PROCEEDINGS - COOPERATIVE DIALOGUE ON ADVANCED NURSING EDUCATION IN BANGLADESH

January 24-26, 2013

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In Association with:
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Government of the People’s Republic of Bangladesh

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I am delighted to learn that the Simon Fraser University, Vancouver, Canada; and the International University of Business, Agriculture and Technology (IUBAT), Dhaka Bangladesh are jointly hosting a “Cooperative Dialogue on Nursing Education” in collaboration with the Ministry of Health and Family Welfare during January, 2013 in Bangladesh.

The Government of Bangladesh is fully committed to extension and further improvement of nursing education at all levels. Efficient nursing service is an integral part of delivering a quality health system. We need many more nurses. We need many more nursing institutions. Nursing practices have been changed significantly in many countries. To keep pace with this trend, Bangladesh is keen to uphold the standard of nursing. We need to enhance qualitative and quantitative capacity of our nursing institutions. The challenges are tough but opportunities are even brighter. We believe we have to go long way to reach the goal. But we must start our journey today.

Promoting this dialogue could be a key strategy to identify the gaps and find consensus to overcome the gaps. It brings together the patrons and stakeholders of nursing not from only Bangladesh but also North America, Europe and other countries of Asia. I am very much looking to the report of this dialogue. I am sure Ministry of Health and Family Welfare will pay due attention to the recommendations of this important forum.

Prof. AFM Ruhal Haque MP
Message from the Chair of the Organizing Committee

Notes from the chair, organizing committee of cooperative Dialogue

Deputy Secretary : Mr. Abu Masud

As the Chair of the Cooperative Dialogue of Nursing Development in Bangladesh, I feel privileged to welcome the delegates from nursing institutions of Bangladesh, Canada, United Kingdom, USA and the Philippines. I believe every participant of this dialogue is a distinct leader of nursing profession. Apart from the senior nurses, a number of patrons of nursing profession have joined the dialogue to make it more meaningful. I would like to extend warm welcome to all of you from the Ministry of Health and Family Welfare, Bangladesh.

We feel strong demand of advance education in general nursing and different sub or super specialties of Nursing in Bangladesh. There are different groups working on this. The dialogue on advance nursing education at this particular point of time may make a significant contribution to their effort.

I do believe this dialogue will be very helpful in identifying issues related to not only advanced education in nursing but nursing profession as a whole. I understand certainly there are so many gaps and only intensive dialogue can help in reducing gaps and building consensus. I must reiterate that dialogue should not be an onetime event but it should go one to follow up actions and to identify new issues and new opportunities for actions.

I wish this dialogue a great success.

[Signature]
January 7, 2013

Mr. Abu Masud, Personal Secretary
Minister of Health and Family Welfare
Government of Bangladesh
Chair of Dialogue on Advanced Nursing Education in Bangladesh

Dear Sir,

Greetings from Simon Fraser University. I am delighted that SFU can contribute to improvement of health services in your country through co-sponsorship of this dialogue on nurse education.

In Canada, nursing has long been considered a crucial health profession, and we take great pride in our training programs. Canadian universities and colleges are constantly striving to assure quality of practicing nurses and midwives. I commend your efforts to improve the quality of nursing and midwife services available to the citizens of your country, and wish you every success in this endeavor.

SFU has several memoranda of understanding with universities in Bangladesh, and it is our hope that such mutually beneficial intellectual exchanges will continue.

Yours sincerely,

Andrew Petter
President and Vice-Chancellor

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Introduction

Why the Dialogue on Advanced Nursing Education in Bangladesh:

Health service and health of the people of the Bangladesh is impacted by the chronic shortage of nurses. In this document, by the terms “nursing and nurses” we have meant nurses including midwives, and nursing including midwifery. At present in Bangladesh, there are 33,000 registered nurses compared to approximately 60,000 registered medical graduates. About ninety percent of the registered nurses are diploma holders, nine percent are BSc in Nursing, and only one percent have post graduate degrees in nursing, mainly Masters in Public Health from local private universities. In recent years, it seems the medicare industry and community-based health services in Bangladesh in private sector, NGOs and public sector has grown tremendously. The chronic shortage of nurses has taken an acute turn in this situation.

The government of Bangladesh is politically committed for qualitative and quantitative extension of nursing education and nursing services. In government sector at present there are 7 nursing colleges (student intake 700/year) and 43 Nursing Institutes (student intake 2580/year) offering BSc in Nursing and Diploma in Nursing and Midwifery sciences. As of December 2013, there were 17 Nursing colleges (student intake 695/year) and 52 Nursing institutes (student intake 2165/year). Ministry of Health and Family Welfare strongly encourages private medical schools to run a diploma and/or BSc Nursing program as well too.

One clinical nursing faculty/teacher for every ten students is a requirement of Bangladesh Nursing Council. Shortage of qualified faculty is a major issue in Nursing institute and colleges in Bangladesh. There is no MSc in Nursing program in Bangladesh. For higher nursing care in hospitals and communities and teaching positions, there is a great need of advanced nursing education in Bangladesh. There are many challenges and opportunities in introducing advanced nursing coursing in Bangladesh. The Cooperative Dialogue on Advanced Nursing Education in Bangladesh is a Civil Society initiative to support nursing education and services in Bangladesh. We must hope, the dialogue will continue into the future.
The Editors wish to thank the Ministry of Health, Government of the People’s Republic of Bangladesh and Simon Fraser University for co-hosting the First Cooperative Dialogue on Advanced Nursing Education in Bangladesh. Prof. John Richards (SFU) was instrumental in organising resources to support this important event. Madame Taslima Begum, Director of Nursing Services, provided expert nomination of the local nursing delegates.

The issues and recommendations presented in this document reflect the opinions of the delegates collectively and do not represent any official institutional or governmental policy. We hope these insights may be useful to the Ministry and others working in the area of nursing education.

Nursing education and practice are developing fields with many avenues yet to be explored. The Editors join the delegates in their enthusiasm to continue the Dialogues as an ongoing series to harmonise progress in nursing.

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# COOPERATIVE DIALOGUE ON ADVANCED NURSING

## IN BANGLADESH – January 24-26, 2013

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<td><strong>1600</strong></td>
<td>Registration – Shadarghat VIP Lounge</td>
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<td><strong>1700 - 1820</strong></td>
<td>Opening Session – Paddle Steamer Mahsud</td>
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<td><strong>1830</strong></td>
<td>Depart Shadarghat</td>
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<td><strong>2000</strong></td>
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<td>Time</td>
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| 0830-1030 | Workshop 2  Building the environment and strengthening institutional capacity for Masters level nursing?  
|         | • Themes for break-out groups:  
|         |   o Career ladder and policies for promotion  
|         |   o Healthy working environments (education & practice)  
|         |   o Institutional needs assessment; leadership requirements  
|         |   o Collaboration between education and service; continuing professional development  |
| 1300-1400 | Lunch                                     |
| 1400-1500 | Large Group Discussion 2:  
|         | Presentation of breakout groups from Workshop 2 with comments and discussion |
| 1500-1600 | Large Group Discussion 3:  
|         | Next Steps: Practical solutions |
| 1600-1800 | Cultural Program – Park (Barisal Nursing College) |
| 2000-2100 | Dinner                                    |
| 2100-2200 | Closing Remarks                           |
COOPERATIVE DIALOGUE ON ADVANCED NURSING EDUCATION IN BANGLADESH

Executive Summary

A series of eight workshops followed by comprehensive discussions was held on the Paddle Steamer Mahsud, January 24-26, 2013. The Cooperative Dialogue was attended by 34 delegates including senior officials from the Ministry of Health and Family Welfare, Bangladesh Nursing Council (BNC), local and international senior nursing instructors and education administrators. The group was asked to identify current barriers to advancing nursing education in Bangladesh and to suggest possible solutions.

Five main issues affecting nursing education in Bangladesh were identified as priorities for consideration in future policy planning.

Issues affecting nursing education

1. Instructor Capacity: There is a critical shortage of qualified instructors.

2. Standards and Accountability: Lack of clarity in defining responsibilities and expectations reduces accountability. As a result desired standards in education and practice are not achieved.

3. Collaboration: There is not enough communication and collaboration between nursing education and hospitals where students take their clinical practice.

4. Professional Identity: Nurses need structures and processes for communicating and addressing professional issues within the nursing education system and more broadly within the GOB.

5. Institutional Capacity: Institutional capacity needs to be improved in both educational institutions and the regulatory bodies for nursing education and practice.

The issues are outlined below in a general priority according to the number of times the issue was raised. Delegates raised many of the same points in more than one category. For the sake of clarity, points in the Executive Summary have been confined to one category only.
1. Instructor Capacity: There is a critical shortage of qualified instructors. Every workshop group commented on the crisis in availability of qualified nursing instructors in their presentation and/or the following discussion. The delegates repeatedly referred to the rapid recent increases in class sizes and number of institutions without corresponding increases in number of instructors. They also noted the difficulty instructors face in coping with new evidence-based formats in the updated curriculum. Until these problems are addressed, it will be difficult to deliver quality education to nursing students. Specific issues were:

- insufficient number of instructors for increasing class sizes and number of institutions
- lack of training in new curriculum content
- lack of training in teaching and evaluation methods (pedagogy)
- instructors are appointed to nursing colleges without sufficient attention to their qualifications for the subjects they will teach
- isolation of nursing colleges and institutes, with no support systems for accessing or sharing educational resources

2. Standards and Accountability: lack of clarity in defining responsibilities and expectations is resulting in lower standards in education and practice. Delegates in six of the eight workshops raised the issue of accountability in relation to unsatisfactory performance compared to standards. They repeatedly referred to the lack of clear job descriptions as a crucial barrier to accountability. They also spoke of the need for good access to personnel files to assist in matching appointments to expertise. Highlighted issues were:

- there is a serious lack of clear job descriptions and guidelines for both teaching and practice
- insufficient monitoring and evaluation of academic and clinical practice
- there are not enough student assessment tools for the modern curriculum
- requirements for entry and graduation do not match standards for international equivalence
- poor leadership capacity – senior staff do not have the authority to maintain standards

3. Professional Identity: Nurses need structures and processes to communicate professional issues within the education system and more broadly within the GOB. Four workshops addressed the lack of a cohesive voice for nursing issues. Nurses need to speak for themselves so that they can identify and solve problems within the profession. However many participants feel they do not have a forum for regular sharing of ideas and resources. They discussed the need for a platform to allow internal networking and open communication of their ideas and concerns with policy-makers and regulatory bodies. Specific issues were:
• no opportunities for leadership training
• lack of unity among nursing groups in decision-making
• insufficient scope of practice for nurses to make a full contribution to better population health
• no accessible central nursing library/resource facility
• continuing issues with social acceptance of nurses

4. Collaboration: There is not enough collaboration between nursing education and clinical practice hospitals. Three workshops brought forward problems caused by the lack of communication between academic and clinical sites. As a result nurse instructors may be out of touch with issues on the wards. At the same time, hospital nurses are not consulted or informed when academic material is changed. This lack of collaboration leads to a “theory-practice” gap that leaves graduating students inadequately prepared for practice. Issues were:

• no opportunity for Nursing College Principals and Nursing Superintendents to plan together.
• hospital nurses have no guidelines or evaluation tools for working with students.
• students are assigned to clinical areas without consideration for their learning needs.
• educators do not have time to provide clinical teaching to their students and may not know what students learn on the wards
• clinical nurses do not have time to support students’ learning on the wards.

5. Institutional Capacity: Institutional capacity needs to be improved in both education and practice. Most educational institutions are poorly maintained and lack the facilities to meet modern curriculum and student demands. Although there is general agreement that the system has many inadequacies, no data have been collected to permit evidence-based changes in management and protocols. Supervision of nursing practice is weak and often confusing because of the involvement of many parties: doctors, nursing supervisors and hospital managers. Participants added several other causes for weak accountability:

• no evidence-based data to examine effectiveness of current systems.
• resources available for nursing education are too low, resulting in inadequate libraries and clinical labs
• classes and clinical groups are too large for effective learning
• modern teaching aids are not available
• hostels and sanitation are inadequate and poorly maintained
• there is no effective central access to human resources data
• policy implementation and monitoring are not equivalent for public and private sector nursing education
• stress management is a problem for both hospital nurses and nurse educators
THE WAY FORWARD – recommendations to improve nursing education and practice

Delegates made the following broad recommendations to address the issues they identified as barriers to the advancement of nursing education.

1. Support training of/for nursing instructors (2-year MSN with a strong education component; 1-year Teaching Certificate; specialty short courses) with full and part-time attendance options.
2. Create a “Centre for Nursing Development” with a broad base of national and international advisers to facilitate cohesion in identifying and communicating nursing concerns, building educational capacity and leadership training.
3. Develop effective Management Information Systems (MIS) to improve quality monitoring in appointments and service delivery.
4. Define job descriptions and prepare monitoring and evaluation protocols to improve accountability and standards for students and staff.
5. Create policies, networks and positions to guide and support collaboration between education and clinical practice.
6. Create incentives and recognition for initiative and excellence.
7. Allocate resources to strengthen the capacity of nursing institutes and colleges (classrooms, labs, libraries, multi-media and internet facilities).
8. Invest in new internet technology for nurse educators to share expertise.
9. Create a structured framework to communicate nurses’ professional concerns (these issues are separate from professional regulation or union matters, which concern remuneration and benefits).
# List of Abbreviations

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<thead>
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<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>BIWTC</td>
<td>Bangladesh Inland Water Transport Corporation</td>
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<td>BNA</td>
<td>Bangladesh Nurses Association</td>
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<td>BNC</td>
<td>Bangladesh Nursing Council</td>
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<td>BSN</td>
<td>Bachelor of Science in Nursing</td>
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<td>CPD</td>
<td>Continuing Professional Development</td>
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<td>DNS</td>
<td>Directorate of Nursing Services</td>
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<td>CSBA</td>
<td>Community Skilled Birth Attendant</td>
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<td>FWV</td>
<td>Family Welfare Visitor</td>
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<td>GPA</td>
<td>Grade Point Average</td>
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<td>HSC</td>
<td>High School Certificate</td>
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<td>ICN</td>
<td>International Council of Nurses</td>
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<td>MA</td>
<td>Medical Assistant</td>
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<tr>
<td>MIS</td>
<td>Management Information Systems</td>
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<td>MPH</td>
<td>Master of Public Health</td>
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<td>MSN</td>
<td>Master of Science in Nursing</td>
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<td>OSCE</td>
<td>Objective Structured Clinical Examination</td>
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<td>PDS</td>
<td>Personal Data Sheets</td>
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<tr>
<td>PhD</td>
<td>Doctorate of Philosophy</td>
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<td>RN</td>
<td>Registered Nurse</td>
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<td>SFU</td>
<td>Simon Fraser University</td>
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<td>SSC</td>
<td>Secondary School Certificate</td>
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<td>SSN</td>
<td>Senior Staff Nurse</td>
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<td>UK</td>
<td>United Kingdom</td>
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<td>USA</td>
<td>United States of America</td>
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Proceedings of the Cooperative Dialogue on Advanced Nursing Education in Bangladesh (January 24-26, 2013)

A three-day series of workshops was held on the Paddle Steamer Mahsud, January 24-26, 2013. The Cooperative Dialogue was attended by 34 delegates including senior officials from the Ministry of Health and Family Welfare and local and international senior nursing instructors and education administrators.

Delegates were randomly selected to join groups of approximately seven plus one facilitator/recorder to discuss eight topics. The groups were asked to identify current barriers to various aspects of advancing nursing education in Bangladesh and to suggest possible solutions. Each group was allowed 60 minutes to discuss the assigned topic, then asked to prepare and deliver a 10-15 minute presentation outlining the group’s conclusions. Following each presentation all delegates participated in a 30-minute discussion and commentary.

The Proceedings represents a summary of each presentation and the associated discussions related to that presentation.

Dialogue Workshop 1: What are the implications for development of Masters level nurse education?

Themes for break-out groups:
- Education issues (entry criteria; graduation criteria; administration, clinical specialties)
- Faculty (training of trainers; qualification)
- Practice (scope of practice; interdisciplinary relationships)
- Quality assurance (policies; evaluation; regulation)

Dialogue 1 Group 1

1.1: EDUCATION ISSUES

Entry requirements for nursing education programs. More strict entry requirements were suggested for all levels of nursing education, namely programs leading to the Nursing Diploma, Bachelor of Science in Nursing (BSN) degree, and proposed Master of Science in Nursing (MSN) degrees.

A significant issue related to entry qualification at all levels centered around the minimum GPA requirement. The delegates insisted that the requirements should meet the standards necessary for equivalence of the degree in other countries/institutions. The delegates pointed out that in reality the GPA of candidates entering all the programs is much higher than the current requirement because of the competition for
seats (i.e., only the top candidates are selected). The same concerns regarding international equivalence related to the marks required for successful graduation.

To encourage more emphasis on compassionate care, the delegates recommended a written examination followed by an interview to allow evaluation of communication skills and empathy. Although the discussion supported a personal interview, the participants recognised that the extra personnel and time needed might make the interview difficult to implement.

Workshop participants also asked whether a health assessment should be included in the interview stage, as this is currently required for all applications. Another major issue was whether married applicants could be considered. Current regulations do not allow married women to apply for entry-level nursing education programs. Nurses’ opinions were deeply divided on this issue and no consensus was reached.

**Entry Criteria for Nursing Diploma**
1. Minimum GPA of 5 in SSC + HSC examinations;
2. Entry examination covering English, science, maths, current issues, and Bengali, using fifty high level multiple choice questions, written in English;
3. Personal interview.

**Entry Criteria for BSN**
1. Minimum GPA of 6 or higher.
2. Science background, preferably with strong emphasis on biology.
3. Entry examination consisting of English, physics, chemistry, biology, current issues, and Bengali, using one hundred multiple choice questions with a high level structure and written in English;
4. Personal interview.

**Entry Criteria for MSN**
1. One of two education sequences: a) completed BSN or b) Diploma plus Master in Public Health (MPH) degree;
2. Minimum two years of clinical experience;
3. Entry examination focused on nursing and health related issues;
4. Interview process including a presentation or project delivered by the applicant.

**Graduation requirements for nursing education programs.** Group 1.1 also presented their ideas on graduation requirements for various programs. For both the Nursing Diploma and BSN programs these criteria included:
- Achieving a minimum 60% score in examinations based on the national curriculum;
- Achieving the standard competencies for graduating nurses;
- Satisfactory completion of a practical examination with defined evaluations, such as Objective Structured Clinical Examination (OSCE).
Graduation requirements for the prospective MSN program were similar to the Diploma and BSN programs:

- Achieving a minimum 60% score in examinations based on the national curriculum
- Mark allocations should be: 50% for course assignments/50% for examination
- Satisfactory completion of a practical examination with defined evaluations, such as Objective Structured Clinical Examination (OSCE).

In addition, Group 1 proposed starting a one-year post-graduate program that would be focused on a clinical specialty areas. Some of the areas suggested were: critical care, cardiac, geriatric, renal, psychiatric, or paediatric nursing.

1.1 RECOMMENDATIONS
Suggestions related to entry requirements that were common among all three levels of nursing education included:

- An increase in GPA requirements from SSC/HSC graduates seeking entry
- All entry applications and requirements to be completed in English
- An entry examination including several different subjects
- An interview process at the final stage to evaluate aptitude as well as academic background
- An application process using a 'step by step' approach, so that the applicant would only proceed to the next step after successfully completing the previous step (1. GPA screening, 2. Written examination, 3. personal interview)
Dialogue 1 Group 2

1.2: FACULTY

Dialogue Group 1.2 opened their presentation by acknowledging the serious need for nurse educators who are qualified to teach the new curriculum. They identified three general approaches to address the problem: creation of MSN degree programs, Teaching Certificate programs, and short-term improvement strategies. The group recommended there be no age bar to entering any of the teacher-training programs.

Group 1.2 noted that there are relatively few qualified nurse-instructors available. The participants applauded recent government initiatives aimed at increasing the number of nurse-midwives. However, they expressed concern that the current increase in the number of nursing institutes for Diploma and BSN did not consider the lack of available qualified instructors. Insufficient number of qualified instructors has already created very high student/teacher ratios, which is hampering effective teaching. Increasing the number of seats by opening new facilities will make this situation worse.

Masters of Science in Nursing (MSN). One of the group’s proposed solutions to the lack of instructor capacity is the development of an MSN program in Bangladesh. This would encourage current and future nurse educators to advance their knowledge and skill and ultimately raise the level of nursing education. To further bridge the gap between required and available educators, the Group suggested that the MSN program should include a focus on producing quality nursing instructors. They proposed a two-year MSN with mandatory content in the first year related to educational training. The MSN would have two options:

1. Complete the first year of the program and then graduate with a teaching certificate; or
2. Continue in the program, complete a research dissertation, and graduate with a Master of Nursing.

A major concern was the problem of finding qualified educators to teach the MSN program. Participants concluded that the development of a structure and capacity for delivering an MSN program might require a future workshop devoted to this topic only.

The group noted that, after achieving a BSN, most nurses move away from patient care to administrative or teaching roles. This would presumably also be true for MSN nurses. The profession must find ways to link advanced degree training with clinical practice. One way to reduce the theory-practice gap would be to create a pathway for instructors to participate in both classroom and clinical teaching. Delegates commented that there are currently no designated clinical instructors.
**Teaching Certificate Program:** For currently working nurse educators or clinical nurses, the group also proposed a one-year teaching certificate program that could be attended over two-years on a part-time basis (allowing the educators to continue their work). They would like to see a Teacher Training College in each division.

Group 1.2 recognised that nurses with advanced degrees or training will be attracted by opportunities to migrate to other countries. Local salaries and incentives must be sufficient to keep them in Bangladesh.

**Short-Term Methods:** Group 1.2 acknowledged that entry into MSN or Certificate programs would temporarily create more stress on the system by removing senior nurses and instructors. Participants were concerned that if current teachers leave their posts to be trained at the MSN level, the shortage problem would be worse, at least temporarily. Creating pathways to allow nurses or instructors to study part-time, over a longer period, could minimize this problem.

Modular short courses could be delivered to develop skills in specialty areas. Specialty training workshops would benefit nurse-instructors and clinical nurses.

**Nursing Resource Center:** During the discussion delegates offered the idea that nurses would benefit by having a central resource to develop and access educational/training material. A center would provide a link to identify ongoing concerns and support nursing faculty.

**1.2 RECOMMENDATIONS**
- Develop a two-year Masters of Science in Nursing program with an emphasis on nursing education
- Develop a one-year Teaching Certificate program
- Introduce short courses to develop specialty skills
- Create pathways for part-time advanced study
- Create a nursing education resource centre to develop resources for consistent training and to support nursing faculty throughout the country.
Dialogue 1 Group 3

1.3: PRACTICE

Dialogue 1 Group 3 did not define a specific scope for nurses with advanced education but they presented several concerns regarding scope of practice generally and interdisciplinary relationships:

- Accountability;
- Social acceptability of the nursing profession;
- Medical dominance of nursing;
- The goal of cohesiveness among all nurses (professional identity).

**Accountability:** The Working Group felt that nurses are eager to have a recognized scope of practice that allows them to make a greater contribution to effective patient care. The group described a current lack of definition regarding scope. This results in confusion among both nurses and doctors regarding what nurses should do. Each institution functions as an island with its own guidelines and protocols for practice. Because there is no clear definition for practice, it is difficult to evaluate performance or introduce accountability. This confusion also contributes to strained relationships between nurses and physicians and reduces trust between the professions and hampers interdisciplinary team-work. Development of defined job descriptions and standard protocols would allow structured monitoring, evaluation and accountability.

Group 1.3 stated that developing awareness about accountability is challenging. This is due to the lack of strong management, and also because roles and responsibilities are not clearly defined. The group recommended management policy to create structure and focus in the clinical setting.

Nurses who have worked hard to achieve a higher qualification feel frustrated when there is no recognition of their effort. Incentive programs could help to increase job satisfaction and accountability among nurses. The group emphasised that incentives need not be always financial. Local committees could be created to develop methods by which nurses could be promoted and praised for their work.

**Social Acceptance:** The nursing profession has worked hard to promote recognition of BSN education in Bangladesh. The next goal is to develop increased public awareness about how nurses can contribute to better population health. Bangladesh society is becoming better informed about the role and educational background of nurses. However, acceptance of nursing as a profession is progressing slowly and there are still negative attitudes about nursing. Not only is there a knowledge gap among the general public, but also within the interdisciplinary health care teams and among nurses themselves.

Group 1.3 proposed that efforts be made to orient the health care team and general public to the nursing profession, its roles, expectations, issues and global perspectives. The use of media in all forms could facilitate communication and help improve the
public image of nursing by showing nurses as advanced practitioners or other positive nursing imagery. This would in turn encourage progress and reduce the barriers currently faced by nurses.

Medical Dominance: The group noted that this problem is documented globally, but may be stronger in Bangladesh than elsewhere. Attention to the issues noted above would help improve the situation.

Professional Identity: Nursing suffers from a lack of cohesion and voice. Nursing Associations here are yet to develop a strong professional identity. The public often confuses nursing associations with political party associations. Nursing needs to develop communication within the profession. In this way nurses will be able to identify their priority needs and create a platform to present their ideas and policy suggestions.

Although Group 1.3 did not discuss independent practice beyond the points noted regarding “Social Acceptance”, this issue was raised in the discussion following the presentation. Many of the delegates wanted a track that would lead to autonomous prescribing and practice. They observed that some groups with lower educational qualifications were being allowed limited independent prescribing and practice. Groups mentioned were Community Skilled Birth Attendant (CSBA), Family Welfare Visitor (FWV), and Medical Assistant (MA). This issue is creating deep divisions within the nursing community. Some of the participants noted that gaps in capacity would have to be addressed.

1.3 RECOMMENDATIONS

• A working group of professional nurses should develop monitoring and performance evaluation systems.
• Structured systems for recognition of improved practice would be helpful. Promotion could be tied to demonstrated capacity, not only seniority.
• Encouraging research would help to build confidence and support capacity in evidence-based methods.
• Clinical practice guidelines and competencies should be developed in order to promote safety as well as accountability.
• Media should be used to promote the image of nursing
• Nurses would like to have a professional association that would work in cooperation with the Bangladesh Nursing Council (BNC), Directorate of Nursing Services (DNS), Ministry of Health and Family Welfare (MOHFW) and the International Council of Nurses (ICN) to address issues that would benefit the profession.
Dialogue 1 Group 4

1.4: QUALITY ASSURANCE

Dialogue Group 1.4 presented three important areas related to quality assurance: policy implementation, licensing, and instructor capacity (shortage of qualified nurse educators). In their presentation, Group 4 stated that higher quality of both education and practice within the nursing profession is essential for promoting patient safety.

Policy Implementation: The group noted concerns about the differing levels of implementation for policies and monitoring between the private and public nursing sectors. They believed this lack of consistency created deficiencies in accountability and resulted in weakened educational programs and subsequent lower clinical practice quality. They felt strongly that the public and private sector should both be held to the same policies. The group recommended a “universal” requirement to meet clearly defined standards. They suggested the formation of a body to oversee policy implementation that would include individuals from the BNC, other areas of the government and the private sector.

Licensing: Regulation issues (registration, licensing and re-licensing) were another major concern. Many individuals are working in nursing or nursing-related jobs but are not Registered Nurses (RN). This creates confusion within the team and for the patients because most unlicensed care providers wear the same uniform as RNs. The group believed licensing procedures should be more strict for nurses and allied professions.

They noted that the licensing examination for RNs is currently offered only once a year, with a makeup exam six months later. This creates problems for many graduates who must work without a licence until the examination.

The group was concerned that the current licensing examination was not adequate to support quality. The current examination is written in two hours and is composed of True/False questions. They all agreed that the exam should include multiple choice and analytical questions, should be three hours in length and should be offered twice per year.

Re-licensing for RNs is currently required every five years. There is no examination, only submission of a form with accompanying fee. Group 4 recommended that relicensing should include some level of required Continuing Professional Development (CPD). They suggested offering short courses for this purpose. Modules could be offered in blocks of 2 hours/week (with more complex subjects offered over several weeks) to minimise disruption to practice/teaching. They noted that this might be a long-term goal due to difficulties in implementation as this would require extra personnel with updated capacity.
Instructor Capacity: Dialogue Group 1.4 commented on the difficulties in teaching for both Diploma and BSN level because of the lack of qualified instructors. The recent expansion of nursing seats has intensified this problem.

Instructors are often posted without regard for their experience. This means an instructor may be newly appointed or required to teach a subject they are unfamiliar with. Most instructors are on deputation from clinical service and are not accountable to the nursing institutes. There is no training for instructors. The group noted that all courses needed strengthening for evidence-based learning styles. They recommended training for instructors and postings based on experience with the subject, not only seniority. They further suggested the development of Management Information Systems (MIS) to create a central file for human resource records. Under the current system there may be individuals with excellent qualifications for posts whose files are overlooked because of the difficulties in retrieving information. MIS would also increase transparency.

They noted the poor connection between classroom and clinical teaching. There is no post for clinical instructor. Students are currently taught by the staff nurses or ward staff. This causes problems because there is no monitoring of the protocols that are taught and no method for updating knowledge. It also places a burden on clinical staff who may have high patient loads and insufficient time for students. The group felt strongly that positions should be created for clinical preceptors. Adding clinical instructors would support an evidence-based practice and allow modernisation of clinical teaching. The group also recommended expansion of the Nursing Superintendent’s job description to include a link to the teaching role.

The group noted that when the patient to nurse ratio is too high, quality suffers. This is also true when the student to teacher ratio is too high. This applies to supervision in labs and clinical placements as well as to teaching in the classroom. It was suggested that class size should be no more than forty students. Clinical laboratories should have a maximum of twelve students for each instructor, and clinical wards a ratio of eight students per instructor.

1.4 RECOMMENDATIONS

- Create universal policies for nursing programs
- Create a body to oversee policy implementation with representation from the public, civil and private sector
- Improve the current licensing examination.
- Offer more frequent licensing exams or interim permission to work following graduation (but pre-exam)
- Offer internships and continuing professional development for educators.
- Develop methods to recruit instructors based on their level of education as well as technical skills and past experience. Ensure that faculty members practise only within their skill set and area of expertise;
• Clearly define roles and qualifications for all levels of faculty (professors, associate professors, lecturers, and instructors) for both degree and diploma programs, and for classroom and clinical settings;
• Create a clinical instructor role to connect learning in the classroom and the clinical setting;
• Create Management Information Systems for human resources
Dialogue Workshop 2: Building the environment and strengthening institutional capacity for Masters level nursing

Themes for break-out groups:
- Career ladder and policies for promotion
- Healthy working environments (education & practice)
- Institutional needs assessment; leadership requirements
- Collaboration between education and service; continuing professional development

Dialogue 2 Group 1

2.1: CAREER LADDER

Participants in this working group commented that there is no system to identify qualified candidates for teaching positions. They would like to see systems in place to encourage standardization and fairness. Detailed expectations and criteria are necessary. Delegates discussed how quality information management could help in identifying and placing candidates. Such processes will help “the right person get the right job”.

Group 2.1 proposed the following qualifications:

Lecturer:
- Bachelor’s degree in Nursing (BSN) or BSc in Public Health plus Masters in Public Health (MPH) or health-related field
- Five years teaching experience
- Five years clinical experience

Assistant Professor:
- Lecturer qualification or Masters degree in a health-related field plus…
- Two years additional years teaching experience
- Publications desirable

Associate Professor:
- Assistant Professor qualification plus…
- Two peer-reviewed articles

Full Professor:
- Associate Professor qualifications or PhD in health-related field plus…
- Three peer-reviewed articles
• administrative/leadership experience at college or university level

Vice-Principal/Principal
• Full-Professor qualifications

Following Presentation 2.1, all the Dialogue participants agreed that the criteria are a good starting point. They would like an opportunity to work with MOHFW and BNC to develop these guidelines further. Participants stated that it would be helpful to organize and streamline selection processes.

They strongly noted the need for flexibility, as there may be individuals with excellent experience who lack some of the formal qualifications. In addition, the delegates recognised that the current lack of qualified instructors would make it difficult, if not impossible, to fulfill these criteria. They suggested the group’s proposals were a future goal to aim for.

Finally, they emphasized the need for standardization between public and private educational settings. Currently there is no oversight for public institutions.

2.1 RECOMMENDATIONS
• develop good Management Information Systems (MIS) to assist human resource allocation
• define job descriptions
• implement universal standards for public and private education
Dialogue 2 Group 2

2.2: HEALTHY WORKING ENVIRONMENTS

Group 2.2 discussed general problems with the academic environment. They included topics related to physical infrastructure (classrooms, laboratories, libraries, hostels) and also factors contributing to dissatisfaction and conflict in the workplace.

**Infrastructure:** Participants discussed the general lack of facilities in Nursing Colleges and Nursing Institutes. The delegates noted that the number of seats/class has generally increased from 25 to 100 with no parallel increase in classroom size or accessories. There are insufficient desks and often there are no teaching aids. Students at the rear of the class complain that they have difficulty in seeing and hearing lectures. The delegates believed larger class sizes could be accommodated if they had access to projectors (multi-media), sound systems, internet and flip-chart materials. The participants also commented on the need for updated, subject-based library resources and improvements in the clinical laboratories. They emphasised the need for students to have tables and quiet places for study. Currently these have been taken over for classroom use. Both hostels and academic units are suffering from poorly maintained sanitation. Overcrowding multiplies health risks and increases stress.

With respect to clinical teaching, the group noted the absence of conference rooms for nurses and/or nursing students. The delegates also commented on the lack of secure facilities for changing or storage of personal items in clinical areas. Clinical sites should have protocols for night-duty safety and injury protection. One delegate suggested the introduction of a “risk allowance”, although other members pointed out that risk should be avoided rather than compensated.

Lack of support staff was another concern related to the working environment. Most colleges have no secretarial or academic assistance to help the instructors cope with workloads from an increasing number of students.

**MIS:** The Group 2.2 raised the issue of lack of instructors and instructor capacity. Delegates commented that in many cases posts remain vacant so there are insufficient instructors. They were also concerned that posts were filled without regard to the subject-based experience of the appointees. They suggested the difficulties in implementing recruitment policies could be overcome by providing good Management Information Systems (MIS) and Personal Data Sheets (PDS), for use within each institution and throughout the educational network. This would allow competent faculty to be identified and assist in promotion according to the guidelines.

**Accountability:** The participants linked poor accountability with a lack of clear descriptions of the responsibilities for staff. Most institutions appoint only instructors or lecturers but often expect performance at the professorial level. This confusion
creates conflict and internal divisions between staff. The delegates wanted postings to be regularised with designated academic positions.

Developing good evaluation guidelines and tools would help to improve performance, increase accountability and reduce stress. Participants believed both staff and students would benefit from clear definitions related to academic and clinical expectations.

**Communication:** The delegates commented on the lack of communication in the nursing education system. There is currently no professional association for nurse educators so they feel they do not have a voice.

Participants spoke again about the gap between education and practice. Nursing superintendents are excluded from academic planning and there are few relationships between academic and clinical personnel. To improve collaboration between these two areas, they suggested forming committees or networks with members from both education and clinical practice. Regular meetings could be scheduled to discuss issues such as a change of practice in the clinical or academic setting. The goal of better collaboration would be to improve the standard of the educational experience for students and subsequent nursing practice. In addition the committees could develop mentorship and evaluation tools discussed above (2.2: Accountability) to help students as they graduate from the academic environment to the clinical setting.

In conclusion, the delegates recognised that improvements in infrastructure would require increased budget allocations. However, many of their recommendations regarding improved communication and evaluation formats could be initiated gradually without large cost increases. They stressed the need for more qualified instructors.

### 2.2 RECOMMENDATIONS

- increase number and capacity of instructors
- renovate to increase the size of classroom, library and laboratory facilities; construct new classrooms if necessary
- update teaching aids (multi-media, internet, sound systems, texts, mannequins, models)
- renovate/expand hostels with particular attention to maintenance of sanitation
- provide academic rooms for nursing instruction in clinical areas
- introduce Management Information Systems and Personal Data Sheets to facilitate appointment of subject-experienced instructors
- develop tools for structured monitoring and evaluation in academic and clinical areas (for both staff and students) and mentor staff for use
- create networks to facilitate academic communication/planning and resource sharing
- include Nursing Superintendents in academic planning (link academic and clinical teaching)
Dialogue 2 Group 3

2.3: COLLABORATION

The main issues identified by Group 2.3 were problems with communication between nursing education and clinical practice, and second the need for Continuing Professional Development (CPD).

Academic-Clinical Liaison: Because clinical practice personnel are not involved in nursing education, goals and objectives differ between the two systems leading to a decrease in quality of both education and nursing. To help solve this disconnection, Group 2.3 proposed regular meetings between nursing services and nursing education. These meetings would strengthen collaboration through regular and consistent communication. With formal meetings established, it would be possible to clarify roles and responsibilities for both teachers and clinical nurses who supervise students. Meetings would also help nurse-instructors maintain a realistic view of the clinical setting and facilitate introduction of new evidence-based methods from the classroom to practice.

The group proposed a division of instructor duties to include both classroom and clinical teaching by the same subject instructor. Delegates noted that the critical shortage of nurse-instructors would make it difficult to expand the current classroom teaching role to include clinical instruction as well. Intermediate solutions could involve:

- developing the role of a clinical liaison nurse (this role exists in UK). This nurse would spend half time in clinical setting and the other half in the school thus providing the link between the two systems.
- using resources that are already available by including the Nursing Superintendent and/or clinical nurses in academic training and evaluation. One participant believed there was an existing mechanism for forming an academic council to facilitate communication between the hospital and practice sites. However this council was frequently not convened and/or underused.

Delegates commented that clinical staff might feel honoured to be invited to provide educational assessment. Involving them in this way might also improve accountability on the wards.

CPD: Members of Group 2.3 also spoke about the need for CPD to bridge gaps in knowledge for both academic and clinical staff. They proposed regular in-service training to promote up-to-date practice. They believe it is possible that nurse educators could provide this service. Before starting however, it would be important to assess current knowledge and practice. This assessment would provide an evidence base for designing a CPD program.

2.3 RECOMMENDATIONS
• bridge “theory/practice gap” by scheduling meetings between academic and clinical personnel
• clarify roles and responsibilities for academic and clinical staff
• move toward 50/50 division of instructors between classroom and clinical teaching
• engage Nursing Superintendent and clinical staff in teaching and evaluating students
• initiate CPD for academic and clinical staff, based on needs analysis
Dialogue 2 Group 4

2.4: LEADERSHIP

Group 2.4 spoke about the importance of leadership within the nursing profession. They also identified some barriers that hamper leadership development:

- Insufficient knowledge and skills
- Few opportunities for juniors to learn/practise leadership
- Lack of mentors and role models
- Nursing leadership roles not attractive due to job pressures
- Poor training in interpersonal skills
- Lack of interdisciplinary collegiality
- Political pressure
- Medical dominance

To help promote and support the emergence of nursing leaders, Group 2.4 recommended leadership education. They suggested training for the development of leaders through workshops, in-services, mentorships, and formal academic education including an MSN program. The group recognized that an MSN program is a long term goal. However this level of education would be crucial to developing individuals for formal leadership roles where nurses are in positions of influence. The delegates suggested approaching donor agencies to fund programs for leadership development.

In addition to training new leaders the group also noted the importance of supporting the development of potential leaders who are already working in institutes and hospitals. The participants felt strongly that empowerment was crucial. Every hospital should have a strong nursing Director with authority to manage nursing issues independently. They commented that it would be impossible to develop leaders without providing roles that allow decision-making and enforcement. They recommended a preference for nurses as Deans of Nursing Colleges for the same reason. However the delegates also noted their earlier discussions on flexibility of qualifications for candidates. Participants also commented that authority must be accompanied by accountability. Delegates wanted stronger nursing bodies and greater independence for the Bangladesh Nursing Council (BNC) as a regulatory body.

Group 2.4 also recommended standardizing evaluation and incentive programs. There should be mechanisms for recognition for nurses who perform beyond their expected duties or demonstrate initiative/excellence in the classroom or clinical context. Recognition was linked to more defined criteria for appointment, promotion and practice. However the delegates also discussed the difficulties in working when rules become too rigid and noted the need to maintain flexibility.

2.3 RECOMMENDATIONS

- Clear guidelines for appointments and promotion
- CPD, mentorship and other educational forums to develop leadership
- Development of an MSN program
• Appointment and empowerment of directors of nursing for public and private hospitals
• Evaluation protocols for academic and clinical practice
• Recognition and incentives for initiative
• Director General for nursing
• Strengthening the BNC
### Appendix I - List of Delegates (alphabetical)

<table>
<thead>
<tr>
<th>Name</th>
<th>Position / Organization</th>
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<tbody>
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<tr>
<td>Charlotte Thomas</td>
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<td>Faruk Ahmed Khan</td>
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<td>Hamima Umme Morsheda</td>
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<td>Md. Shariful Islam</td>
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<td>Name</td>
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**Appendix II - Organising Committee**

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  Chair

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- **Karen Lund**  
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