met reported its reputation as a leading college of nursing. About half of the 50 BSc graduates per year migrate to other countries and most of them successfully pass the CGFNS screening exam on the first try. Mrs. Joykutty, the college principal, expressed interest in the idea of a Bel-Air Hospital nursing college. Other plausible future activities, such as using Bel-Air Hospital as a clinical site for students and collaborating in research activity and student exchanges with UIC were identified.

**Krishna Hospital and Medical Research Center**

Located in the city of Karad, south of Panchgani, this institution is another potential stakeholder. Krishna Hospital is a 500-bed hospital (planning to expand to 750 beds) and outpatient facility with a nursing school in operation since 1983 (Platinum Jubilee, 2004). In addition, there is a medical college, a physical therapy, and a lab technician program. The leaders at this site who expressed interest in collaboration with Bel-Air Hospital and/or UIC were Mrs. Mohite, the nursing school principal; Mrs. Bhore, the nursing superintendent; and Dr. Bhosale, the medical administrator.

In conversation, tour, and documents, leaders portrayed a well-functioning, quality nursing education program. The nursing school facility was being upgraded. The nursing school had just been visited by the state nursing council and received very favorable feedback. The school’s pass rate for the licensure exam is the best in the state at
100%. Like other nursing schools, this one has more applicants than it can admit. There are 100 male applicants for the 4 spots available to men. A major problem for this school, like others, is that 50% of its nursing graduates go abroad. However, this institution does not perceive a nursing shortage. Because private health enterprises try to control costs by hiring unlicensed personnel, many licensed nurses seek employment at Krishna hospital. Nursing students are involved in HIV/AIDS awareness camps for the community and we met student nurses who had just returned from conducting nutrition education in the community. Leaders are making plans to convert their nursing diploma program to a BSc program to comply with the Indian Nursing Council (INC) plan that all schools do so by 2010.

**Ruby Hall Clinic and the Tehmi Grant Institute of Nursing Education**

Ruby Hall Clinic (RH) and the Tehmi Grant Institute of Nursing Education (TGINE) at Ruby Hall are located in Pune, a city of 5 million people north of Panchgani. Ruby Hall was founded in 1959. The intent of the founder was developing a world-class medical center similar to the Mayo clinic. RH is a tertiary hospital for Maharashtra. Ten percent of care is given free of cost. In addition to a nursing college, RH offers several postgraduate courses in medicine (Grant Medical Foundation, 2004). During this visit we met with Mr. Bomi Bhote, Chief Executive Officer; Mrs. Sing, nursing college principal; and, Mrs. Cruze, hospital nursing superintendent, as well as others involved in hospital administration. We were introduced to Dr. K.B. Grant, the founder of RH.

RH has a 550 bed hospital and offers comprehensive health cares services (Grant Medical Foundation, 2004). Some specialty services offered at RH include the following: cardiology, obstetrics and gynecology, orthopedics, neurology, neurosurgery, urology, pediatrics, and “diabetology.” Examples of surgeries offered at RH include the following: open heart, coronary bypass, and kidney transplant. In addition, RH offers invitro, fertilization and corneal transplantation, advanced diagnostic testing, and comprehensive emergency services, including helicopter transport. Primary care, including education offered by nursing students, is available to people living in an impoverished community adjacent to the nursing education building. Rural health camps are offered in the Pune area and cardiac clinics held in several other cities (Grant Medical Foundation). We toured several hospital units including the casualty area, and intensive and cardiac care.

RH is associated with the University of South Florida in the U.S. Sanjay Pujari, MD is an Assistant Professor of Medicine at USF. He is Director of the HIV clinic at Grant Medical Foundation/Ruby Hall Clinic, Pune, India and in charge of the Pune branch of USF's CHARTIndia Center (Center for Health, HIV/AIDS Research & Training). CHART-India was jointly established in 1999 by the Colleges of Public Health and Division of Internal Medicine, University of South Florida with a mission to expand excellence in public health, biomedical research and behavioral training programs, especially in the field of HIV/AIDS.

Tehmi Grant Institute of Nursing Education was established in 1999 (Grant Medical Foundation) and recently admitted its first BSc class to address the INC mandate. TGINE will launch a nursing master’s program in the future and will eventually establish a nursing doctoral program. This nursing school offers a preparation course for the Commission on Graduates of
Foreign Nursing Schools (CGFNS) screening exam. Their rationale for offering the exam is that as nurses prepare for CGFNS they are bringing the results of their preparation to their work at RH. Institutional leaders including Mrs. Sing, nursing college principal; Mrs. Cruze, hospital nursing superintendent; and Mr. Bomi Bhone, Chief Executive Officer of RH; expressed interest in supporting a nursing program at Bel-Air Hospital and in working with UIC.

**Stakeholders’ Vision for Advancing Nursing Education at Bel-Air**

The consensus of the study team is that Bel-Air Hospital stakeholders would like to establish a nursing program, offering a BSc. Additionally, the study team summarized the goals of the college to include the following: offering high-quality nursing care, maximizing the importance of nursing to health care in India, and improving recruitment and retention of nurses at Bel-Air Hospital. The study team recommends that patient care as it takes place at Bel-Air Hospital should not be compromised during the development of an education program; and, development of an educational program should not be used as a means to facilitate nurse migration. Further, the study team in collaboration with Bel-Air Hospital stakeholders recognizes that expanding the regional training mission of Bel-Air Hospital through continuing education in HIV/AIDS to nurses and other health care professionals is a viable direction for development.

**Contextual Factors Influencing the Practice of Nursing in India**

One study aim was to examine contextual issues that influence nursing and health in India. Understanding contextual issues is important to clearly identify problems, assess resources, and propose meaningful and realistic programs. Taking stock of contextual issues is an ongoing process. In the following sections, information is introduced about the nursing profession, the government’s role in health care, and HIV/AIDS as a prominent health issue.

**Nursing Professional Issues**

India has 1.2 - 1.3 million nurses (Falaknaaz, 2003). Between 1998/99 and 2002/03 there was a 4.3% growth in nurse registrants (Dutta, 2003). Many people seek nursing as a career, as a good employment opportunity, and as a means to migrate for better paying jobs in other countries. Even with increased nurses, leaders describe a shortage. The nurse/patient ratio in India is approximately 63 nurses/100,000 people. In the U.S., the nurse/patient ratio is 773/100,000 (World Health Organization, 2004).

The standard of nursing care is improving in the state of Maharashtra. Health care leaders we met were very supportive of nursing, stating the profession has a key role in Indian health care. A strength of the nursing profession, as noted by one leader is the ability of nurses to form especially meaningful relationships with patients and families. Through dialogue with nurses and others, we were introduced to nursing research activity in India and observed examples of nursing master’s degree theses similar to those found in the U.S. One hospital explained how it is applying results from a nursing study. The needs within the profession consist of more
continuing education and training in regard to HIV/AIDS and technology. In terms of nursing continuing education, regular programs take place at RH and Krishna.

The Indian Nursing Council is a national statutory body (Indian Nursing Council, 2001). The INC and state nursing councils regulate licensure. According to one informant India does not have a nurse practice act. As noted earlier, health care enterprises do hire unlicensed personnel.

The INC and state nursing councils also regulate nursing education. The INC is mandating that all nursing diploma schools (currently 700) convert to BSc (currently 200) programs by 2010 (Dutta, 2003). No new nursing diploma schools will be approved after 2005. A shortage of MSc prepared faculty, required to teach at the BSc level makes meeting the mandate difficult.

Important to this report is information about starting a nursing college gained from the registrar at the Maharashtra Nursing Council (MNC) and other nurse leaders. Applicants for new programs need the following: 1) an Essentiality Certificate from the Medical Education and Drug Department, Government offices, Mantralaya (approximately 25,000R) and 2) affiliation with a university, in this case possibly the Maharashtra University of Health Sciences in Nasik (2.5 lakhs for approval); and INC approval (50,000R). The INC prescribes a syllabus and regulations for nursing (Indian Nursing Council, 2001). Two-hundred and fifty beds, occupied at the rate of 75%, are needed for every twenty students. A 1:10 faculty/student ratio is used for clinical education.

Prominent nursing organizations include the following: Trained Nurses Association of India, the Student Nurses Association of India and Catholic Nursing Guild of India. Each state has a unit of these organizations. A bi-annual meeting of the student association entitled “Preparing tomorrows nurse leaders” was recently held in Karad. One thousand people attended this conference.

Nurse migration to Saudi Arabia, the United Kingdom (UK), and the U.S. for work is a prominent issue. Nurses migrate for several reasons including the following: better wages, more money to support themselves and family members, greater professional opportunities, and increased value for their work. According to one health care leader, Indian employers cannot make up the salary gap between India and other countries. Middle Eastern Countries, the UK and the U.S. are destination countries. One person identified the UK as a compromise country and the U.S. as a “dream country.” The CGFNS screening exam is difficult, posing a barrier to U.S. migration. One nurse leader qualified the success of her institution by stating most students pass CGFNS on their first try. Others stated that some students take the exam three to five times. Leaders at Bel-Air Hospital, Krishna and TGINE all stated that migration is common among nurses or nursing graduates. Leaders at the government nursing school for Satara district stated migration is less common among their students, mostly from rural areas, in part because of the language barrier.
Several issues identified in this discussion have bearing on the feasibility of starting a nursing program at Bel-Air Hospital. With Fr. Tomy, it was determined that starting a college rather than a school is essential. Bel-Air Hospital has the required number of beds, 250, to admit 20 students. It is not clear that it maintains a 75% occupancy rate, an INC criterion (Indian Nursing Council, 2001). Sufficient faculty must be secured and funding is needed to establish the program.

**Government Issues**

The role of government in health care appears relatively modest. Though the economy of India has improved over the last decade and poverty has been reduced (Wade, 2004), improving health care and living standards for many people, remain important challenges. One of the National Health Policy goals is to increase the percentage of the Gross Domestic Product spent on health care from less than .9 % to 2% by 2010 (Bel-Air Hospital, 2003). One professional noted that 34% of health care in India is made available through the Catholic Church affiliated entities.

Interviewed leaders pointed out concerns with the role of the government in health care. One person stated that there are 200,000 million U.S. dollars committed to Maharashtra state for HIV/AIDS work, but access to the funding through government channels is difficult. People wish for more nursing positions at government hospitals, more government support for nursing education, and a more active approach to HIV/AIDS.

An HIV/AIDS training program for nurses was started at Sassoon General Hospital in Pune. The program was started by Johns Hopkins University and the curriculum designed in collaboration with Indian nurses. This program will be expanded to all government hospitals in Maharashtra. A study team member established contact with Lisa Scotti, ACRN, BS, a staff member of the Johns Hopkins AIDS project.

**Major Health Issues in India**

HIV/AIDS was the most prominent subject of health care discussions during the study. Its prominence was in part due to its central place in the life of Bel-Air Hospital. It is also a significant health issue nationally. Approximately 5 million people are currently infected (Tripathy, 2004). Although the national prevalence rate is under 1%, the population size of India results in a rank second only to South Africa in the number of people infected (Mehta & Bollinger, 2004). We attended two conference about HIV/AIDS, the CBCI meeting, “Church’s Concerted Response to HIV/AIDS: Regional Strategies and Future Program,” and an International Social Work Conference sponsored by the College of Social Work Nirmala Niketan. Speakers at the meetings stressed the importance of acting now to prevent further transmission and consequences of HIV infection. A related Indian national health goal is reducing the growth rate of HIV/AIDS to 0 by 2007 (Public-Private Partnership).
Maharashtra state is considered high-risk for HIV/AIDS. Satara district has an overall prevalence rate of 4%; 18% in STD clinics; and, 1.5% in antenatal clinics. Some issues related to HIV/AIDS are acceptable or improving. General awareness is described as good, with an estimated 60 to 70% of people aware of HIV/AIDS through mass media, radio, TV, printed messages. Condom use has improved. Stigma remains a major problem.

One of the challenges that must be addressed is providing affordable treatment. Even the lowest cost care is not possible for many people. Health insurance is uncommon. Indian companies make ART. Efforts to provide ART at more affordable costs to Indian citizens are underway.

Peoples’ ability to earn an income has a role in the transmission of HIV/AIDS. Because of lack of employment, migration to large cities takes place. Practices associated with migration are linked with unsafe sex practices. For example young male migrants live with each other in very crowded situations and are pressured to have sex with other males (Sethi, 2004). HIV/AIDS transmission is promoted through long-distance truck drivers’ engagement with female commercial sex workers who are infected (Mujumdar, 2004).

Gender and economics figure into HIV/AIDS infection and treatment for some. According to one professional with whom we met, women are often treated less that men; if both husband and wife are infected, the husband is treated first. If a husband dies, the spouse is often not given the proper attention by the in-laws. Women without a source of income, or through coercion, make a living as commercial sex workers (Majumdar, 2004). At least forty percent of the female sex worker population in Mumbai is HIV positive (Tripathy, 2004).

As we conducted this study we visited two programs addressing aspects of HIV/AIDS in addition to those at Bel-Air Hospital. These included:

1. AIDS Hospice and Leprosy Hospital, Trombay, Mumbai; Frank Furtado, Chairman.
2. The John Paul Slum Development Project in Pune, George Swamy, Project Leader.

Community Capacity to Support a BSc Nursing Program

Community Need for a BSc Nursing Program

The nurses at Bel-Air Hospital have diploma degrees. Many of the nurses come from the state of Kerala in Southern India and do not speak the local language, which limits in-depth patient-nurse interactions. A need was expressed that a nursing program at Bel-Air Hospital would allow more local people who speak the language to become nurses.

The average length of employment at Bel-Air Hospital is less than three years with many of the nurses planning to migrate. This trend to migrate resonates with reports from Mrs. A. Joykutty, Principal at L.T. College of Nursing at S.N.D.T. and other nurse leaders, who stated that about half of the their graduates per year will migrate. Currently, India faces a shortage of nurses and a shortage of faculty and there are more applicants than spaces for new students in the three private schools that we visited. Additionally, because of the opportunities for employment and for migration, more people are applying to nursing schools.

More new nursing programs are being developed to respond to the shortage of nurses. Nurse leaders with whom we met expressed concern that the new schools were being started for
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Advancing Nursing Education at Bel-Air Hospital

business reasons. This is resulting in a reduction of the quality of nursing education because these schools do not have adequate exposure to patient care. Mrs. Joykutty stated that she would like to see the government attach more support to nursing education and also require nurses to serve their country before migrating. All of the nurse leaders stated they saw a need for BSc nursing programs.

Regional nursing schools we visited supported the idea of an additional nursing program, citing there are many more applicants to their programs than they can accept. Although two new nursing programs are proposed for Satara district, the registrar at the MNC stated that the idea of starting one at Bel-Air Hospital is feasible. Though specific predictions are not possible, nurse leaders reported that students can expect to secure employment after graduation.

**Sources of Financial Support for a BSc Nursing Program**

Fr. Tomy stated that he will start a BSc nursing program and has plans to apply for a loan to start the BSc program at Bel-Air Hospital. He also stated that he felt his application for money would be stronger with support from a University in the U.S. While tuition support for students is not readily available, people stated that they continue to get more applicants than they can accept into their nursing programs. In India, 2500 nursing students graduate every year in the state of Maharashtra and 80 nursing students are enrolled in Satara district nursing programs. Additionally, Maharashtra has 84 nursing programs (10 BSc) and the Satara district has three to four nursing schools (all GNM schools). The tuition is 55,000 R/year in government schools and up to 1 Lakh in some private schools.

**Sources of Management and Infrastructure Support for the School**

The assistant nursing matron at Bel-Air Hospital specified that she and the current matron considered themselves clinical leaders rather than educators. Their support for a nursing college was somewhat unclear. Although the nursing leaders cited faculty shortage as a key issue (reportedly there are 200 MSc nurses in the state), Fr. Tomy stated that he would be able to recruit qualified Sisters from the Catholic Church in order to fill the need for faculty in a new BSc nursing school at Bel-Air Hospital.

In regard to facility space for a BSc nursing school at Bel-Air Hospital, Fr. Tomy is proposing that an area that was previously used as an operating theater (approximately 9 rooms) be used for education. A nurses’ hostel is used now for nursing staff. Whether or not this could support twenty additional people was not determined.

**Collaboration with Existing Schools**

The College of Nursing at UIC coordinates the Minority International Research Training (MIRT), which organizes international research training experiences in nursing science for minority baccalaureate and graduate nursing students and nursing faculty mentors. The MIRT program may be able to develop and implement a research training experience relevant to HIV/AIDS and home care. Mrs. Joykutty, the college principal, expressed interest in the idea of a Bel-Air nursing college. In addition, exploring the potential of a clinical site at Bel-Air Hospital, along with a student exchange program were identified as potential future activities.
Leaders at Krishna Hospital including Mrs. Mohite, the school principal and Mrs. Bhore, the nursing superintendent were interested in collaborating with Bel-Air Hospital and/or UIC. Both nursing leaders at TGINE Mrs. Sing, nursing college principal, and Mrs. Cruze, hospital nursing superintendent, were also interested in supporting a nursing program at Bel-Air Hospital and working with UIC.

**Relevance for a BSc Nursing Program with Existing Schools**

Currently, the Satara district has three to four nursing schools offering a GNM diploma and two new applications have been submitted for a GNM school to open in 2005.

Fr. Tomy would like to collaborate with the College of Nursing at UIC to develop an HIV/AIDS curriculum for nursing students at Bel-Air Hospital. He would also like to have a faculty member come to Bel-Air Hospital to implement the curriculum. Mrs. Joykutty, the college principal, expressed interest in the idea of a nursing program at Bel-Air Hospital. Specifically, she thought it might be possible for Bel-Air Hospital to be a clinical site for students in the L.T. College of Nursing at S.N.D.T. University.

Leaders at Krishna Hospital including Mrs. Mohite, the school principal; Mrs. Bhore, the nursing superintendent; and Dr. Bhosale, the medical administrator expressed an interest in collaboration with Bel-Air Hospital as a clinical site. Institutional leaders at Ruby Hall Clinic and TGINE at RH including Mrs. Sing, nursing college principal, Mrs. Cruze, hospital nursing superintendent, and Mr. Bomi Bhole, Chief Executive Officer of RH also expressed interest in supporting a nursing program at Bel-Air Hospital as a clinical site for nursing students learning about HIV/AIDS. Nurse leaders at L.T. College of Nursing, TGINE at Ruby Hall, and Krishna Hospital all expressed an interest in collaborating with UIC College of Nursing related to research activity and student exchanges.

**RECOMMENDATIONS TO ESTABLISH A NURSING PROGRAM AT BEL-AIR HOSPITAL**

A. Bel-Air Hospital /ICRS action to start a nursing college
   1. Assure Bel-Air leadership through initial operation of college with MCBS.
   2. Assure availability of a principal and MSc faculty.
   3. Determine costs and apply for funding.
   4. Make essential links with a University.
   5. Make necessary application through Indian nursing organizations and government.
   6. Prepare physical infrastructure.

B. Consider short-term goal of developing Bel-Air Hospital as a center for excellence for clinical HIV/AIDS nursing care
   1. Further establish standards of care.
   2. Provide further training for current staff members.
   3. Plan for first Bel-Air Hospital clinical experience with a collaborating school.
   4. Explore possible linkages with other U.S.-based programs operating in the region.
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C. Ideas for UIC Collaboration to start a nursing college
   1. Curricular support.
      a) Participate in developing training for nurses at Bel-Air Hospital and region.
      b) Assist Bel-Air Hospital to develop curriculum related to HIV/AIDS.
   2. Research collaboration.
      a) Keep this idea as a part of all ongoing discussion.
      b) Make opportunity available to interested nurse researchers.
      c) Identify areas for research.
      d) Include members from India.
   3. Links with other nursing programs in India.
      a) UIC CON could play a role in bringing Ruby Hall (Tehmi Grant Institute of Nursing Education), Krishna, L.T. (S.N.D.T.) together for further discussion and definition of collaboration activity.
      b) Involve faculty with appropriate authority to establish agreements.

Alternative Ideas for Advancing Nursing Education

Several additional ideas for advancing nursing education at Bel-Air Hospital were identified. The suggestions included the following:

1. Support selected current Bel-Air Hospital nursing staff members in obtaining their BSc (programs available in Pune) in exchange for an extended service period.
2. Select future leadership group for professional development/education activity at UIC or other programs.
3. Ascertained continuing education offerings for Bel-Air nurses and, if needed, begin offering regular continuing education.
4. Continue dialogue with nursing colleges/schools in region.
5. Promote faculty and student exchange with UIC.

Long-Term Viability

Long-term viability of a BSc nursing program in part depends on leadership. Some guarantee needs to be made that Fr. Tomy and/or a nursing principal could help carry the vision through a certain time period. The commitment of the ICRS to a BSc nursing college is needed for long-term viability.

Establishing meaningful linkages with schools in the region may help long-term viability in some ways. For example, providing a high quality and a unique clinical site (e.g., care for adults and children with HIV/AIDS) for nearby nursing colleges may help establish the need for Bel-Air Hospital as an important site for nursing care. Linkages with other hospitals and schools are needed to insure that Bel-Air Hospital nursing students have comprehensive clinical experiences. A formalized network of nursing schools working together may offer leverage for actualizing a nursing contribution to the care of the people in the region. The long-term viability of Bel-Air Hospital will also depend on having a financial base to support the school and offering quality education that is valued by students and potential employers.
REFERENCES


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Indian Red Cross Society (n.d.b). Dr. R.B. Billimoria, Bel-Air Sanatorium & Hospital, Panchgani, (1912-2003). [Brochure].


Krishna Hospital School of Nursing. (2004, October). Xith Maharashtra state student nurses association conference souvenir. Karad, Satara District, Maharashtra, India.


APPENDICES

Appendix A: Feasibility Study Plan

Appendix B: India Travel Itinerary

Appendix C: List of Names of Stakeholders in India

Appendix D: Biosketches for Project Members
Appendix A: Feasibility Study Plan

Advancing Nursing Education at Bel-Air Hospital
Phanchgani, Maharashtra, India

Purpose

The mission of this project is to determine a feasible approach to advance nursing education in association with Bel-Air hospital. This will be accomplished through comprehensive data collection and synthesis with key stakeholders at UIC CON and Bel-Air Hospital. Developing a baccalaureate nursing program is a proposed approach that will serve as a starting point for this feasibility study.

Goals and Objectives

Initiating the work

1. Create and develop team in the U.S. and India to work on all phases of the project.
   a. With leadership at UIC CON and Bel-Air Hospital, identify key stakeholders who are or may be invested in the project.
   b. With leadership at UIC CON and Bel-Air Hospital, discern stakeholders’ vision for advancing nursing education at Bel-Air.
   c. Continue to develop team as interested people are identified and as roles and needs become clearer.

2. Identify key issues to facilitate decision-making for a long-term plan.
   a. Identify key issues with UIC -CON and Bel-Air Hospital team members before and during travel.
   b. Identify key issues with other stakeholders as they are identified.
   c. Update data collection plan as issues are identified.
      i. Identify data sources and resources now and throughout process.
      ii. Identify with Fr. Tomy resources, people, and institutions to visit in India. iii. Arrange appointments in India in advance with Fr. Tomy’s assistance.

Data Collection

3. Identify contextual factors that impact the practice of nursing in the nation, state, region.
   a. Nursing professional issues
      i. Development of the profession/discipline
      ii. legal issues & licensure
      iii. Status of nursing education
      iv. trends in nursing such as nurse migration.
   v. Employment - recruitment and retention
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b. Governmental issues.
c. Economic issues
d. Political issues.
e. Social and health issues

4. Determine need for baccalaureate prepared nurses in the local and regional context.
   a. Identify the community need for a new baccalaureate nursing program.
      i. What is the nurse/patient ratio in the area compared to other areas
      ii. What are the major health care issues in that region?
      iii. What are nurses’ preparation level?
   b. Identify interest, motivation and commitment to a nursing program.

5. Identify the community capacity to support a new baccalaureate nursing program.
   (market analysis)
   a. Determine the “market” for a new nursing program
      i. What are the estimates of qualified students for admission?
      ii. What is the job market projections for baccalaureate prepared students?

6. Determine sources of financial support.
   a. Is there financial support from the Ministry of Education or other community institutions?
   b. How would financing be maintained?
   c. How do students pay for education in India?
   d. Can students afford or find support for school?

7. Determine sources of management, infrastructure support for the school?
   a. Is nursing leadership available/interested?
   b. Is there existing facility/space?
   c. Are there qualified faculty? Academic support within universities?
   d. Collaboration with existing schools (via telecommunication/web-based course instruction)

8. Determine fit of a new nursing program with existing nursing schools in region.
   a. What collaboration might be possible?
   b. What are types of curricula, education systems in India?

9. Generate additional ideas for advancing nursing education in this context.

Synthesis

10. Identify “make or break” issues that would prevent the development of a baccalaureate nursing program from moving forward successfully.

11. Project potential for long-term viability of a baccalaureate nursing program.

12. Develop and present recommendations in consultation with stakeholders.
## Appendix B: India Travel Itinerary

### Schedule of Activity with Stakeholders

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 3</td>
<td>Arrive Mumbai</td>
</tr>
<tr>
<td>December 4-5</td>
<td>Sightseeing</td>
</tr>
<tr>
<td>December 7</td>
<td>Meeting at S.N.D.T. University, LT College of Nursing.</td>
</tr>
<tr>
<td>December 7-9</td>
<td>International Social Work Conference, Community Care and Support for Persons Living with HIV/AIDS: Challenges for the New Millennium Organized by The College of Social Work, Nirmala, Niketan, Mumbai,</td>
</tr>
<tr>
<td>December 8</td>
<td>Visit to Niramay Niketan, Aids Hospice and Leprosy Hospital, Trombay, Mumbai with Chariman, Frank Furtado.</td>
</tr>
<tr>
<td>December 9</td>
<td>Travel to Panchgani.</td>
</tr>
<tr>
<td>December 10</td>
<td>Tour of Bel-Air with Fr. Tomy.</td>
</tr>
<tr>
<td>December 10</td>
<td>Meeting with Bel-Air Health Care leaders - Sr. Rosala, Sr. N, Sr. Dr. Rosalie, Sr. Dr. Elizabeth. Meeting with Bel-Air Nursing Staff (N=18). Meeting with Medical Social Workers and volunteer staff (former Bel-Air patients). This meeting was stopped shortly after starting due to scheduling problems.</td>
</tr>
<tr>
<td>December 11</td>
<td>Discussion with Fr. Tomy; Meeting with Dr. at Bel-Air (Karen).</td>
</tr>
<tr>
<td>December 12</td>
<td>Mass and sightseeing with Sr. Dr. Rosalie and Sr. Nirmala.</td>
</tr>
<tr>
<td>December 13</td>
<td>Visit to Krishna Hospital and Nursing School Visit to Satara District Hospital.</td>
</tr>
<tr>
<td>December 14</td>
<td>Visit to Ruby Hall Clinic and Tehmi Grant Institute of Nursing Education. Visit to George Swamy’s John Paul Slum Development Project.</td>
</tr>
<tr>
<td>December 15</td>
<td>Morning with Sr. Anie and nursing staff; patient care rounds (Karen). Visit to MDC Home with Fr. Tomy (Beth).</td>
</tr>
<tr>
<td>December 16</td>
<td>Travel to Mumbai. Presentations on Aging and Disabilities (Dr. Beth Marks); Feasibility Study (Dr. Karen Solheim) at SNDT University, LT College of Nursing.</td>
</tr>
<tr>
<td>December 17</td>
<td>Meeting at Maharashtra Nursing Council Dinner with Red Cross Leaders: Mrs. Homai N. Modi, Jt. Hon. Secretary Marahrashtra State Branch &amp; Dr.C.J.Batliwala, Jt. Hon Secretary.</td>
</tr>
<tr>
<td>December 18</td>
<td>(1:10 am). Left for U.S.</td>
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</tbody>
</table>
Appendix C: List of Names of Stakeholders in India

Mrs. Mangla S. Anchan, Registrar
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Appendix D: Biosketches for Study Team

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Curriculum Vitae for Beth Marks
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Education/Training

<table>
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<th>Year(s)</th>
<th>Institution And Location</th>
<th>Degree</th>
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<tr>
<td>1969- 1973</td>
<td>University of Wisconsin, Madison, WI</td>
<td>BS</td>
<td>Nursing</td>
</tr>
<tr>
<td>1983- 1984</td>
<td>University of Illinois, Chicago, IL</td>
<td>MS</td>
<td>Public Health Nursing &amp; Family Nurse Practitioner</td>
</tr>
<tr>
<td>1993- 2000</td>
<td>University of Colorado Health Sciences Center, Denver, CO</td>
<td>PhD</td>
<td>Nursing, Global Health Research Emphasis</td>
</tr>
</tbody>
</table>

Positions and Employment

Teaching/Research

- Fall 1983: Research Assistant, School Health, University of Illinois College of Nursing, Chicago, IL
- Winter 1984: Teaching Assistant, Public Health, University of Illinois College of Nursing, Chicago, IL
- 1988-1989: Clinical Instructor, Northwestern University, Chicago, IL
- 1990-1991: Adjunct Faculty, Rush University, Chicago, IL
- 1991-1998: Assistant Professor, The University of Wisconsin -Eau Claire, Eau Claire, WI
- 1999-Date: Associate Professor (Promotion, Fall 2000), The University of Wisconsin -Eau Claire, Eau Claire, WI (leave of absence)
- 2003-Date: Postdoctoral Trainee, Primary Health Care Research, NIH Grant# T32NPO7079-University of Illinois College of Nursing, Chicago, IL

Clinical

- Summer 1973: Staff Nurse, Central Wisconsin Colony, Madison, WI
- 1973-1975: Staff Nurse, St. Mary's Hospital, Psychiatry, Minneapolis, MN
- Summer 1975: Camp Nurse, Camp Friendship, Palmyra VA
- 1975-1977: Staff Nurse, Medical Unit, Hennepin County Medical Center, Minneapolis, MN
- 1977-1983: Staff Nurse and Head Nurse, Perinatal Unit, Northwestern Memorial Hospital, Chicago, IL
- Summer 1986: Staff Nurse, Obstetrics, Madison General Hospital, Madison, WI
- 1987-1991: Nurse Practitioner, Pulmonary, Veteran's Administration Lakeside Lakeside Medical Center, Chicago, IL
- Summer 2000: Nurse Practitioner, Western Wisconsin VA Outpatient Clinic, Chippewa Falls, WI
- 2002-2003: Nurse Practitioner, Bircher Chiropractic & Wellness Center, Eau Claire, WI

International

- 1985-1986: Nursing Trainer, The American Refugee Committee Thailand
- Winter 1993: Consultant, The American Refugee Committee, Somalia

Other Experience and Professional Memberships

- 1992-2002: Seminar Speaker, PESI HealthCare, LLC, Eau Claire, WI
- 1993-Date: Wisconsin Nurses Association, District 10; (Nominating Committee, 1994-1996).
- 1992-Date: Sigma Theta Tau - Delta Phi Chapter (Research Committee Chair, 1995-1997; Junior Counselor, 2000-2001; Senior Counselor, 2001-2002).
- 2004-Date: American Public Health Association.
Professional Recognition
1989 Secretary's Award for Excellence in Nursing, Veterans Administration Lakeside Medical Center
1993 Ihle Award for Caring, The University of Wisconsin -Eau Claire
1996, 1998 Sigma Theta Tau, Delta Phi Chapter, Research Award
1997 University of Colorado Health Science Center Research Scholar Award
2000 Sigma Theta Tau, Delta Phi Chapter, Leadership Award
2000 Suzanne Van Ort Award for Faculty Creativity & Scholarship, The University of Wisconsin -Eau Claire

Peer-reviewed publications (in chronological order).

Additional Publication (in chronological order)

Grants & Proposals (in chronological order)
Solheim, K.D. (2002). Walking in Communities with AIDS. Center for Excellence for Faculty and Undergraduate Student Research Collaboration, The University of Wisconsin -Eau Claire. $1,833.
Selected Professional Presentations (in chronological order, last 10 years)

Presentations-Local


“Patterns of Relationship Between a Nongovernmental Organization, Nurses, and Refugees.” Disseminated in the following forums: The University of Colorado Health Sciences Center (1999); The University of Wisconsin -Eau Claire, (2000); Sigma Theta Tau, Delta Phi Chapter, Plenary Session (2000); The American Refugee Committee, Minneapolis, MN (2000).


Presentations-Local-Invited


“Patterns of Community Relationship: NGOs, Field Staff and Internally Displaced Persons.” UIC Department of Psychology, Spring 2004.

“Dhammayietra Mongkol Borei: Community-based HIV/AIDS care in Cambodia.” Presentation to Chicago Nurses in Aids Care, Fall 2004.

Guest Lecture


Presentations-National Referred


Presentations--International-Referred

“Patterns of Relationship Between a Nongovernmental Organization, Nurses, and Refugees.” Sigma Theta Tau International Nursing Research Congress, Copenhagen, Denmark, June 2001.

“Patterns of Work-Centered Relationship Between Nurses and Refugees.” International Council of Nurses 22nd Quadrennial Congress, Copenhagen, Denmark, June 2001.


Posters


Selected University of Wisconsin-Eau Claire Activity (in chronological order, last 10 years):

- With Dr. Leonard Gambrell (political science), developed and taught interdisciplinary course, "World Health and Politics," 1995 -1996.
• Chairperson, University Wellness Theory Course Approval Committee, 1994-1997.

Selected Professional Service To The Community (in chronological order, last 10 years):
• Member, Eau Claire City/County Health Dept., Infectious Diseases Control Committee, 1995 - 1997.
• Speaker, An American Refugee Committee Fundraising Event, The Experience of Being a Volunteer, Minneapolis, MN, 1997.
• Advisory Board Member, UW Health - Eau Claire Family Medicine Clinic, Eau Claire, WI, 2001, 2002.

Professional Meetings and Courses (in chronological order, last 5 years):
Globalization and its Discontents: Implications for the Academy, A Faculty/Staff Development Institute, The University of Wisconsin System Institute for Global Studies, Lake Geneva, WI, 2000.
International Council of Nurses 22nd Quadrennial Congress, Copenhagen, Denmark, June 2001.
Sigma Theta Tau International Nursing Research Congress, Copenhagen, Denmark, June 2001.
Theoretical Basis for Primary Health Care, University of Illinois College of Nursing, Nusc 560, Fall 2004.
GENERAL INFORMATION

Office Address: Rehabilitation Research and Training Center on Aging with Developmental Disabilities (RRTC -ADD)
Department of Disability and Human Development, M/C 626
College of Applied Health Sciences
University of Illinois at Chicago
1640 West Roosevelt Road
Chicago, Illinois 60608

EDUCATION

University of Illinois at Chicago College of Nursing

Postdoctoral Trainee, June, 1997 to June, 2000
NIH funded research training program in primary health care research, College of Nursing (CON). Focused on participatory research programs and health promotion research among adults with disabilities.

Doctor of Philosophy, 1996
Public Health Nursing and Developmental Disabilities
University of Cincinnati College of Nursing and Health

Master of Science in Nursing, 1991
Occupational Health/Community Health Nursing and Developmental Disabilities

Bachelor of Science in Nursing, Cum Laude, 1985

PROFESSIONAL EXPERIENCE

Associate Director for Research. Rehabilitation Research and Training Center on Aging with Developmental Disabilities (RRTC -ADD), Department for Disability and Human Development (DHD). University of Illinois at Chicago, College of Allied Health Sciences (CAHS), Chicago, Illinois, 2002 to present.

Research Assistant Professor. Department for Disability and Human Development (DHD). University of Illinois at Chicago, College of Allied Health Sciences (CAHS), Chicago, Illinois, 2002 to present.

Assistant Professor. Northern Illinois University, DeKalb, Illinois. Instructor in the School of Nursing, 2005.
PROFESSIONAL EXPERIENCE, cont.

**Assistant Director.** Rehabilitation Research and Training Center on Aging with Developmental Disabilities (RRTC-ADD), Department for Disability and Human Development (DHD). University of Illinois at Chicago, College of Allied Health Sciences (CAHS), Chicago, Illinois, 2001 to 2002.

**Senior Research Associate.** University of Illinois at Chicago, College of Nursing (CON) and College of Allied Health Sciences (CAHS), Chicago, Illinois. The Rehabilitation Research and Training Center on Aging with Developmental Disabilities (RRTC-ADD), DHD and the Primary Health Care Center in the CON, 2000 to 2001.

**Assistant Professor.** Northern Illinois University, DeKalb, Illinois. Instructor in the School of Nursing, 2000.


**Senior Research Specialist in Health Sciences.** University of Illinois at Chicago, CON and CAHS, Chicago, Illinois. Department of Public Health, Mental Health, and Administrative Nursing, 1996 to 1997. Center for Emergent Disability, Department for Disability and Human Development, 1996 (Fall)


**Occupational Health Nurse.** Employee Health Professionals, Cincinnati, Ohio, 1992 (Part-time).

**Staff Nurse.** The Jewish Hospital of Cincinnati, Cincinnati, Ohio, 1989 to 1994 (Part-time).

**Graduate Assistant.** University of Cincinnati, College of Nursing, Cincinnati, Ohio. University Program Advisory Committee Agent for Urban University Program, 1991 to 1992.

**Long-term Trainee.** University Affiliated Cincinnati Center for Developmental Disorders (UACCDD), Cincinnati, Ohio, 1990 to 1991.

**Medical Management Consultant.** Recovery Unlimited, Cincinnati, Ohio, 1988 to 1990.

**Medical Management Consultant.** National Rehabilitation Consultants, Cincinnati, Ohio, 1987 to 1988.

**Home Care Nurse.** Pediatric Nursing Care, Cincinnati, Ohio, 1986 to 1987.

**Charge Nurse/Staff Nurse.** The Jewish Hospital of Cincinnati, Cincinnati, Ohio, 1985 to 1986.
FIELD WORK

   Conducted a community assessment in collaboration with the Evanston Director of Health and Human Services to identify experiences of disabled people who live in Evanston, Illinois.

2000 - University of Illinois at Chicago, CON, Chicago, Illinois.
   Consulted with Naemma Al-Gasseer, Chief Nurse Scientist for Nursing and Midwifery at the World Health Organization to develop a questionnaire to determine the nursing and midwifery research agenda for WHO.

1999 - University of Illinois at Chicago, CON, Chicago, Illinois.
   Initiated a collaborative project with Moise Nepan of Credo in Burkina Faso for HIV/AIDS prevention and education. Evaluated the current programs (including peer education) being used for HIV/AIDS prevention and education. Also, assessed the cultural relevancy of the UIC HIV/AIDS peer prevention and education curriculum for use in Burkina Faso to develop materials for a future HIV/AIDS prevention and education program in this country.

1997 - University of Illinois at Chicago, CON, Chicago, Illinois.
   Participated in a collaborative health professionals’ education program in Lithuania for HIV/AIDS prevention and education.

1990 to 1991 - University of Cincinnati, CON, Cincinnati, Ohio.
   Conducted a statewide needs assessment in collaboration with the Ohio Department of Mental Retardation and Developmental Disabilities (ODMRDD). Developed and disseminated a survey for health and safety personnel in vocational training programs for adults with mental retardation and/or developmental disabilities. Also, developed a continuing education workshop entitled “Health and Safety in Vocational Training Programs” based on the results of the needs assessment.

1990 (Spring) - University of Cincinnati, CON, Cincinnati, Ohio.
   Developed an educational module on work stress for employees at AT & T Communications.

1989 (Fall) - University of Cincinnati (UC), CON, Cincinnati, Ohio.
   Developed a Workers' Compensation protocol for the UC Center for Occupational Health.

HONORS/AWARDS

1992-1994 Institute for Disability and Human Development Graduate Fellowship, UIC.
1992 Selected to represent the University of Cincinnati College of Nursing and Health at the 16th Annual Midwest Nursing Research Society Conference.
Honors/Awards, cont.


Thesis/Dissertation


Ongoing Research Support

H133B031134 Heller (PI) 10-1-03 to 9-30-08 $3,749,990
National Institute on Disability and Rehabilitation Research
Rehabilitation Research and Training Center on Aging with Developmental Disabilities
Role: Associate Director of Research

H133B031134 Marks (PI) 10-1-03 to 9-30-08 $50,000
National Institute on Disability and Rehabilitation Research
Healthy Communities for Adults with Intellectual and Developmental Disabilities: Evaluating the Efficacy of Two Train-the-Trainer Approaches

P30 AG22849-01 Heller (PI) 10-1-03 to 9-30-08 $50,000
National Institute on Aging, U.S. Department of Health and Human Services
Health Promotion for People with Intellectual Disabilities: Train-the-Trainer Dissemination Pilot Project
Role: Co-principal Investigator

558367-19110 Heller (PI) 11-1-03 to 10-31-08 $50,000
Special Olympics International
Evaluation of National Special Olympics Healthy Athlete Pilot Projects
Role: Co-principal Investigator

558447-19110 Heller (PI) 1-1-04 to 12-31-05 $102,888
The Retirement Research Foundation
Health Promotion for Adults Aging with Intellectual and Developmental Disabilities: Train-the-Trainer Capacity Building Project
Role: Co-principal Investigator
Ongoing Research Support, cont.

PA-01-080 Hughes (PI) 5/1/02-present $106,364
National Institute on Aging (NIA), Research Supplement for Individuals with Disabilities.
The goal of this study is to examine the outcomes of a health promotion/education curriculum.
Role: Co-Investigator

COMPLETED RESEARCH SUPPORT

Triano (PI) 5/1/02-10/31/03 $8,000
Department of Labor
YIELD (Youth for Integration through Education, Leadership and Discovery) THE POWER.
Role: Consultant - Evaluated YIELD Project

T32 NRO7079 McElmurry (PI) 6/1/97-5/31/00
National Institute of Nursing Research (NINR), National Research Service Award (NRSA)
Institutional Postdoctoral Research Training in Primary Health Care. Award # T32 NRO7079. The
purpose of this study was to conduct a community assessment regarding the experiences of
disabled people who live in a community in Illinois.

5 F31 NR07017-02 Marks/Cowell (PI) 5/1/94-8/31/96
National Institute of Nursing Research (NINR), National Research Service Award (NRSA)
Predoctoral Research Training Grant.
The goal of this study was to examine conceptualization of health among adults with
intellectual/developmental disabilities.

PUBLISHED PAPERS

Referred Publications

Marks, B.A. Cultural Competence Revisited: Nursing Students with Disabilities Journal of Nursing Education, in review.
Marks, B.A. & Heller, T. (2003). Bridging the equity gap: Health promotion for adults with
Refereed Publications, cont.


BOOK CHAPTERS/MONOGRAPHS/REPORTS


PRESENTATIONS

Marks, B. (December 18, 2004). *Aging and Disability*. S.N.D.T. Women’s University, College of Nursing. Mumbai, Maharashtra, India.

Marks, B. (December 18, 2004). *Feasibility Study: Advancing Nursing Education at Bel-Air Hospital*. S.N.D.T. Women’s University. Mumbai, Maharashtra, India.

Marks, B. (October 8, 2004). *Sexuality among Individuals with DD - A Litmus Test for Our Generation*. Florida Association of Support Coordinators Annual Meeting and Conference, Tampa, Florida.


Heller, T., Hsieh, K., Marks, B., & Rimmer, J. (June 14-19, 2004). *Exercise Adherence and Outcomes after Exercise and Health Education Program for Adults with Down Syndrome*. International Association for the Scientific Study of Intellectual Disability 12th World Congress, Montpellier, France.


Marks, B.A. (July 30, 2003). *Health Promotion for Adults with Intellectual and Developmental Disabilities*. Staff training at Douglass Dubois, Skokie, IL.


PRESENTATIONS, cont.


Marks, B.A. (December 6, 2002). *Developing a Healthy Lifestyle: Health Promotion for Adults with and Developmental Disabilities*. First Florida International Conference on Aging Persons and Developmental Disabilities, Tampa, FL.


Marks, B.A., Ailey, S.A., Sisirak, J. (October 14, 2002). *Health Promotion and Disability Across the Lifespan*. Institute for Rehabilitation, Republic of Slovenia (IR-RS) - Staff training, Ljubljana, Slovenia.


Heller, T., Marks, B.A. Ailey, S., & Hsieh, K. (June 1, 2000). *Promoting Self-Determination in the Health Promotion Project for Adults with Down Syndrome*. American Association on Mental Retardation 124th Annual Meeting, Washington, DC.


TEACHING EXPERIENCE

2000 & 2005 - Instructor, Northern Illinois University
Course: Theoretical Perspectives for Advanced Practice Nursing - Graduate level course

1995 to 1999 - Consultant/Instructor
Provided statistical instruction and support, survey development, data management, and prepared presentations for faculty and Masters/Doctoral students for research projects, theses and dissertations. Also, taught introduction to windows-based programs, including SPSS, word processing programs, and graphics programs.

1993 to 1996 - Instructor (Substitute), University of Illinois at Chicago
Course: Public Health Clinical - Senior level course, DuPage County Public Health Departments

January 1995 to May 1995 - Teaching Assistant, University of Illinois at Chicago
Supervisor: Dr. Karen M. Conrad
Course: Research Methods, NUSC - 504 Masters Level Course

PROFESSIONAL AFFILIATIONS/SERVICE WORK

National Organization of Nurses with Disabilities Advisory Board (2003 - present) - Advisory Board Member.
National Organization of Nurses with Disabilities AACN Task Force Committee (2003 - present) - Chair.
 Rush University College of Nursing - Task Force Member on the Students with Disabilities: Nursing Education and Practice Symposium, 2002 - 2003.
 Sigma Theta Tau International - Member of Alpha Lambda Chapter. Developed and maintain the chapter’s website, 1995 - present.

PROFESSIONAL LICENSURES

Illinois - Registered Nurse, License # 041- 271247
Ohio - Registered Nurse, Inactive
Indiana - Registered Nurse, Inactive