

Top-Down Bridging for a Thriving Clinical Integration: Need of the Hour

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Abstract: Tea without sugar is unrelishable so as is nursing without clinical integration which aims to close the loop between theory and practice in nursing. Among the many methods of clinical integration, top-down bridging method is built on management principles to balance the nursing education and service. Due to its complex nature, it demands leadership qualities for its thriving outcomes. Thus, clinical integration makes a nurse who can not only theorize but also catheterize.

Keywords: Clinical integration, theory, practice, top-down bridging, thriving, outcomes.

1. Introduction

Introduction: Sugar cube in a cup of tea is what clinical integration in nursing. Though you can have the tea without sugar can't really relish it.

Aim: To close the loop between theory and practice in nursing for healthier outcomes.

Purpose: Our fellow medical profession work integrated which is witnessed with advances in patient care through medical research. But nursing is compartmentalized as education and service which is not evidencing advance in nursing education/care through nursing researches.

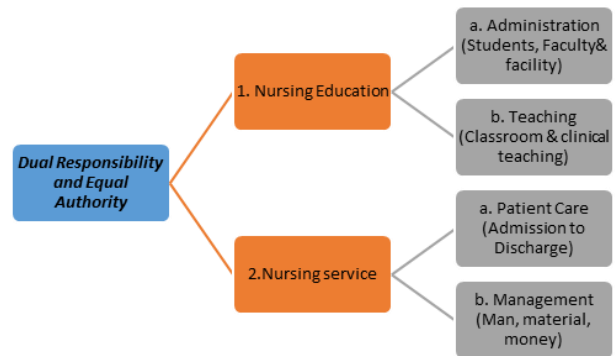
2. Methods

There are different models of clinical integration are various levels like

- Partnering between bedside and student nurse at low level
- Exchange of ideas between clinical nurse and nurse educator at middle level
- Head of education and nursing affairs being one at top level
- Nursing services taking dual role of nursing care and student teaching at patient unit

But the model to bridge from top - down for a thriving clinical integration seems to be the need of the hour. This hierarchical bridging gives equal power to both education and service with shared responsibilities of teaching and administration at nursing college and patient care and management at nursing service respectively.

3. Concept



Principles: Top-down clinical integration is a dual responsibility bridged with principles of planning, coordination, leadership, cooperation, transparency, adaptation, responsibility and mutuality.

4. Design

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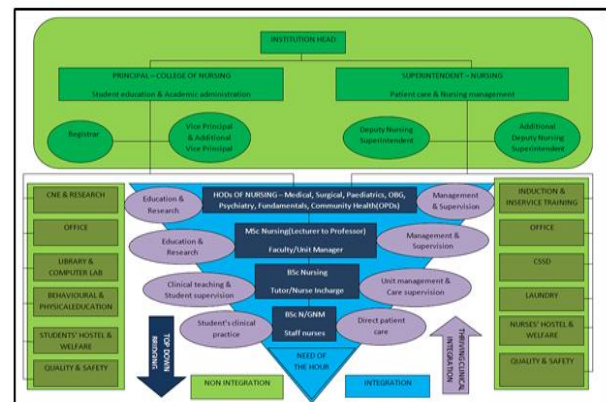


Fig. 1. Top-down bridging clinical integration model

5. Outcomes

- **Qualities:** Thriving clinical integration demands qualities of passion, willingness, decision making, knowledge, integrity, availability, effective communication and dedication among the integrated nurses.

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- *Benefits:* Bridging top-down of nursing organization results in quality patient care, successful students, satisfied nurses, recognized organization and healthy community.
- *Drawbacks:* With great power comes great responsibility which sometimes can lead to over burden, undue stress, lack of time, imbalance, incompleteness and dissatisfaction.
- *Applicability:* This type of clinical integration is applicable to nursing college with a parent hospital.

6. Conclusion

Clinical integration makes a nurse who can not only theorize but also catheterize.

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