Empowering Nurse Educators for Quality Pre-Service Education

REFERENCE MANUAL

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Empowering Nurse Educators for Quality Pre-Service Education –

A REFERENCE MANUAL

Shri Partha Sarthi Sen Sharma
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Department of Medical Health and Family Welfare,
Government of Uttar Pradesh

Message

In the field of nursing education, preparing competent and compassionate nurses for the future presents a significant challenge. Nurse educators play a vital role in this process, skillfully navigating the intersection of academic instruction and practical application. The effectiveness of the teaching-learning process is crucial, as it directly influences the quality of care that future nurses provide and, consequently, the well-being of the communities they serve.

This reference manual reflects a deep commitment to excellence in nursing education. It explores key teaching methodologies, the integration of clinical and community-based practices, and the need for educators to continually adapt to advancements in the field. Designed to enhance pedagogical skills and connect theoretical knowledge with practical application, this manual aims to equip educators with the tools and insights necessary to create a dynamic learning environment that prepares students for the evolving challenges of modern healthcare.

I congratulate the contributors of this manual for their expertise and dedication in crafting this resource into a comprehensive guide for nurse educators. I am confident that this manual will inspire, empower, and equip educators with renewed vigor and insight, contributing to improved healthcare outcomes and prove to be a valuable asset in their mission to educate, inspire, and prepare the next generation of nursing professionals.

(Partha Sarthi Sen Sharma)

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Message

The healthcare environment is dynamic, with constant advancements in medical knowledge and shifts in community health needs. In the evolving landscape of healthcare education, the role of nurse educators has always been more crucial. As the frontline of training and nurturing the next generation of healthcare professionals, nurse educators are pivotal in shaping the future of nursing care.

This manual, meticulously designed for the use of nurses in Uttar Pradesh with the goal of elevating their professional standards to meet global benchmarks, will act as a toolkit and easy reckoner for any of the aspects related to teaching-learning processes, clinical and community care teaching, and practice processes. It is crafted to enhance both knowledge and skills, thereby improving the quality of nursing care and is intended for use by graduates as well as current practitioners, aiming to advance nursing education and practice across the region.

Applicable to both government and private sector nurses, this resource can also be preserved in libraries within colleges and schools for ongoing reference and study. By integrating this manual into their educational and professional development programs, we hope to foster a higher standard of nursing care that aligns with international standards.

The reference manual captures all the aspects of teaching, starting from teaching curriculum that includes classrooms, skill labs, clinical and community areas, knowledge and skill assessments, State health programs and techniques to set up and maintain a skill lab. It also deals with the practical problems encountered during skill acquisition, which is in co-ordination with practical sites, where they actually practice under observation on patients and community, that is real life practice after skill acquisition. The reference manual provides the actual tools in form of formats to track competencies at all levels and to monitor the progress.

We hope that this manual will become an essential part of the teaching toolkit and contribute significantly to the advancement of nursing education. I extend my gratitude to the team of officials from the Directorate, SIFPSA, NHM, Jhpiego and Nursing Institutions for their unrelenting efforts in making this manual a reality.

(Dr. Pinky Jowel)

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Message

I feel delighted to be involved in this important capacity-building initiative, designed to empower nurse educators and enhance the quality of preservice education. As we all know, the foundation of excellent healthcare lies in the education of our nursing professionals, and this initiative will serve as a critical step towards achieving that goal.

This reference manual will undoubtedly serve as a guiding beacon for all faculty members, providing them with an opportunity to refresh and expand their existing knowledge. It will not only enrich their expertise but also contribute significantly to the growing body of knowledge within the nursing education field.

Through this module, we aim to strengthen and build the capacity of our nursing educators, ensuring they are well-equipped to deliver high-quality education. This, in turn, will directly elevate the standard of nursing education and, consequently, produce a generation of highly skilled graduate nurses. These nurses will play an essential role in improving the healthcare delivery system in our country, thereby contributing to better health outcomes for our communities.

I look forward to collaborating with all of you on this exciting journey, and I am confident that together, we will achieve remarkable results that will benefit both our educators and the healthcare sector at large.

(Archana Verma)

Dr. Ratan Pal Singh Suman
Director General – Medical & Health Services

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Message

This training manual for nurse educators aims to enhance their competencies by equipping them with advanced knowledge and practical skills essential for shaping the next generation of nursing professionals. This initiative represents a significant step forward in our mission to enhance the quality of nursing education and align our practices with global standards.

The manual has been designed to provide a robust framework and includes cutting-edge content and practical strategies to support nurse educators in delivering quality education and fostering a stimulating learning environment.

I urge all nurse educators to actively engage with this module and integrate its principles into their curricula. This training manual, I am confident, will uplift the standards of our nursing programs, contributing to the overall improvement of healthcare delivery.

I congratulate the officials from the Directorate, SIFPSA, NHM, Jhpiego and Nursing Institutions for their relentless commitment towards developing this invaluable document.

Best wishes,

R.P.S. Suman

(Dr. Ratan Pal Singh Suman)

Dr. Sushma Singh
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Message

It is truly a privilege to be part of this quality improvement initiative aimed at strengthening and building the capacity of a large group of nurse educators. This reference manual serves as a compact reference tool, providing quick access to resources that support the teaching and learning process in the classroom, clinical and community sites.

The manual focuses on enhancing teaching strategies, nurturing critical thinking, and fostering effective communication between nurse educators and students. By integrating the latest evidence-based practices, it ensures that nurse educators are equipped with up-to-date knowledge and the best practices in healthcare education. It also provides opportunities for self-development, collaborative teaching, and learning, creating a supportive environment for continuous improvement. Nurse educators play a pivotal role in shaping the next generation of healthcare professionals, and investing in their development strengthens the entire healthcare system.

I would like to extend my deepest appreciation to officials from SIFPSA, NHM, Directorate and Jhpiego for their sincere efforts towards making this reference manual for nurse educators a success.

(Dr. Sushma Singh)

Dr. Pawan Kumar Arun
Director General – Training

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Uttar Pradesh

Message

There are a number of initiatives and existing resources to support and strengthen the nursing cadre. We are committed to empowering the nursing fraternity and constantly looking for practical, accessible, reliable, and yet comprehensive resources to assist nurse educators. In an effort to demonstrate our commitment to this cadre, we have curated a practical, handy compendium that would serve as an instant reference for every nurse educator.

I am delighted to introduce the newly developed reference manual for nurse educators. This initiative marks a significant advancement in our mission to elevate the quality of nursing education and align our practices with global standards. This manual offers a robust framework for both teaching and professional development. It includes cutting-edge content and practical strategies that will support in delivering quality education and fostering a stimulating learning environment for nursing students.

I encourage all nurse educators to embrace this manual and integrate its insights into your teaching methodologies. By doing so, we can uplift the standards of our nursing programs and contribute to the overall improvement of healthcare delivery.

I appreciate the efforts of Dr. Sanjay Shaiwal, JD Training, Dr. Ravi Dixit- NHM, Mr. Devesh C. Tripathi, Ms. Seema George- SIFPSA, Dr. Dinesh Singh, Dr. Sanjay Tripathi, Dr. Bhawna Bakshi Jhpiego and all committee members for providing their invaluable support during the development of this manual. I render special thanks to Dr. Monica Rita Hendricks from Jhpiego for her dedication and unwavering commitment in developing this manual.

With best wishes,

(Dr. Pawan Kumar Arun)

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Introduction

In recent years, nursing care has undergone significant strides, and efforts have been made to address the gaps within the nursing ecosystem. Historically, nursing education has not received the due attention it has always deserved.

The Government of India recognized this importance and introduced many reforms, including setting up standards for quality nursing education, developing national and state nodal centers to advance the capacity-building program for nursing faculty, changes in pedagogy, contextualizing skill acquisition according to adult learning principles, and novel techniques in student and faculty assessments.

The Government of India, through NHM, has been supporting the cause by providing states with budgetary allocations for strengthening infrastructure and capacities. As a proactive step, the Government of UP has revived the defunct ANMTCs and GNM schools.

A new college of nursing is coming up in each district. Provisions have been made to refurbish and strengthen skill labs and build the capacities of nursing faculty, thus marking a pivotal moment in enhancing educational resources for nursing institutions. This reference manual is designed as a compendium to support the ongoing efforts to improve nursing education through a program encompassing blended learning.

It includes a range of topics critical to developing effective nursing programs, including an overview of national and state health programs, the nursing ecosystem, and the preparation of teaching environments. It also addresses content delivery, group teaching methodologies, skill development, and assessment techniques.

Further sections explore the critical gaps in developing a nursing professional, such as exposure to clinical and community procedures and the coordination related to these to be executed by nursing institutes.

The finer points, such as the roles of the clinical coordination committee, stakeholder responsibilities, and competency tracking, have been introduced. The essentials of skill lab establishment and maintenance have been included.

This manual serves as an easy-to-read comprehensive guide and a ready reference to support nursing educators and institutions in their quest to enhance educational standards and better prepare the future healthcare workforce.

List of Abbreviations

Abbreviation	Full Form
AAM	Ayushman Arogya Mandir
AB-SH&WP	Ayushman Bharat School Health and Wellness Program
AFHC	Adolescent Friendly Health Clinic Sathiya Kendra
ALS	Advance Life Saving Ambulance
ANM	Auxiliary Nurse Midwives
ARS	Anti Rabies Serum
AWC	Anganwadi Workers
CAC	Comprehensive Abortion Care Services
CHC	Community Health Centre
CHO	Community Health Officer
CRP	Clinical Rotation Plan
DH	District Hospital
DOTS	Directly Observed Treatment Short course
EMS	Emergency Medical Response Service
EMTS	Emergency Medical Transport Services
FBNC	Facility-Based Newborn Care
FRUs	First Referral Unit
GNM	General Nursing and Midwives
GoUP	Government of Uttar Pradesh
HBNC	Home-Based Newborn Care
HBYC	Home-Based Care for Young Child programme
HMIS	Health Management Information System
HWA	Health and Wellness Ambassadors
IDSP	Integrated Disease Surveillance programme
IMR	Infant Mortality Rates
INC	Indian Nursing Council
IUCD	Intrauterine Contraceptive Device
JSSK	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
KMC	Kangaroo Mother Care
MDSR	Maternal Death Surveillance and Response
MRP	Master Rotation Plan
NBSU	Newborn Stabilization Unit
NFHS	National Family Health Survey
NHM	National Health Mission

Abbreviation	Full Form
NLEP	National Leprosy Eradication Programme
NMHP	National Mental Health Program
NPCB&VI	National Programme for Control of Blindness and Visual Impairment
NPCCHH	National Program on Climate Change and Human Health
NPCDCS	National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke
NPHCE	National Programme for Healthcare of Elderly
NQAS	National Quality Assurance Standards
NRC	Nutrition Rehabilitation Centre
NRCP	National Rabies Control Programme
NSSK	Navjat Shishu Suraksha Karyakram
NTCP	National Tobacco Control Program
NTEP	National TB Elimination Programme
NVBDCP	National Vector Borne Diseases Control Programme
OSCE	Objective Structured Clinical Evaluation
OSPE	Objective Structured Practical Examination
PHC	Primary Health Centres
PMSMA	Pradhan Mantri Surakshit Matritva Abhiyan
PNC	Postnatal Care
PPP	Public Private Partnerships
QA	Quality Assurance
RBSK	Rashtriya Bal Swasthya Karyakram
RH	Referral Hospital
RI	Routine Immunization
RKSK	Rashtriya Kishore Swasthya Karyakram
RRTs	Rapid Response Team
SBA	Skill Birth Attendant
SC	Sub-Centre
SDHs	Sub-Divisional Hospital
SDL	Skills Development Lab
SIFPSA	State Innovations in Family Planning Services Project Agency
SUMAN	Surakshit Matritva Aashwasan
TB	Tuberculosis
TFR	Total Fertility Rate
UHC	Universal Health Coverage
VHND	Village Health and Nutrition Days
WIFS	Weekly Iron and Folic Acid Supplementation

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Chapter 01

Overview of National Health Programs and State Programs

This chapter outlines most of the national health programs in the state. It also orients and sheds light on Mission Niramaya and its goal of improving nursing education in Uttar Pradesh.

By the end of the chapter, the learners will be able to:

- Explain the various national health programs and state programs in the country.
- Describe Mission Niramaya and the 360-degree approach

CONTENT

National Health Mission - In the State of Uttar Pradesh, the National Health Mission has made special efforts to reach out to the community at the grassroots level. NHM focuses on affordable, accessible, accountable, effective, and quality services to the masses, especially to the vulnerable groups of the community.

Maternal Health

- Janani Suraksha Yojana (JSY) - To enable increase in number of institutional deliveries and reduce maternal, infant mortality and in particular neonatal mortality by promoting institutional delivery among all pregnant women of rural and urban areas.

- Janani Shishu Suraksha Karyakram (JSSK) - To encourage women to stay for 48 hours at the facility after delivery and to make zero out-of-pocket expenditure, Janani Shishu Suraksh Karyakram (JSSK) has been implemented.

- Maternal Death Surveillance & Response (MDSR) - To analyze various factors responsible for maternal deaths at community level as well as at facility level. It is an important strategy to improve the quality of obstetric care and reduce maternal mortality and morbidity.

- Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) - Fixed day ANCs to be given on 1st, 9th, 16th and 24th of every month across the state, where pregnant women will get antenatal care services by Specialists & Medical Officers at the PHC/CHC/DH levels. This is to be given in addition to the routine ANC at the health facility. If the above day of the month is a Sunday/a holiday, then the services shall be provided on the next working day.

  - **USG e₹UPI voucher -** A digital solution to allow cashless payments that facilitates one time transaction. Vital initiative to address the prolonged waiting periods and

non-availability of ultrasonography services, for pregnant women, at government health facilities. These vouchers offer pregnant women an alternative by allowing them to redeem the service at any empanelled private USG center in a state of their own choice e₹UPI voucher is an easy, safe, secure and transparent mode Payment to private USG center became transparent, hassle free, easier and at faster mode.

- Surakshit Matritva Aashwasan (SUMAN) - Under SUMAN, all existing initiatives for strengthening Maternal & Child Health like JSY, JSSK, PMSMA, MDSR, LaQshya, FBNC, HBNC, and HBYC have been subsumed under one umbrella in order to create a comprehensive initiative which goes beyond entitlements and provides assured service guarantee for the entitlements.

Child Health

The primary objective of the scheme is to reduce infant mortality rates (IMR) and improve the health outcomes of newborns across the state. Main programmes under Child Health are below:

- Navjat Shishu Suraksha Karyakram (NSSK)
- Newborn Stabilization Unit (NBSU)
- Kangaroo Mother Care (KMC)
- Home Based Newborn Care (HBNC)
- Nutrition Rehabilitation Centre (NRC)
- Anemia Mukt Bharat - Reduction of anemia is one of the important objectives of the POSHAN Abhiyaan launched in March 2018. Complying with the targets of POSHAN Abhiyaan and National Nutrition Strategy set by NITI Aayog, the Anemia Mukt Bharat strategy has been designed. Reduce prevalence of anemia by 3 percentage points per year among children (6 months to 10 years), adolescents and women in the reproductive age group (15–49 years). Focus on the 6x6x6 Strategy followed to reduce anemia across the life cycle.

Routine Immunization

- Full Immunization of child and Pregnant Women - GoUP is Committed to ensure the safe and full immunization of each and every infant and Pregnant Women by strengthening of RI delivery system at all level. It is a proven tool for controlling and eliminating 12 life-threatening infectious diseases and is estimated to prevent between 2 and 3 million deaths each year.
- Chhaya Integrated Village Health, Sanitation and Nutrition Day (CiVHND)/UHSND – T The CiVHND and UHSND are to be organized once every month (preferably on Wednesday/Saturday) in village and urban areas at the designated place in the village.

Rashtriya Bal Swasthya Karyakram (RBSK)

- RBSK - Aims at screening children from 0 to 19 years of age of School and Anganwadi Centers (AWC) for 4 Ds - Defects at Birth, Deficiencies, Disease, and Development delays by mobile health team in AWC twice and school once positive identified selected health conditions are referred to CHC/DH and MCs for management.

Rashtriya Kishore Swasthya Karyakram (RKSK)

- Adolescent Friendly Health Clinic (AFHC)/Sathiya Kendra - Creating an enabling environment for adolescents to seek health care services through a spectrum of programmatic approaches.
- Ayushman Bharat School Health & Wellness Program (AB-SH&WP) - Under AB-SHWP to improve the health and wellbeing of school children. Two teachers from every government school will be selected and trained as "Health and Wellness Ambassadors (HWA)".
- Weekly Iron and Folic Acid Supplementation (WIFS) - Administration of supervised weekly Iron-Folic Acid Supplements of 60 mg elemental iron and 500 mg Folic acid using a fixed day approach for moderate/severe anaemia of target group. Biannual de-worming (Albendazole 400mg), six months apart, for control of helminths infestation of school and AWCs.
- Menstrual Hygiene Scheme - Scheme for Promotion of Menstrual Hygiene among adolescent girls in the age group of 10-19 years in rural areas. The major objectives are:
  - i) To increase awareness among adolescent girls on Menstrual Hygiene
  - ii) To increase access to and use of high-quality sanitary napkins to adolescent girls in rural areas.

Family Planning

GoUP has launched Population Policy on 11th July 2021 in the State, with the aim to achieve the replacement level of Total Fertility Rate (TFR) from 2.7 to 1.9 by 2030. Under the Family Planning programme, the public sector provides the following contraceptive methods at various levels of health system:

- Limiting Methods - Female Sterilization (Laparoscopic and Minilap), Male Sterilization (No Scalpel Vasectomy and Conventional Vasectomy)
- Spacing Methods - Intra-Uterine Contraceptive Devices (IUCD), Post-Partum IUCD, Post Abortion IUCD, Male Condom& Oral Contraceptive Pills, Non-Hormonal OCP-CHHAAYA, 3 monthly MPA Injection ANTARA
- PPIUCD - Cu 380 A (effective for 10 years) and Cu 375 (effective for 5 years) both are approved for Immediate Post Partum Insertion
- Emergency Contraception - Emergency Contraceptive pills

Community Process

- ASHA Programme – Accredited Social Health Activist (ASHA) is a female community health activist selected from the village. She is trained to work as an interface between the community and the public health system. ASHA creates awareness on health and its social determinants and mobilizes the community towards local health planning and increased utilization of health services.
- Ayushman Arogya Mandir (AAM) - In order to ensure delivery of Comprehensive Primary Health Care (CPHC) services, existing Sub health Centres and PHCs converted to Ayushman Arogya Mandir (AAM) with the principle being "time to care"- to be no more than 30 minutes. AAMs are being upgraded to provide not only sufficient space for expanded service delivery, for medicine dispensation and diagnostics but also

organized space for wellness related activities. Continuum of Care is being offered through AAMs which are functioning as a two-way referral system- that links to secondary and tertiary care and also follow up care. The focus not only delves on curative health care services, but also on preventive, promotive and rehabilitative services.

- e-Sanjeevani Programme (Online OPD) - eSanjeevani - National Telemedicine Service of India is a step towards digital health equity to achieve Universal Health Coverage (UHC). eSanjeevani facilitates quick and easy access to doctors and medical specialists from smartphones. One can also access quality health services remotely via eSanjeevani by visiting the nearest AAMs.

Training

Following trainings are being undertaking for in-service personnel's:

- SBA Training for Staff Nurse/ANM/female CHO working at delivery point
- Foundation course (12 days) for newly recruited Staff Nurse, ANMs and Lab Technician.
- Behavioural training for front-line workers of hospitals.
- Mid/Short-Term courses for capacity building of staff.

Emergency Medical Transport Services (EMTS)

Emergency Medical Services, with immediate response and dispatch of Ambulance to the site of emergency, after the call has been received on Toll Free Numbers 102 & 108. Emergency Medical Response Service (EMS) is a specialized field where emergency healthcare needs are addressed through well-defined care processed by trained EMS professionals.

102- National Ambulance Services

- Main objective of 102 is to provide transport services to pregnant mothers and infants for Antenatal checkups.
- Provision of 24*7 ambulance services.
- Toll free number 102 for free of cost ambulance services.
- Provides both pick-up and drop services.
- 102 service is available across the state of UP.

108-Emergency Medical Transport Services

- Main objective of 108 is the provision and management of ambulance services for responding to medical emergencies and transporting the patient to the nearest Community Health Centre or District Hospital within the shortest possible time.
- Provision of 24*7 ambulance services.
- Toll free number 108 for free of cost ambulance services.
- 108 service is available across the UP state.

Quality Assurance (QA)

- National Quality Assurance Standards (NQAS) - National Quality Assurance Standards have been developed keeping in mind the specific requirements for public health facilities as well global best practices. NQAS is currently available for District Hospitals, CHCs, PHCs, UPHCs and AAMs. Standards are primarily meant for providers to assess their own quality for improvement through pre-defined standards and to bring up their facilities for certification

- Kayakalp - Aim of initiative was to improve and promote the cleanliness, hygiene, waste management and infection control practices in public health care facilities and incentivize the exemplary performing facilities

National Programmes

Communicable Diseases

- National TB Elimination Programme (NTEP) - The target under this programme is to eliminate TB by 2025.

- Integrated Disease Surveillance Programme (IDSP) - It is intended to detect early warning signals of impending outbreaks and helps to initiate an effective response in a timely manner. It aims to strengthen/maintain decentralized laboratory-based IT enabled disease surveillance system for epidemic prone diseases and to detect and respond to outbreaks in early rising phase through trained Rapid Response Team (RRTs).

- National Vector Borne Diseases Control Programme (NVBDCP) - Umbrella programme for prevention and control of six vector borne diseases viz. Malaria, Japanese Encephalitis (JE), Dengue, Chikungunya, Kala-Azar and Lymphatic Filariasis

- National Leprosy Eradication Programme (NLEP) - The NLEP's mission is to provide quality leprosy services free of cost to all the sections of population, with easy accessibility, through the integrated healthcare system, including care for disability cure of the disease.

Non-Communicable Disease (NCD)

- National Tobacco Control Program (NTCP) - GoI launched the National Tobacco Control Programme (NTCP) in the year 2007-08 with the aim to:

  i) Create awareness about the harmful effects of tobacco consumption.

  ii) Reduce the production and supply of tobacco products.

  iii) Ensure effective implementation of the provisions under "The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003" (COTPA).

  iv) Help people quit tobacco use.

  v) Facilitate implementation of strategies for prevention and control of tobacco.

- National Programme for Control of Blindness and Visual Impairment (NPCB&VI) - National Programme for Control of Blindness and Visual Impairment (NPCB&VI) is centrally sponsored with the goal of reducing the prevalence of blindness. The main objectives are:

i) To reduce the backlog-free from cataract through identification and treatment at primary, secondary and tertiary levels based on assessment of the overall burden of visual impairment in the country.

ii) Develop and strengthen the strategy of NPCB for "Eye Health for All" and prevention of visual impairment; through provision of comprehensive universal eye-care services and quality service delivery etc.

- National Mental Health Program (NMHP) - The Government of India has launched the National Mental Health Programme (NMHP) with the following objectives:

i) To ensure the availability and accessibility of minimum mental healthcare for all in the foreseeable future, particularly to the most vulnerable and underprivileged sections of the population.

ii) To encourage the application of mental health knowledge in general healthcare and in social development; and to promote community participation in the mental health service development and to stimulate efforts towards self-help in the community.

iii) Helplines: Telly Manas Helpline No.: 14416 and Toll-Free No.: 1800 891 4416

- National Oral Health Program - GoUP has initiated a National Oral Health Programme to provide integrated, comprehensive oral health care in the existing health care facilities with the following objectives:

i) To improve the determinants of oral health

ii) To reduce morbidity from oral diseases

iii) To integrate oral health promotion and preventive services with general health care system and encourage Promotion of Public Private Partnerships (PPP) model for achieving better oral health.

- National National Programme for the Prevention & Control of Deafness (NPPCD) - Hearing loss is the most common sensory deficit in humans today. As per WHO estimates in India, there are approximately 63 million people, who are suffering from significant auditory impairment. This places the estimated prevalence at 63% in Indian population. As per the NSSO survey, currently, there are 291 persons per one lakh population who are suffering from severe to profound hearing loss (NSSO, 2001). Of these, a large percentage is children between the ages of 0 to 14 years. With such a large number of hearing-impaired young Indians, it amounts to a severe loss of productivity, both physical and economic. An even larger percentage of our population suffers from milder degrees of hearing loss and unilateral (one-sided) hearing. The objectives of the programme include:

i) To prevent avoidable hearing loss on account of disease or injury.

ii) Early identification, diagnosis and treatment of ear problems responsible for hearing loss and deafness.

iii) To medically rehabilitate persons of all age groups, suffering with deafness.

iv) To strengthen the existing inter-sectoral linkages for continuity of the rehabilitation programme, for persons with deafness.

v) To develop institutional capacity for ear care services by providing support for equipment, material and training personnel.

- National Programme for Health Care of Elderly (NPHCE) - Strategies will be adopted to achieve the healthcare of Elderly following objectives:
    i) Preventive and promotive care
    ii) Management of Illness
    iii) Health Manpower Development for Geriatric Services
    iv) Medical Rehabilitation & Therapeutic Intervention

- National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) - Focus on strengthening infrastructure, human resource development, health promotion, early diagnosis, management and referral.

- National Rabies Control Programme (NRCP) - The target of NRCP is that there should be no case of death due to rabies by 2030. Under this programme Anti Rabies Serum (ARS) and Anti Rabies Vaccine ARV is provided to dog bite/animal bite victim.

Climate Change

- National Program on Climate Change & Human Health (NPCCHH) - To create awareness among the general population (vulnerable community), healthcare providers, and Policymakers regarding the impacts of climate change on human health. Strengthen capacity of healthcare system to reduce illnesses/ diseases due to variability in climate.

Blood Cell

- Blood Services - Increasing advancement in the field of transfusion technology has necessitated enforcing strict control over the quality of Blood and its products.

MIS

- HMIS/Portals - Health Management Information System (HMIS) is a tool, which helps in gathering, aggregating, analyzing and using information for taking action to improve performance of health system. The main portals are being used in the State, such as HMIS Portal, e-Kavach, U-WIN, MaNTrA, Mera Aspataal, RCH, ANMOL, etc.

State-Specific Interventions/Activities

- Mission Niramaya - Mission Niramaya is a state-specific visionary program with the primary goal of revolutionizing nursing education and uplifting the quality of nursing and paramedical staff in the state. It aims to establish UP as the epitome of excellence in nursing professions, not only within India but on a global scale. Strategic pillars to achieve the Mission:

    i) Quality students
    ii) Quality admissions
    iii) Quality curriculum

iv) Quality pedagogy

v) Quality clinical and community practice

vi) Quality infrastructure

vii) Quality assessment

viii) Quality jobs

KEY MESSAGES

- It is vital for us to know the various national programs in our country to understand and utilize the existing resources.
- Mission Niramaya, a quality improvement and assurance program in the state of Uttar Pradesh contributes by improving the nursing ecosystem from entry to exit.

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2) Other National Health Programmes | Ministry of Health and Family Welfare | GOI (mohfw.gov.in)

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Chapter 02

Nursing Ecosystem: Institutional Course Plan & Mapping of Learners

This chapter introduces the concept of curriculum, principles of teaching and learning, maxims of teaching, qualities of a teacher, master rotation plan, clinical rotation plan, course plan, unit plan and lesson plan. It also details out the various types of learners and techniques to identify slow learners and measures to address the issue.

By the end of the chapter, the learners will be able to:

- Explain the importance of keeping competencies in mind while developing lesson plans, course plans, and session plans.
- Describe appropriate resources (books, journals, online sites) for a teaching session
- Explain creative and effective teaching methods to engage and motivate learners
- Enlist different student assessments that can be conducted during teaching sessions.
- Identify various categories of learners
- Enumerate the importance of Reflecting and evaluating the effectiveness of their own teaching

CONTENT

The entire curriculum should be organized around knowledge acquisition, skill acquisition and skill transfer (Practice).

Curriculum is the blueprint or plan of the school that includes the experiences for the learners to have.

> Curriculum does not mean only the academic subjects traditionally taught in schools but includes the sum total of experiences that a pupil receives through the manifold activities.
>
> – Kothari Commission

> Curriculum is a systematic arrangement of the sum total of selected experiences planned by a school for a defined group of students to attain the aims of a particular educational program.
>
> - Florence Nightingale International Foundation

A curriculum is a plan of a logical sequence of correlated and integrated subjects that students may pursue in the attainment of a given goal. Experiencing of the curricula can be:

i) Faculty planned

ii) Student experienced

Annexures 1 and 2- ANM/GNM Nursing curriculum

Master Rotation Plan

Overall plan of rotation of all students in a particular educational institution, showing the placement of the students belonging to total program includes both theory and practice denoting the study block, partial block, placement of students in clinical blocks, team nursing, examinations, vacation, co-curricular activities etc.

Purpose

- Availability of an advance plan is essential to execute the master rotation plan.
- All concerned should be aware of the plan.
- Coordination becomes effective when all are aware of the plan.
- Scope of flexibility is possible after the rotation plan is done, there should be scope for any modifications, if needed.
- Evaluation of the programme becomes more effective with a MRP
- Advance plans of faculty can be made if aware of the master rotation plan.

Principles of Master Rotation Plan

- Plan in accordance with the curriculum plan for the entire course/program.
- Plan in advance for each student in the class, for all batches, in each course.
- Plan the activities by following maxims of teaching.
- Post the students based on their background, preparation and the extent of guidance available
- Select areas that can provide experiences as per the curriculum.
- Plan to build on previous experiences.
- Acquaint the clinical staff/clinical supervisor with clinical objectives and rotation plan.
- Provide each clinical experience of same duration to all the students.
- Rotate each student through each learning experience or block.
- Plan for all students to enter and leave at the same time schedule.

Annexure 3 - Master Rotation Plan

Course Plan

Any nursing educational program combines various courses, such as medical-surgical nursing and mental health nursing. These courses are intertwined to attain the educational program's objectives. A course can be planned at two levels: the first is at the level of the course itself, and the second is the planning done in relation to the total program.

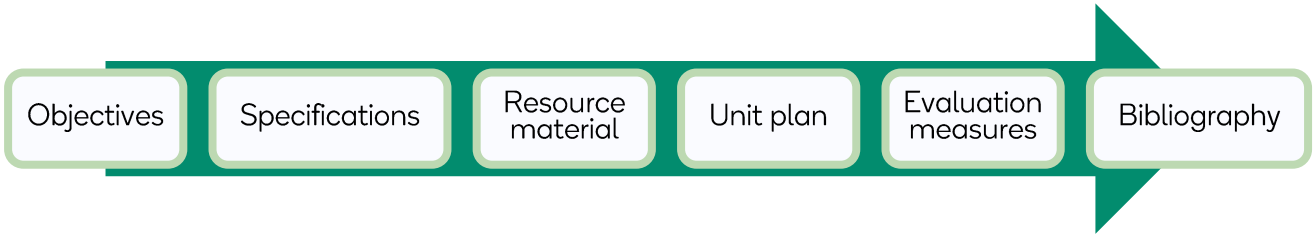
Principles of Course Planning

These are the principles to be followed while planning a course:

- State the objectives in behavioral terms
- Follow principles meant for selecting the content of a course
- Establish sequence (maxims of teaching)
- Ensure logical and psychological continuity
- Integration
- Courses should give adequate weightage to the core curriculum content.
- Unite curriculum
- Select learning approaches that are acceptable to all faculty members.
- Flexibility in selecting teaching-learning methods.
- Provide a variety of modes of learning.

Structure of a Course Plan

Every course plan should contain the following, there could be more to it, but these are the essentials.



Content of a Course Plan

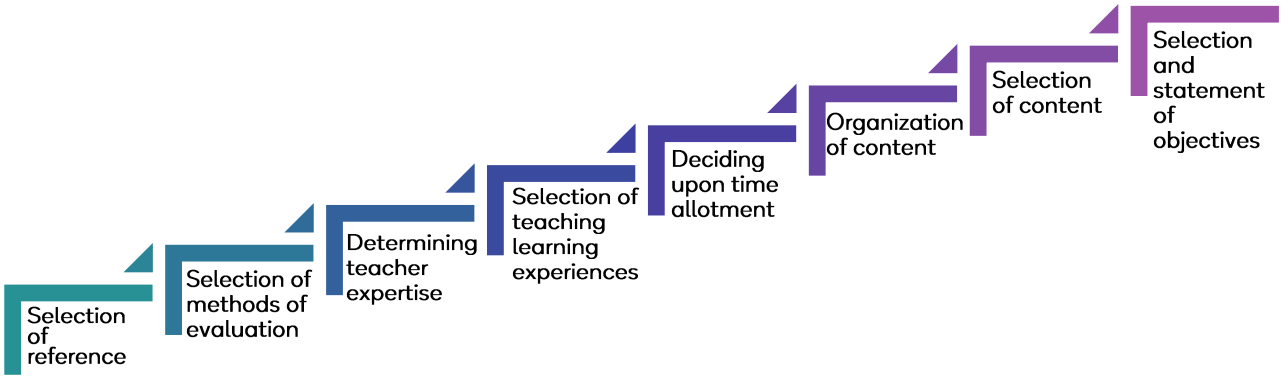
- Mention the objectives
- Specify the level of learners
- Brief course description
- Mention the placement of the course in curriculum
- Organize the content
- Describe resources, learning materials, method of teaching
- Give the plan of learning activities for students
- Describe the procedure for evaluation

- Give references for teacher as well as students
- Mention place, length of experience, experience record, observations, procedures, plan for rotation with field experiences, supervised and guided practice.

Unit Plan

A unit plan is a breakup of one unit in a course and explains how each component in that unit will be taught. Planning the unit is known as unit planning. A large subdivision of the subject matter, wherein a principle of a topic or a property is central to the well – organized matter. A unit consists of a comprehensive series of related and meaningful activities to achieve the purpose and educational objectives by providing significant educational experience.

Elements of Unit Plan



Types of Units

1) Resource Unit

It is to be noted that a teacher will have to refer 10-15 books, journals or websites to understand the unit. His/Her notes and preparation will be extensive and will also combine his/ her experiences in the area she is supposed to teach. This kind of a unit plan is the resource unit. The resource unit is a teacher's guide to planning and action:

- Statement of objectives
- Problem or topic
- An approach or initiation
- Content or subject matter
- Direct and related experiences
- Evaluation of learning
- A collection of instructional resources

2) Teaching Unit

The resource unit might be extensive and may require the teacher to give a brief, shortened version of the unit during a 1-2 hour lecture. The development of a unit for teaching in the

classroom. Also referred to as the unit in action, the teaching unit focuses on implementation of the learning activities.

Factors to be considered while planning a unit

When planning a unit, several critical factors must be considered to ensure effective teaching and learning. Firstly, clear objectives and specifications should be defined to outline what students are expected to achieve and how their progress will be measured. Content analysis should involve selecting and organizing relevant material that aligns with the objectives, ensuring the curriculum is comprehensive and easy to understand.

Well-designed learning activities should engage students actively, promoting understanding and application of concepts. Evaluation theory and practical should be fair, valid, and aligned with the objectives to assess students' achievement of objectives effectively. A deeper look into these factors systematically can help educators create a well encompassed unit that supports student learning and achievement.

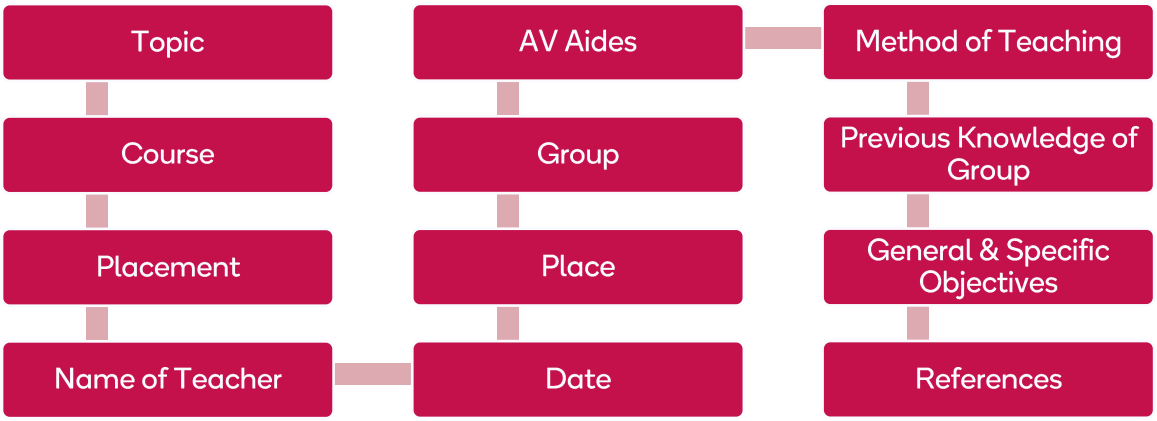
Steps in Unit Planning

i) Content analysis
ii) Objectives and specifications
iii) Learning activities
iv) Testing procedures

Unit	Objective	Content	Time	Teacher/ Learner Activity	Teacher	Evaluation	Reference

Lesson Plan

A lesson plan provides a structured outline and serves as blueprint and guide for the conduct of a lesson in a classroom or lab. Lesson plan has the following components:



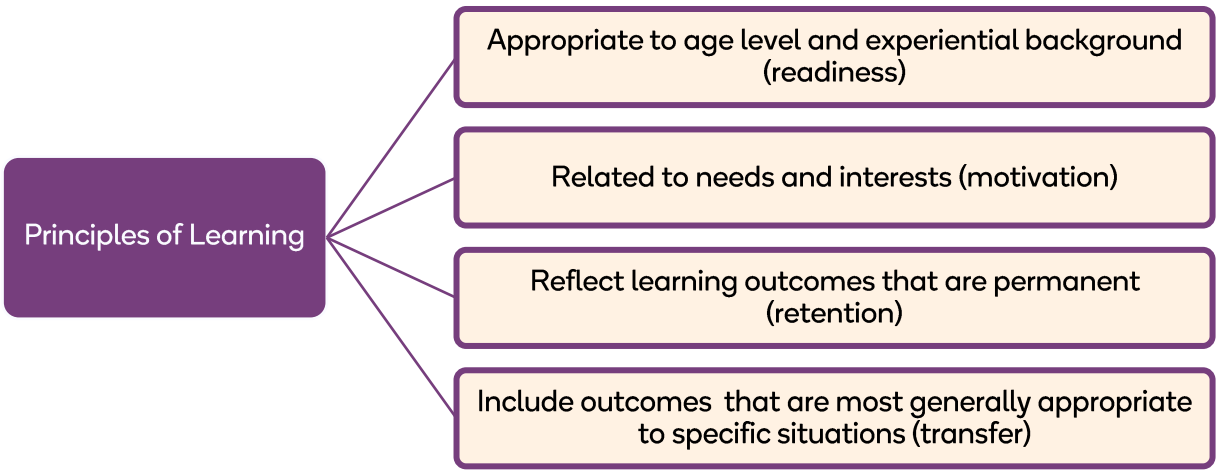
Lesson plan serves as a guide to the teacher and organizes the class under the following sub sections:

- Introduction
- Announcement of Topic
- Content
- Summary
- Assignment
- Conclusion

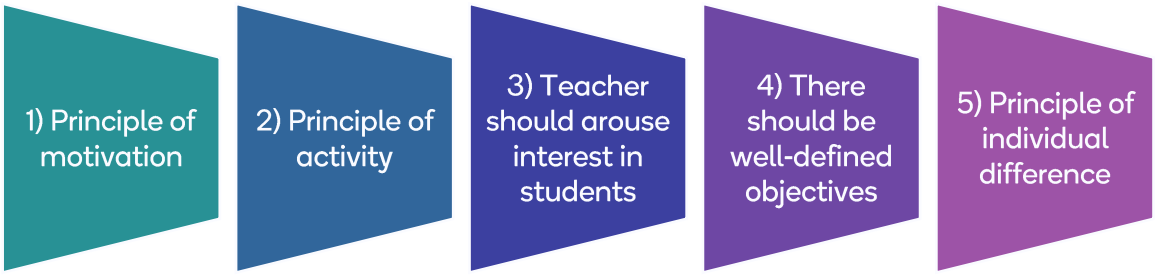
Annexure 4 - Lesson Plan

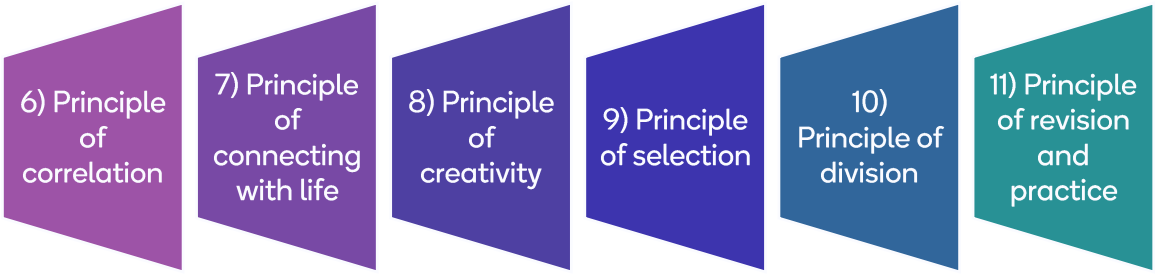
Principles Of Teaching/Learning

Principles of Learning:

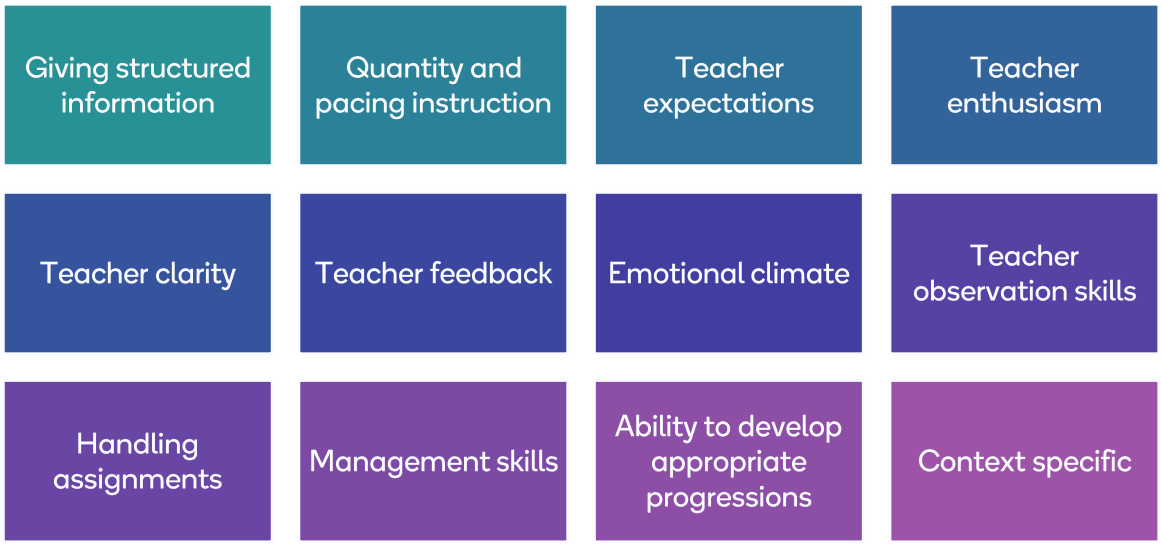


Principles of Teaching:



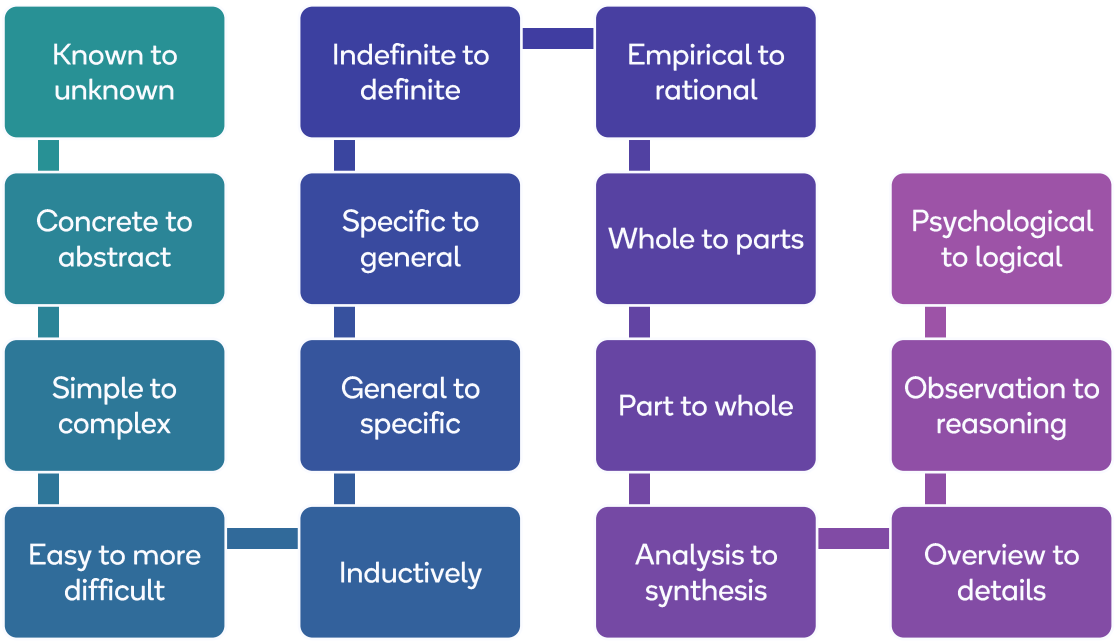


Characteristics of Teaching:



Maxims of Teaching:

Maxims of teaching are accepted truth or general rule of conduct or the laws which are essentially to be followed by the teacher while teaching. These are the following maxims of teaching:



Becoming an Effective Teacher

To become a good teacher, one must be a good communicator, an expert in his/her field, willing to collaborate, empathetic, and use novelty and creativity in her approach. The teacher should also be open to constant growth, patient, adaptable, and respectful.

The teacher should also demonstrate good classroom skills. He/she should be thorough in content matters, should be knowledgeable, articulate, possess good presentation and questioning skills, passionate about teaching, have the ability to say no when unaware, possess a constant learning attitude, must be kind, non-judgmental and contribute to the welfare of the student. A few of the qualities of a good teacher are mentioned below:

- Setting high but achievable expectations for your students
- Good planning, facilitation, questioning and summarization skills
- Creating a sense of 'we' feeling
- Excellent knowledge, skills, attitude and passion
- Good documentation
- Follow up with students

Creative Teaching Methods:

Creative teaching methods implies to a variety of innovative approaches that engage students actively in the learning sequence. These methods often involve interactive, digital and hands-on activities such as simulations, role-playing, and problem-based learning, which encourage students to apply knowledge in practical contexts.

Use of technology such as videos, digital simulations, or virtual reality, can also enhance student engagement and facilitate deeper understanding of complex topics. Use of technology will also help the new generation students as they are very tech friendly and would prefer

learning that way. Additionally, assigning collaborative projects and group discussions foster peer learning, critical thinking, and promoting a dynamic classroom environment. Creative teaching methods not only help addressing diverse learning styles but also inspire curiosity and creativity among students, motivating them to explore and discover new concepts independently. By integrating these methods into their teaching practice, educators can cultivate a stimulating and student engaging learning environment that encourages active participation and academic growth. There are various methods by which teaching can be done. A few to mention are:

- Lecture
- Discussion
- Role play
- Simulation
- Problem based learning
- Programmed instruction
- Bed side clinic
- Case study
- Nursing rounds
- Individual/ group conference
- Case discussion
- Puppet show
- Demonstration

Student Assessments

Evaluation is the process of judging the value or worth of an individual' s achievements or characteristics. In a broad sense it is concerned with judging the value or worth of the goals attained by the educational system. Ralph Taylor, "the process of determining to what extent the educational objectives are being realized"

Purpose and Scope of Evaluation and Assessment

- To determine the level of knowledge and understanding of students
- Determine the level of clinical performance
- To become aware of specific difficulties of individual students or of the entire class as a basis for further teaching
- To determine each student's strength and weaknesses
- To encourage students learning
- To help students acquire attitude and skills in self-evaluation

- To help students become self-directing in their study
- Additional motivation
- To estimate effectiveness of teaching and learning techniques
- To gather information needed for administrative purposes

Functions of Evaluation and Assessment

Evaluation and assessment address the outcome of any form of education, ensuring effective teaching and learning methodologies and approaches throughout the course.

Measurement Function

Evaluation measures the extent to which students have achieved learning objectives set by the curriculum. It provides quantitative and qualitative data on student performance, helping educators gauge the effectiveness of their teaching methods and adjust instruction as needed.

Diagnostic Function

Evaluation helps identify students' strengths and weaknesses in specific knowledge areas or skills. Evaluation also helps understand specific issues like physical conditions, emotional issues, familial issues, intelligence and special needs of the students. By diagnosing individual learning needs, educators can address gaps between the teacher and the learner and provide individualized support to enhance student learning outcomes.

Guidance and Remediation

Evaluation helps the teacher rethink instructional patterns/ methods by highlighting areas where students require additional support or remedial support.

Motivating Function

Evaluation motivates students by setting clear goals for learning. It serves as a source of positive and negative motivation encouraging students to strive for excellence, taking ownership of the learning progress to achieve desired outcomes.

Assessment of Final Output

Evaluating final outputs, such as university exams, projects, papers, or presentations, assesses students' ability to synthesize knowledge and demonstrate mastery of content. It provides a comprehensive view of students' learning achievements over a specified period, showcasing their academic progress.

Classification and Placement

Evaluation helps in classifying students based on their academic performance and placing them in appropriate categories which can further support required as per need. Good students can be tied up with weak students for peer learning, special support can be given to weak students. This function ensures that students receive support at a level that matches their abilities.

Prognosis, Prediction, and Selection

Evaluation helps predict academic and professional progress based on current performance and aptitude. It also lays the foundation for decisions related to academic pathways and career

progression, helping students make informed choices about their educational and professional aspirations.

Types of Evaluation

Evaluation includes various types that serve distinct purposes in assessing student learning and achievement. The following are the types of evaluation

Formative Evaluation

Formative evaluation occurs during the learning process to monitor student progress and provide continuous feedback. It helps students and educators identify areas for improvement and intervene to enhance student learning outcomes continuously.

Summative Evaluation

Summative evaluation assesses student learning at the end of an academic period (University exams). It focuses on measuring overall achievement providing a summary of students' cumulative knowledge and skills.

Maximum Performance Evaluation

Maximum performance evaluation evaluates a students' ability to perform tasks under an ideal condition, thus showcasing a student's full potential without any external variables. (Eg. In an OSCE/ Simulated environment)

Typical Performance Evaluation

Typical performance evaluation measures a students' ability to perform tasks under a natural or typical condition, reflecting their consistent performance in a regular situation. (Eg. Assessing a student's performance when a patient collapse's in the emergency)

Criterion-Referenced Evaluation

Criterion-referenced evaluation will measure a students' performance against specific criteria (Eg. Use of a answer key to correct answer papers).

Norm-Referenced Evaluation

Norm-referenced evaluation compares students' performance against the performance of their peers. (Eg. When correcting an answer script, if a teacher does not use a key, but compares a student's answer to another students answer while administering marks)

Methods of Assessment

Methods of evaluation in nursing are related to the:

- Knowledge
- Attitude
- Skills

Assessment of Knowledge

A) Subjective type - Essay type: narrative type, comparison, amplification, precise writing, short notes

B) Objective type:

- Recall type: simple recall, sentence completion
- Recognition type: MCQ, matching, alternate response.
- Others: rearrangement, analogy, identification, context-dependent type (pictorial form)

C) Problem solving type, situational.

Assessment of Attitude

Interview, Likert scale, assignments, communicative records, anecdotal records, observation during performance, critical incident record, discussion.

Assessment of Skill

Performance appraisal, rating scales, observation check lists, anecdotal record, cumulative record, critical incident technique.

Various Categories of Learners

Mapping Learners

- Identification of slow learners: Identifying slow learners is an important element in teaching, as it identifies learners who require additional support academically or personally.
- Academic performance: Academic scores or grades on internal and university exams depict student performance. Quality of assignments, time of submission, also indicates performance. Weak students may also find it difficult to grasp concepts or skills even after repeated classes or practice. Slow learners also demonstrate poor interaction in class discussions and group activities.
- Clinical performance: A student's performance can also be assessed by the student's ability to perform clinical procedures, patient assessments, medication administration and procedure demonstrations. Slow learners may have issues in understanding these assignments and performing them. These students may also demonstrate poor clinical judgement, lack of critical thinking and less ability to apply theory to practice.
- Feedback from preceptors and clinical instructors: Feedback about a student's clinical performance, communication skills with patients and colleagues and adherence to professional standards plays a vital role in identifying slow learners.
- Behavioral indicators:
  - Lack of participation:
    - Avoids participation in any common activity.

    - » Displays lack of interest, negative attitude.
  - Professionalism and ethical behavior:
    - » Weak students may have issues adhering to standards, principles, rules, regulations and guidelines.
    - » Teamwork and collaboration is also not a common trait exhibited by these students.
  - Social and emotional factors: Expression of feelings of inadequacy or comparison between peers. Isolation and difficulty in making friends or interacting with peers.

- Observational methods:
  - Observation of students in the classroom and clinical settings to look for attentiveness, engagement, etc.
  - Monitoring performances of student's assignments over time to identify difficulties, progress and patterns.

- Assessment tools:
  - Formal assessments (Unit tests, Internal assessments)
  - Informational assessments (Anecdotal records, evaluation checklists used in wards)

- Parent-teacher feedback: Parents can provide input regarding students' behavior, learning patterns and challenges, personal issues, and phone usage.

- Teacher collaboration: Joint meetings with all subject teachers regarding performance of a student's learning needs and behavior.

Learning Style and Processing Differences:

Variations in Learning Styles: Different students have different learning needs and some students have preferences for certain learning modalities (visual, auditory, kinesthetic) that may impact their learning pace.

Various Styles of Learners

- Visual Learners:
  - Characteristics: Prefers using charts, diagrams, and visual aids.
  - Identifying Methods: They tend to remember things they have seen.

- Auditory Learners:
  - Characteristics: Learn best through listening and instructions.
  - Identifying Methods: They might repeat information aloud or prefer explanations given verbally, and they often have good listening skills. They are able to grasp things better after a lecture or when they learn in groups where one student teaches them.

- Kinesthetic Learners:
  - Characteristics: Learn best through hands-on activities.
  - Identifying Methods: They enjoy activities that involve hands on work, simulation, projects, use of models, performance of procedure on patients.

- Read/Write Learners:
  - Characteristics: Excel in reading from online or offline texts.
  - Identifying Methods: They prefer reading and writing tasks, take detailed notes, and can summarize information effectively in written form. They like learning from textbooks and making notes.

- Other types are
  - Logical learners
  - Social learners
  - Solitary learners

Methods to Identify Learners

Methods to identify learners include the following:

- Observation
- Questionnaires or Surveys
- Interviews
- Learning Style Inventories: VARK

Feedback and Reflection

By using these methods, educators can better understand their students' learning styles and preferences, allowing them to adapt teaching strategies to better meet individual needs and enhance learning outcomes.

Methods to Help Learners

- Remedial classes
- One-on-ones
- Skill support (demonstration on one on one, or with a small group)
- Test Bank/Question Bank preparation
- Unit tests
- Important question revision
- Repeat classes
- Peer mentoring (Grouping a high performer with a low performer)
- Special/individualised classes

Reflecting and evaluating effectiveness of own teaching

It is vital to evaluate the effectiveness of own teaching. The following are the techniques of assessing teaching

- Superior evaluation
- Peer evaluation
- Student evaluation
- Subordinate evaluation

The marks obtained by students also reflect if there are issues with the effectiveness of the teaching. Pre, post test scores and feedback also play an important role in assessing effectiveness of one's own teaching.

KEY MESSAGES

- An institutional course plan should be developed by the curriculum committee.
- Unit plan along with hours distribution should be done at the beginning of the academic session.
- In session plan includes the objectives, method of teaching, appropriate AV aids and assessment methods.
- After the session, discuss with the team how to better the teaching process.

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Chapter 03

Preparation of the Teaching Environment

This chapter deals with the preparation of classroom environment, labs, methods to select sites for clinical practice, and how to set up clinical practice environment.

By the end of the chapter, the learners will be able to:

- Prepare the classroom environment
- Prepare for practice in a simulated environment
- Select sites for clinical practice
- Prepare the clinical practice environment

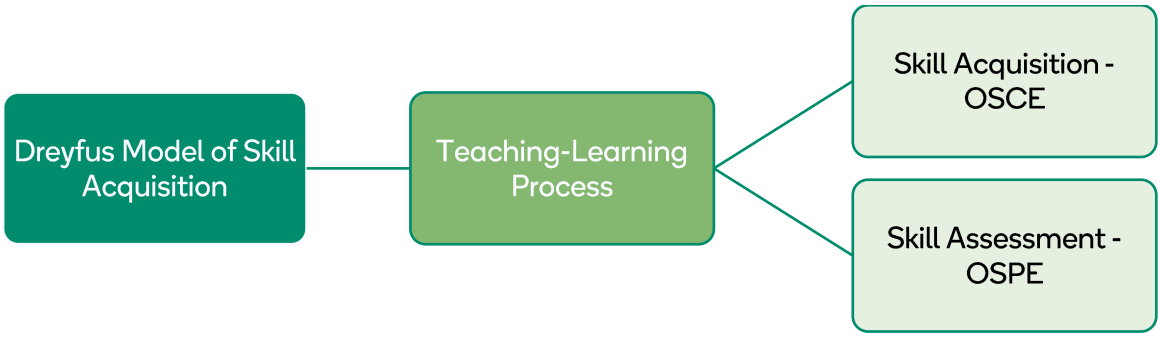
CONTENT

In addition to planning for your course, one needs to prepare the classroom and clinical teaching environment. A teacher must be well prepared for the theoretical and practical aspects of teaching to ensure that students have adequate opportunities to learn theory and apply knowledge, skills, and attitudes in the classroom, practice skills in a simulated environment, and work with appropriate patients in clinical practice sessions.

Types of Teaching Environment

Teaching can occur at any place.

- Classroom: Development of new knowledge.
- Simulated area: Practice and attain skill competency
- Clinical area: Working with patients to apply new knowledge, skill with appropriate attitude.



The Classroom Environment

The classroom should provide a good physical and comfortable environment for learning. Accommodate all the participants, appropriately shaped (square). Ideally, there should be space for students to work in small groups if needed.

Classroom environment is important as it can affect learning, it can be most effective when there are no distractions. It is important that it is quiet, has adequate space, good ventilation, light, have a comfortable temperature and be clean.

Materials required at classroom environment

- Writing board/ flipchart stand/ a screen for a projector/ notice board/ clock/ fans/ air conditioner.
- A projector is required, there also should be a means for darkening the room (curtains/shades) without stopping ventilation.
- Furniture - moveable desks and chairs (participants can: Face each other or screen), additional storage cupboards, a bulletin board and a dustbin are also things needed in a classroom.

Practice in Simulated environment

- The first is to decide what are the activities or learning that one would like to teach in a simulated environment. Examples include counselling, pelvic examination and counting of respiration are a few to mention.
- The second is to decide the place where the teaching would be apt, this could be a classroom, skill lab or clinical area.

- The third is to decide the equipment's and supplies required and this may vary according to the activity. Mentioned below are a few articles:
  - Anatomic Models: Pelvic models for instructional purposes and demonstrations.
  - Medical Supplies: Sterile gloves, lubricants, speculums, and swabs for conducting the examination.
  - Privacy Materials: Drapes or sheets to maintain patient privacy and comfort during the examination.
  - Instructional Guides: Detailed charts or guides on anatomy and examination procedures.
  - Educational Materials: Videos demonstrating breathing techniques.
  - Interactive Tools: Timers or stopwatches if timing exercises are part of the activity.
  - Note-Taking Materials: Tools for participants to record their observations and counts.
  - Cleaning Supplies: For maintaining cleanliness and hygiene of the space.
  - Disinfection Supplies: Cleaning agents for maintaining hygiene of equipment and surfaces.
  - Furniture: Tables, chairs, and beds appropriate for the specific activity.
  - Audio-Visual Equipment: Projectors, microphones, large monitor and speakers for effective presentations and demonstrations.

NOTE: Ensure all medical supplies are sterile and used according to proper protocols. Maintain patient confidentiality and comfort by setting up a supportive and private environment

Skills Development Lab (SDL)

There should be skill development labs with a dedicated and prescribed space with all relevant equipment and supplies as prescribed by INC. The lab should be managed by the lab in charge. Regular inventory should be taken, and the lab utilization register should be maintained.

- Administrative support – Introduction and management of the lab
- Dedicated, secure, appropriate space
- Relevant equipment and supplies

- Key SDL Management Points:
  - Ensure adequate staffing
  - Make batches
  - Post SDL rotation plan for the batches
  - Delegate one individual to be responsible for keeping keys
  - Ensure all faculty are engaged in the use of the SDL. Faculty should be aware of the models and methods to use and take care of the models.
  - Maintain supplies, resources, procedure checklists and equipment.
  - Maintain books, registers to track inventory, movement and use of items.

Clinical Practice Site Characteristics

Physical Environment

The physical requirements and standards of a hospital should meet the INC requirements. There should be adequate space, lighting, ventilation and rooms for students.

- Site accessibility (At a distance of within 30 kms from the college, as per INC)
- Technical standards
- Space

Patients

There should be adequate bed occupancy (75 % as per INC). There should be a regular flow of patients and an average census throughout the year. The hospitals should have the required bed capacity as mentioned in the course requirements of INC.

- Volume
- Flow
- Appropriate to competencies being evaluated

Clinical Practice Site Characteristics

It is vital that the staff-patient ratio is maintained at 1:3, Staff should be competent, and they should be actively involved in the teaching of the students. The students should not be utilized to substitute staff in any hospital.

Clinical Staff

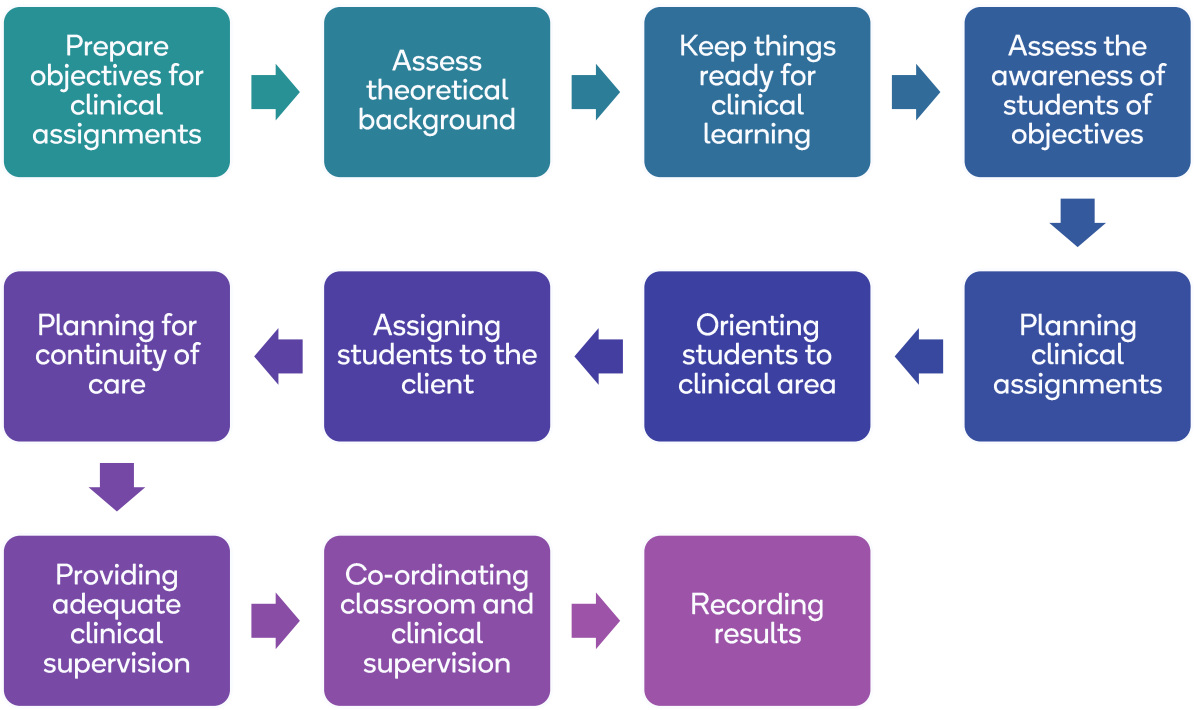
- There should be adequate staff-patient ratio
- The staff should be receptive
- The staff should demonstrate competency in preceptorship

Functions of Staff in Clinical Teaching

- The staff should be a role model to students (arriving at time, following protocol in procedures)

- High standard care - The staff should provide high quality care
- Quality recording- Documentation by staff should be correct, objective, reliable, valid, specific, measurable and time bound.
- Quality procedures- Checklists should be used and protocol should be maintained. No shortcuts are encouraged.
- Orient students- the staff should orient students to the clinical area, functioning of the ward, the expectations and requirement of the students.
- Make evaluations – The staff should formally and informally evaluate the students in the clinicals.
- Participate in clinical teaching programs- the staff should engage in clinical teaching programs for other staff, students, patients and patient families.
- Maintaining records- the staff should maintain records and reports using SMART principles.
- Guide and supervise students – student supervision is an important job for clinical staff.

Functions of a Teacher in the Clinicals



KEY MESSAGES

- Learning takes place best in an effective environment.
- Three Types of learning environments:
  - Classroom

- Skill lab/simulated area
- Clinical practice area

- While selecting the clinical area check the physical environment, appropriate patients and volume and clinical staff involvement in student teaching.

REFERENCES

1) ETS module, module 4, page number 4.1, 4.2, 4.8, and 4.9.
2) KP Neeraja. Textbook of Nursing education
3) Aleyamma Kurian George. Principles of curriculum development and evaluation

Chapter 04

Effective Content Delivery in the Classroom

This chapter deals with important points on how to deliver a presentation in the classroom and how to keep the group engaged.

By the end of the chapter, the learners will be able to:

- Prepare the presentation
- Give an engaging introduction
- Explain different types of AV aids used in the presentation.
- Present effectively
- Use questioning techniques
- Summarize the presentation

CONTENT

Delivering information through an effective interactive presentation can be one of a teacher's most exciting and rewarding experiences. 5 items for developing a presentation plan:

1) The learning objective equals to what students should know and be able to do after the presentation

2) An outline of key points

3) Key questions to engage students

4) Reminders of activities during the presentation, i.e. use of visual aids or group learning activities

5) Summary with questions, comments or activities

Facilitation Process

The facilitation process in any lecture typically unfolds in three main steps. It begins with the introduction, where the facilitator sets the stage by outlining the objectives, establishing context, and capturing the audience's attention; being creative in this phase is mandatory. During the facilitation phase, the main content of the lecture is delivered, with the facilitator guiding discussions, presenting key concepts, and engages participants through interactive activities, questions or discussions.

This phase allows for deep exploration of the subject matter and encourages active participation from learners. Finally, the summarizing step wraps up the lecture by reviewing key points, highlighting important takeaways, clarifying doubts, assessing student's comprehension and reinforcing learning objectives. This structured approach to facilitation ensures that lectures are not only informative but also engaging and conducive to effective learning outcomes.

There are 3 main steps to the facilitation process in any lecture:

- Introduction
- Facilitation
- Summarizing

Planning and organization will cut across all the 3 above-mentioned domains. In addition to applying the basic facilitation skills, there is a basic process for all the learning activities you will conduct. It is based on a foundation of good planning and organization.

- Introduction of the activity in a way that generates interest. Review the objective(s) of that learning activity.
- Conduct/facilitate the learning activity using questioning, audiovisuals aids, feedback, etc.
- Summarize effectively and creatively.

Why Introduction?

Introductions in education is important as they set the foundation for effective learning experiences. They serve as the initial step in engaging students by sparking interest and offering clear guidance on what to expect. It is to be noted that a good introduction keeps the audience engaged and interested throughout the lecture.

Stating the learning objectives during the introduction ensures that students understand what they are expected to achieve and provides clarity. This clarity not only aligns their focus but also fosters a positive learning environment where everyone is aware of the goals and expectations for each activity. The first few minutes are critical in stimulating student interest and providing clear information:

- Every learning activity has an objective(s) and expected learning outcomes. The introduction is to ensure learners know the learning objectives.
- ALL learning activities should be introduced.
- Effective introductions capture attention, make students aware of the objectives and expectations and create positive learning environment.

Different Ways of Introduction

A class can be introduced in numerous ways and a few methods are mentioned below:

- Review the objectives
- Relate the topic to the previously covered topic
- Share a personal experience

- Relate the topic to the student's or the faculty's experiences
- Use a case study or problem-solving activity
- Use as imaginative transparency or slides
- Give a classroom demonstration
- Use a content expert
- Use a game or role play, or simulation
- Relate the topic to the future work experiences

Effective Facilitation Skills

After introducing an activity, you will facilitate it using questioning techniques, audiovisual aids and feedback to help develop competencies in learners.

- Follow an outline
- Communicate clearly
- Display enthusiasm about everything!
- Interact with students
  - Maintain eye contact
  - Use appropriate audiovisual aids
  - Use feedback (positive) throughout
  - Use questions
- Use appropriate visual aids
- Provide positive feedback
- Provide smooth transitions between topics

Questioning Technique

Questioning technique is a fundamental aspect of effective teaching and learning. It involves the strategic use of questions to engage students, stimulate critical thinking, and assess understanding. Effective questioning is fundamental in encouraging students to respond, interact and express their ideas creatively. Open ended questions help achieving a lot of points, probing questions prompt students to analyze and evaluate information.

By varying the types of questions asked—such as factual, analytical, or evaluative—educators can cater to different learning styles and cognitive levels, fostering a dynamic classroom discourse. Additionally, providing wait time after asking a question allows students to formulate thoughtful responses and increases participation. Questioning makes a learner feel important in the entire teaching learning process.

Emphasize with the learners that whenever possible, they should ask questions of the students during a presentation. Good questioning techniques include:

- Prepare your questions in advance.
- Repeat correct answers so everyone can hear
- Address and answer questions from the learners. Consider using a 'Parking Lot' flipchart. (This a chart with questions that the participants like to have addressed, but due to time constraint, it was not possible, the questions here can be addressed at a later point of the workshop or during breaks)
- Use a variety of questioning techniques
- Ask the question to the entire group
- State the question, pause, and then direct the question to a specific student.
- Target the question to one student by using that persons name before asking the question.
- Use name while asking questions.
- Provide positive reinforcement for responses.
- Respond to the partially answered questions.
- Restate the question.
- Redirect the question to another student
- Respond to the student's questions – answering it, responding with another question, refer to a later section.

Using Questions Effectively

- Prepare questions in advance
- Repeat correct answers
- Address questions from the learners:
- Use a variety of questioning techniques
- If you don't know the answer, admit it! Find the answer for the next session

Summarizing

Summarizing classroom teaching within the nursing field serves as a crucial skill for both educators and students alike. Summarizing involves synthesizing key information and highlighting important points discussed during classes in order to reiterate important points and also refresh the key points.

It helps reinforce learning by highlighting essential points, clarifying complex topics, and organizing information for greater retention. Ultimately, effective summarizing in nursing education facilitates comprehension, retention, and application of knowledge and clarification of doubts.

Tips for good Summarization

- Ask the students if they have questions
- Ask the students questions
- Administer a practice exercise or test
- Use a game to review main points

Checklist Annexure 5: Effective facilitation skills

KEY MESSAGES

- Effective facilitation skills apply to all learning activities
- Good organization is the foundation of good facilitation
- Questioning and feedback skills are very important to help learners apply the new information

REFERENCES

1) ETS module, module 6, page number 6.5, 6.6, 6.8, and 6.9.
2) And observers/trainer give score to the facilitator by using facilitation checklist.

Chapter 05

Different Methods of Group Teaching-Learning Activities

This session speaks on various methods of group teaching and learning and provides tips on how to facilitate a group teaching and learning session to make it very efficient.

By the end of the chapter, the learners will be able to:

- Define group teaching-learning activities
- List the different group learning activities
- Discuss the advantage of group learning activity
- Explain how to facilitate the session
- Describe how to summarize it at the end.

CONTENT

Definition

Group teaching learning activities refers to educational methods or techniques where students work together in groups to achieve learning objectives. The aims of these learning methods to promote group learning, teamwork, active participation and interaction among peers. This learning method helps strengthen study of subject matter and enhance learning experience.

Group Learning Activities

Group learning activities include group discussions; small group and big group discussions (seminar, panel, symposium), collaborative projects, case studies, debates, peer teaching, brainstorming, role play and problem-based learning exercises. These activities should be facilitated by teachers who guide activities, set goals, identify the strengths and weaknesses of each group member and measure progress. Group teaching learning activities foster critical thinking, communication skills, teamwork, and overall learning outcomes among students.

Key Features of Group Teaching Learning Activities Include

1) Collaboration: Students work in groups to solve problems, discuss concepts, or complete tasks. The concept of teamwork, adjustment, acceptance is developed.

2) Interaction: Group activities encourage active participation and communication among students, and peer activities facilitate deeper understanding of the content and teaches life skills. Interaction also creates a non-threatening environment to ask questions, clarify doubts as they are peers. It also facilitates bonding.

3) Shared Learning: Students share their knowledge, perspectives, and ideas, which can lead to richness of learning. Learning various styles of expression and working also helps in the growth of the student.

4) Peer Support: Groups provide an environment where students can support each other, ask questions, and clarify doubts.

5) Problem-Solving: Many group activities are designed to challenge students to apply their knowledge and skills to real-world problems or scenarios.

Advantages:

- Active learning
- Critical thinking skills
- Collaboration and communication
- Social skills
- Non-threatening learning environment
- Brings together different learning styles
- Engagement, motivation, and fun
- Confidence building
- Helps identify strengths and weakness
- Facilitates deeper learning
- Prepares with skills for real-world situations
- Promotes reflection and metacognition
- Dynamic learning environment

Facilitate Group Learning Sessions

Group learning sessions should be planned and thought of with great clarity.

Key Strategies to Facilitate These Sessions

1) Set Clear Objectives

2) Create Groups Purposefully

3) Provide Clear Instructions

4) Establish Ground Rules

5) Monitor and Support

6) Encourage Collaboration

7) Promote Critical Thinking

8) Provide Feedback

9) Manage Time Effectively

10) Facilitate Reflection

11) Assess Learning Outcomes

12) Encourage Participation

Role of Teachers in Group Teaching

The teachers should use the above strategies to take the group teaching learning sessions forward. The teacher should be a facilitator, organizer, observer, mediator, evaluator, resource provider and reflector.

KEY MESSAGES

- This method requires collaboration, effective communication, shared responsibility and accountability and active participation.

REFERENCES

1) ETS module, module 7, page number 7.1, and 7.2.

Chapter 06

Development of a Skill

This session outlines the steps, processes and techniques of development of a skill. It explains in detail about demonstration technique, application of demonstration and steps to be followed while conducting a demonstration.

By the end of the chapter, the learners will be able to:

- Define demonstration
- List out different topics that can be taught through this method
- Explain the necessary steps that need to be followed during the demonstration

CONTENT

Definition

Demonstration

Demonstration, in which the teacher demonstrates the intervention at their normal pace without giving any additional verbal explanations. "Demonstration is a method of teaching by exhibition and explanation combined to illustrate a procedure or experiments".

For Every Competency (Skill)

- Use an assessment tool
- Demonstrate correct behaviors
- Provide coaching and supportive feedback during practice

There are common steps when teaching all types of skills

- Develop and review the assessment tools you plan to use
- Review and practice yourself to ensure proficiency
- Highlight the steps in the assessment tool
- Demonstrate correct behaviors
- Provide coaching and supportive feedback during practice

Competency-Based Learning Tools

- Presents the individual steps in a standardized way
- Aim to help students learn the correct steps and the correct sequence of steps
- Helps to measure students' progress in learning as they gain confidence
- Tools include Learning guides, Decision trees, Flowcharts, Algorithms, Posters, Charts

Checklists

Checklists is a structured tool used to systematically assess and document competency in various clinical skills, procedures, and tasks essential for patient care. These checklists outline specific steps or criteria that students must follow or demonstrate. The checklist can be used as a learning tool or an evaluation tool where every step is ticked off as the student progresses while performing a procedure.

How are checklists developed?

Developing checklists involves a systematic process that draws upon standardized documents, guidelines, textbooks, and insights from healthcare professionals proficient in specific clinical skills. There are other methods of preparing a checklist. Initially, a group of experienced healthcare providers are identified, and their performance of the skill is observed and meticulously recorded step-by-step. From these observations, an initial checklist is drafted, outlining the essential steps and considerations for performing the skill correctly and safely.

The checklist is then reviewed and refined through discussions with the same group of healthcare providers, incorporating their feedback and expertise. Subsequently, the checklist undergoes testing to ensure it effectively captures all necessary components and can reliably assess student competency.

Through repeated testing and refinement, the final checklist establishes a standardized and validated approach to evaluating students' proficiency in clinical skills, aligning with best practices and patient care standards in nursing education. Refer to standardized documents, guidelines, textbooks, and journals. A group of healthcare providers who are proficient in performing the skill are identified:

- Observe several of the healthcare providers as they perform the skill. Record each step that each healthcare provider performs.
- Develop an initial list of steps.
- Discuss the skill with the same group of healthcare providers.
- Test the initial list of steps.
- Test the final standard way of performing the skill.

How are the checklists used?

- Checklists can be used in class, lab, and clinical areas.
- Students can follow the steps while someone demonstrates
- Pairs of students can work together to practice
- Students can observe each other and give feedback
- Before, during, and after clinical practice sessions, use as a reference
- Students can assess themselves or peers

Demonstration

Whole-Part-Whole Approach

- Demonstrate the whole procedure from beginning to end
- Isolate or break down the procedure or activity into parts and allow practice of the individual parts of the procedure
- Demonstrate the whole procedure again and then allow students to practice it from beginning to end

Points to Remember

- Set up the area in a way so participants are able to see.
- Always demonstrate the skills correctly
- Interact with the students
- Do step-by-step
- Require use of some type of model for practice
- Use equipment and materials correctly.
- Ensure active participants from the participants.
- Use a learning tool for complicated skills
- Starting with demonstrations that do not involve patients enables you to take time, stop and discuss key points, and repeat difficult steps without endangering the health or comfort of a patient.

Communication Skills

Communication skills are not as simple to demonstrate and teach as psychomotor skills, and most communication is non-verbal. Role plays, especially when well-structured and used with assessment tools that outline key points, are very useful for demonstrating communication skills, including non-verbal communication.

- Pay attention to non-verbal communication during demonstrations
- Build on basic communication skills
  - Active listening
  - Clear language
  - Concise information
- Check understanding
- Use role plays for demonstration
- Use behavior modeling

KEY MESSAGES

- Skill development requires demonstration, practice, and feedback.
- Gather the necessary equipment.
- Prepare the area for a demonstration.
- Use checklist
- Perform step by step
- Encourage questions from participants.
- Ask one of the students to demonstrate and give constructive feedback

Annexure 6: Clinical Demonstration Skills

REFERENCES

1) ETS module, module 8, page number 8.1, 8.3, 8.5, 8.10, 8.13, and 8.19.

2) B Sankaranarayanan, Sindhu Gopinath. Learning and teaching nursing.

Chapter 07

Preparation and Use of Knowledge Assessments

This chapter speaks about various methods of assessments of students' knowledge, techniques to prepare knowledge assessments, question paper, methods of scoring knowledge assessments and how to improve performance.

By the end of the chapter, the learners will be able to:

- Select methods for assessing students' knowledge
- Prepare knowledge assessments.
- Develop questions for objective written examinations
- Administer and score knowledge assessments
- Use assessment results to improve performance

CONTENT

The process of obtaining and evaluating data regarding students' nursing practice-related knowledge, skills, abilities, and attitudes is known as assessment in nursing education.

It entails the methodical gathering of data to assess nursing students' learning progress, areas of strength, and areas in need of development. A number of important goals are served by assessment in nursing education:

- Assessment of Learning Outcomes: This helps ascertain whether or not students have met the curriculum's specified learning objectives.
- Learning Needs Identification: Assessment helps teachers determine the specific learning needs of each student, enabling them to adjust their intervention and teaching methods.

Knowledge Assessments

Knowledge can be assessed by 2 different methods

- Formative Assessment
- Summative Assessment

Formative Assessment

Formative assessment measures students' progress throughout the course. The purpose of formative assessment is to help students improve their performance. It gives students an opportunity to apply new knowledge, skills, and attitudes and to receive feedback from teachers. Formative assessment also reinforces important or difficult content areas.

It can be done in nearly all learning environments, including the classroom, simulated practice environment, and clinic. Teachers should use a variety of formative assessment methods to help students prepare for summative assessments. This includes internal assessments, unit tests, assignments, presentations, and group activities.

This assessment highlights ongoing observation, a focus on feedback, growth and diagnosis, and a variety of evaluation approaches beyond the conventional means of a written test exclusively

Summative Assessment

Summative assessment is the formal assessment of a student's achievement at scheduled points during the course. Summative assessments assign a grade or mark to the student's level of competence in key learning objectives. Typically, the results of summative assessments are used to decide whether a student can complete a course, move on to another course in the academic program, or graduate.

Summative assessments, which take place at the conclusion of a unit, course, semester, or academic year, are final assessments of student learning and accomplishment (University test).

Summative assessment is primarily focused with determining the amount of knowledge and skills that students have gained by a particular point in time, as opposed to formative assessment, which is on providing continual feedback to improve learning during the educational process.

This assessment functions as a final measuring, and it carries accountability. This guarantees that students receive the necessary knowledge at the end of the course and determines whether the goals have been met.

Difference between formative and summative assessment

The factor that distinguishes formative from summative assessment is how the results of the assessment are used. In a formative assessment, the results are used to give feedback to students, help them improve their performance, and help them prepare for later assessments. In a summative assessment, the results are recorded and used to determine if the student should pass the course.

A good assessment strategy will involve frequent formative assessments of key or difficult knowledge, skills, and attitudes before the students complete a summative assessment. With both types of assessment, teachers should give clear feedback to students about what they have done well and what they need to improve.

Remember that the goal of assessment is to improve students' learning. If a student fails an assessment, provide the student with feedback, additional practice opportunities, and, if possible, another attempt to master the material.

Prepare Knowledge Assessments

The following are general guidelines to use when developing.

Knowledge Assessments

- Identify the learning objectives or outcomes to be assessed.
- Use simple and clear language in all questions. The test item should measure the student's mastery of the learning objective, not their ability to read or to take tests.
- Include at least one item per objective. Often there may be a number of test items per objective. Tests with very few items (fewer than 15 to 20) may not be valid. Tests with more than 60 to 70 items may cause students to become tired, lose their concentration, and not do as well on the test.
- Use correct grammar in both the question and the possible answers.
- Ensure that questions reflect the conditions stated in the objective. For example, if an objective states that the student will "identify" something, then the corresponding item should require the students to identify rather than list or write.
- Is the question in any way controversial? If it is, the question should be discarded.
- Are the distractors (incorrect answers) in multiple-choice questions reasonable, and similar in structure and length to the correct answers?
- What is the difficulty of the questions? Questions of moderate difficulty are best.
- Make each test item separate from every other item. If they are not separate, when students miss the first item, they usually miss the next item also. In other words, do not build a test item upon a previous test item.
- Ask the same or similar questions to all students. This is particularly important to keep in mind for oral examinations and reports.
- Divide long or complicated examinations into several parts.
- Provide clear directions for each type of item (e.g., true-false, multiple-choice).
- Decide on the model answers to questions. Use answer keys or checklists for scoring.

Preparing a Test Bank/Question Bank

A test bank/question bank is a set of questions that have been prepared based on the assessment of the objectives to be fulfilled at the end of the course. It is also a collection of questions that are of importance and is essential to assess the attainment of a particular competency which was prescribed as an objective at the beginning of a course.

Points to remember when preparing a test bank/question bank:

- Sort questions based on subject, category, level of knowledge, or type of test item
- Store the questions on a computer or cards
- Ensure that only authorized persons have access to the test bank/question bank

True-False Questions

A true-false question presents a respondent with a statement and are asked to indicate whether they think a statement is true or false. Usually, it calls for a response based on the respondent's comprehension of the accuracy of the statement.

- Use clear, concise, and understandable language
- Avoid negatively stated items & use statements that are either completely true or false
- Avoid expressions that frequently identify a statement as true or false
- Make true statements equivalent in length and number to false statements
- Provide clear directions

True-False Question Tips

A true-false question asks the student to respond with either "true," meaning the statement is true, or "false," meaning the statement is false. These questions assess knowledge and can test understanding; however, this type of question is not very reliable. Students are able to guess the correct answer easily, because each choice has a 50 percent chance of being correct.

Here are tips for writing good true-false questions

- The language of true-false test items should be clear, concise, and understandable. Avoid words such as more, few, large, and good, because these are relative and may confuse the students. Avoid using negatively stated items (e.g., It is not recommended that. . . .) because students may not read the question accurately and may misunderstand the meaning. Use short statements that contain only one idea.
- Avoid words or expressions that frequently identify a statement as true or false. Words often found in false statements are only, never, all, every, always, none, and no. Those often found in true statements are usually, generally, sometimes, customarily, often, may, could, and frequently.
- Use statements that are either completely true or completely false. Avoid a statement that is partially true and partially false. True-false items should focus on one idea and should challenge, but not trick, the students.
- Make the true statements equivalent in length and number to the false statements. Another type of true-false item requires the student to correct false statements to make the statements true. This can be accomplished by underlining one or two key terms and asking the students to change the underlined term(s) if they decide the statement is false. With this type of item, you will need to determine if the revised terms are correct, which adds some effort and subjectivity to the scoring process.

Multiple Choice Questions

A multiple-choice question is a type of question which presents 4-5 options to the respondent, among which respondents are asked to select one correct answer. It assesses the respondent's ability to choose the correct or most appropriate option based on the given information or context. Elements include:

- Stem: The stem refers to the statement of question, it can be an interrogative sentence or a declarative sentence.
- Responses: This refers to the options given under each question from which the participant is asked to choose from.
- Distractors: This refers to the 3 options other than the correct answer, the main function of which is to distract the student.
- Key: This refers to the correct/ best answer to the question.

Multiple-Choice Question Tips

- Write simple stems that state the problem and avoid using negative terms
- If using a negative question, highlight the negative portion in the question. For example, which among the following is not a cause of cancer
- Provide a coherent list of possible answers
- Write reasonable distractors
- Distractors should be of similar length to avoid giving clues to the correct response
- Avoid use of "All" and "None of the above" in responses
- Give clear directions to students
- Arrange numbers/years in ascending or descending order

Sample Scenario MCQ

Mrs. B. is 20 years old and had an IUD inserted a month ago. She came to the health center 2 days ago with vaginal discharge and abdominal and pelvic pain. She reports that she does not have any fevers or chills. What is your plan?

A) Gather history, send vaginal cultures, remove the IUD.

B) Gather history, send vaginal cultures, follow up in 3 days.

C) Gather history, treat with antibiotics for presumptive PID.

D) Gather history, send vaginal cultures, treat with antibiotics for PID, and remove the IUD if the woman wishes.

Matching Questions

Matching questions present two lists of items that respondents must connect based on a specified criterion or relationship. The goal is to correctly pair items from one list with corresponding items from another within a given context.

Matching questions consists of two lists:

1) Premise: This list contains statements, descriptions, or terms that need to be matched with corresponding items in another list based on a defined relationship or criteria.

2) Response: This list contains options, answers, or solutions that are intended to be paired with items from the premise list, forming correct matches that demonstrate understanding or knowledge of the topic.

Imperfect matching items are more objective. Tips to be followed when preparing Match, the following questions:

- Focus on one subject
- Keep statements brief
- Arrange in logical order

Short-Answer Question Tips

Short-answer questions require the student to provide one or several responses to a question or situation. They are not as easy to complete or score as MCQ or true-false questions, but they require the student to spontaneously respond rather than choose from a selection of responses. This type of question assesses higher-level thinking but is less reliable because a teacher must interpret the responses.

Following are some tips for writing short-answer questions

- Make the questions clear and easy to understand. Write precise questions so that students know exactly what response is expected.
- Prepare a structured marking sheet. For each question, list all of the acceptable responses, and be prepared to consider other answers that may be equally acceptable. Make the marking sheet easy to understand so that other teachers can use it if necessary.
- Write some questions that involve possible multiple responses. This demands more from students and can address broader content.

Test Administration

Test administration refers to the process of organizing, supervising, and executing the administration of assessments or examinations. It involves ensuring that tests are conducted securely, following established procedures, and that all participants, such as students or candidates, have equal and fair opportunities to complete the assessment under standardized conditions. This process includes arranging testing environments, distributing test materials, monitoring test-taking, and collecting completed tests for scoring and analysis.

- Time allowed: Specifies the duration within which students must complete the assessment. This ensures fairness and consistency in the testing of students.
- How to select and record answers: Describes the method or format through which students are instructed to choose and document their answers (e.g., multiple-choice bubble sheets, essay booklets, electronic devices).
- Scoring system to be used: Outlines the criteria and methods used to evaluate and assign scores to test responses, ensuring consistency and objectivity in grading.
- Physical environment: Refers to the setting where the test is conducted, including considerations such as seating arrangements, noise levels, lighting and facilities to ensure an appropriate and conducive testing environment.
- Rules regarding how long the candidate remains in the room: Indicates whether students are required to stay in the testing room for the entire duration of the assessment, which is typically to prevent cheating or unauthorized access to test

materials. For example, students should not be allowed more than 30 minutes after an exam has commenced, students are not allowed to leave until the prescribed time for examination is over.

- Lighting and ventilation: Ensure that the testing environment has adequate lighting and ventilation to facilitate comfortable and effective test taking for all participants, minimizing distractions and discomfort.

Scoring the Knowledge Assessment

- With written objective examinations, students can mark the answers directly onto the test or onto a separate answer sheet.
- When there are many test items, it may be easiest for students to write their answers on a separate answer sheet.
- One of the advantages of written objective examinations is that they are very easy for teachers to score. Even when an answer key is used, there are several ways to score them.
- The easiest and most common way is to assign an equal number of points to each question.
- Another way to score a test is to assign certain items more points. For example, true-false questions may be assigned only one point and multiple-choice questions may be assigned two or three points.
- For short-answer questions, essay questions, and written assignments, an answer key is also recommended (see "Select Methods for Assessing Students' Knowledge"). As the scorer identifies the points listed on the answer key in the students' written answers, the scorer should underline them in contrasting colors.
- The students receives one or more points each time one of the items listed in the answer key appears. This avoids the tendency to give higher scores to students with good penmanship, or who write long, well-phrased answers that do not contain the points in the answer key. Because the purpose of formative assessment is to provide feedback to students to help them improve their performance, it is not always necessary to assign a numerical score to the assessment.
- The results of formative assessments may be reported to students on a scale such as poor, fair, good, or excellent.
- The crucial aspect of formative assessment is to explain to the students why they received the rating, and how they can improve the results when reassessed on the same topic.
- Even when using an answer key, the scorer can often be influenced both positively and negatively by the mental state or attitudes that she or he brings to the scoring process. For most situations, what matters is that the scorer's mental state and attitude are consistent across all test papers as they are scored. Because a person's mental state changes from day to day, if more than 1 day is needed to score examinations, it is a good idea to score the first item(s) on the test for all students and then proceed to the second item(s) and so on throughout the examination.
- For all types of knowledge assessments, it is best to grade the examination in the blind. That is, to score each test without knowing whose test it is. This will avoid any personal biases in the scoring process.

- Finally, if you are using a self-assessment method, students can score their own tests.

Using assessment results

- Formative assessments help students decide what content areas they need to spend more time studying, areas where they require help and support.
- Summative assessments determine if students are meeting the learning objectives

Helping Students Learn

- Knowledge is assessed to determine whether students are meeting the learning objectives and have acquired the required information base to become competent healthcare providers.
- These assessments are also used to improve students' performance. Formative knowledge assessments such as written exercises, case studies, and quizzes help students decide what content areas they need to spend more time studying to prepare for summative assessments.
- The results of summative assessments determine if students are meeting the learning objectives.

Following are some ways to help students learn from their knowledge assessments:

- Instruct students to review the material related to the questions they missed.
- Give students an opportunity to ask you questions about any test items on which they scored poorly or that they did not understand.
- If many students had trouble with the same questions, either the teaching methods or materials did not adequately address that learning objective, or the question needs to be rewritten. Do not be afraid to revise problematic test questions or adapt the teaching methods used to better address the content.

KEY MESSAGES

- Learning takes place best in an effective environment.

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Chapter 08

Presentation on Skill Assessment through OSCE

This chapter details skill assessment through Objective Structured Clinical Evaluation and Objective Structured Practical Examination. It speaks about OSCE as a teaching method and assessment technique.

By the end of the chapter, the learners will be able to:

- Describe the meaning of OSCE
- Recall the advantage of OSCE assessment
- Discuss the components of OSCE
- Enlist different types of OSCE
- List the steps in developing OSCE tool
- Illustrate the OSCE station mapping

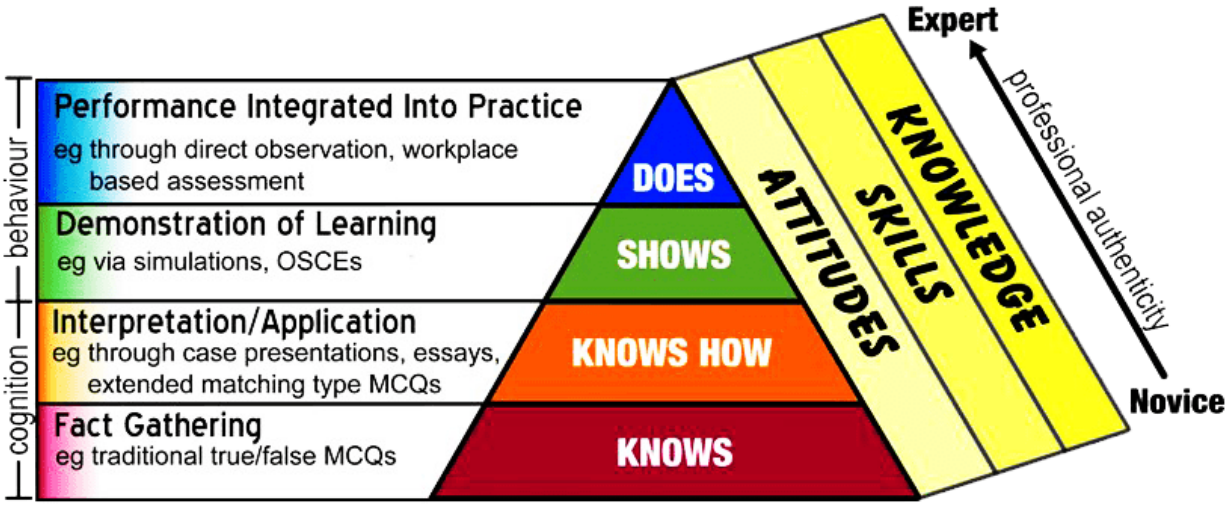
CONTENT

- It is a comprehensive and structured assessment method used in various healthcare fields, including nursing and medicine.
- OSCEs involve rotation of students through a number of stations where students or professionals demonstrate clinical skills, communication abilities, and decision-making under standardized conditions.
- This methodology aims to assess competencies in an objective and consistent manner while simulating real-world clinical situations.

Miller's Pyramid

The pyramid of competence (Miller, 1990) is a framework that identifies the stages of skills, students should achieve.

MILLER'S PRISM OF CLINICAL COMPETENCE (aka Miller's Pyramid)



Based on work by Miller GE. The Assessment of Clinical Skills/Competence/Performance; Acad. Med. 1990; 65(9): 63-67
Adapted by Drs. R. Mehay & R. Burns, UK (Jan 2009)

Advantages of OSCE

- It provides a uniform marking scheme for examiners and consistent examination scenarios for students.
- In OSCE, the setting is more controlled and a more objective assessment of the student's clinical competency can be made.
- Provides more insight into students clinical and interaction competencies.
- Emphasis can be moved away from testing factual knowledge to testing a wide range of skills including advanced clinical skills.

OSCE Methodology

- The OSCE consists of about 15-20 stations.
- Each of which requires about 4-5 minutes of time.
- All stations should be capable of being completed at the same time.
- The students rotate through all stations and moves to the next station at the signal.
- Each candidate is examined on a one basis with one or two impartial examiners on each station.
- They are marked by the examiner on standardized mark sheet.

Preparing for an OSCE

- For man OSCE committee (Course team)
- Train the teachers (Facilitators and Examiners)

- Train the students (Practice sessions/Mock OSCE)
- Construct an exam Blueprint (Number of stations/Rest stations, skills, time, check-off, Follow-up station)
- Write the cases and probes (Scenarios)
- Construct the checklist to each case
- Conduct the full-scale exam
- Analyze results
- Report results (How many passed/Failed)

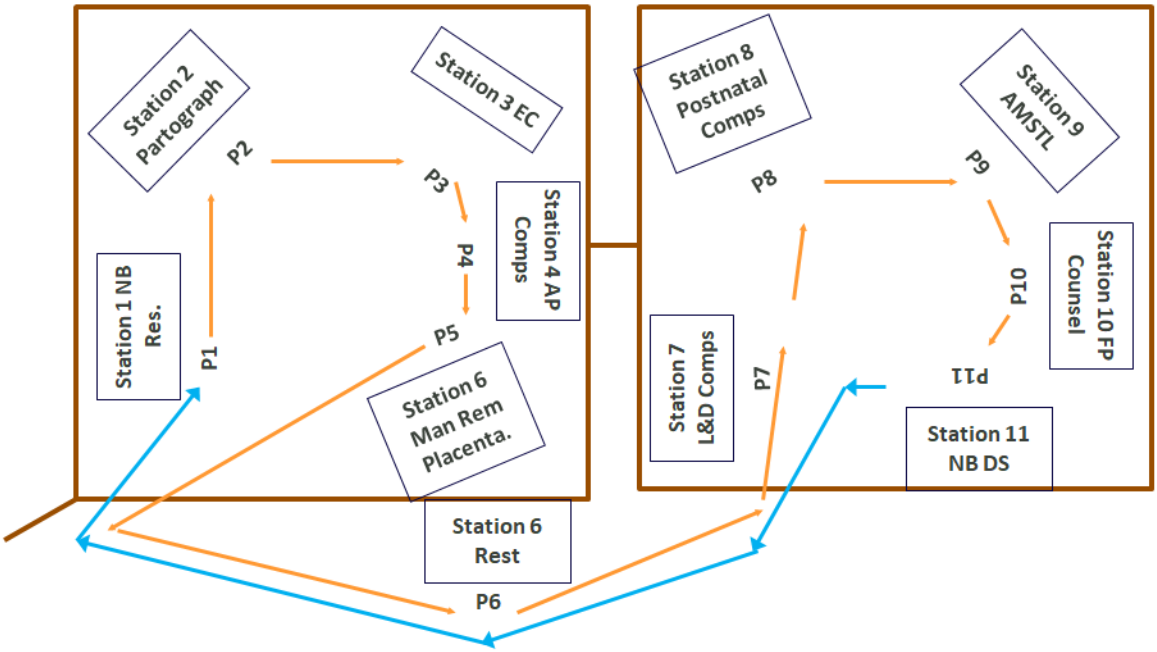
Steps In Developing OSCE

- Decide the types of skills to be examined
- Consider the number of stations
- Prepare the staff resources needed
- Design concise checklist with marking instruction

Example - ANM/GNM OSCE Stations according to the competency required

Competency	OSCE Station
1) ANM/GNM provides adult and newborn resuscitation	• Adult Basic Life Support • Newborn Resuscitation
2) ANM/GNM is able to provide contraceptives.	• Interval IUD insertion
3) ANM/GNM recognizes symptoms of life-threatening antenatal conditions	• BP measurement • Hemoglobin testing • Per abdomen examination
4) ANM/GNM understand normal progression of labor	• Use of partograph
5) ANM/GNM practice Active management of third stage of labor (AMTSL) in normal delivery	• Active management of third stage of labor (AMTSL)
6) ANM/GNM provide care to newborn immediately after birth	• Essential newborn care
7) ANM/GNM support mother and relatives for early initiation of breast feeding and exclusive breast feeding	• Breastfeeding

OSCE Station Map



OSCE Station Requirements:

- An OSCE station typically includes several key components to ensure standardized and effective assessment.
- Each station begins with a clear task or scenario that the student must complete, which aligns with specific learning objectives.
- Students receive instructions outlining what is expected of them during the station,
- The assessment tool in the form of a checklist, details the criteria against which student performance will be evaluated, ensuring objectivity and reliability in assessment.
- Stations are equipped with resources necessary for students to perform tasks, which may include medical equipment and mannequins.
- A uniform time limit is imposed on each station to maintain consistency and fairness across all candidates, allowing for adequate performance

Students Preparation

Preparation is vital and increases students' confidence in performing kills during the OSCE and in clinical areas. Formative or mock OSCEs also increase confidence and competence.

Students preparing for an OSCE should:

- Be psychologically prepared
- Be familiar with how equipment works
- Know which procedures/guidelines are to be used in the OSCE
- Be familiar with checklist/marking criteria

- Rehearse skills
- Know the timing of the OSCE
- Use feedback from mock/formative OSCEs
- Practice answering questions verbally.

Assessor's Preparation

- The assessors need clear guidelines about their roles and how much interaction is allowed with the student.
- The student must also be made aware of this.
- The assessor must be totally familiar with and have a good understanding of the marking criteria and guidelines.
- It is useful for first-time assessors to observe some OSCEs to gain insight into the process. (Mock session before the actual OSCE session)

Checklist

Checklists consist of essential or desired specific behaviors, activities, or steps that make up a more complex competency or competency component. The checklist consists of a set of demonstrations of a behavior arranged in a sequence, against which a student is evaluated for the successful completion of each expectation.

The responses are measured as:

- 0 (absent/incomplete/incorrect response) or
- 1 (complete/correct response)

The students are assessed as

- Pass (>=80%) score or
- Fail (<80%)

Annexure 7– Sample OSCE checklist

Before the OSCE

- Ask if the student has any questions about the skill and is ready to be assessed.
- This is orientation – NOT coaching

During the OSCE

- Observe and assess the student's performance
- Stand where you can see without intruding and let the student perform the skill

- Do not interfere (Dangerous acts can be discussed with students following the OSCE)
- Remember...Feedback MUST be delayed until completion of all stations in OSCE

After the OSCE

- Review the performance of the student (student shares what she or he did well and what could be improved)
- Provide positive feedback and offer suggestions for improvement
- Determine if the student is competent or needs additional practice

Use Results to Improve Performance

- Give students an opportunity to ask you questions about steps they did not understand or performed incorrectly.
- Instruct students to practice the steps that they performed incorrectly

Use Results to Improve the OSCE Process

- If many students had trouble with the same stations, either the teaching methods or materials did not adequately cover that learning objective

KEY MESSAGES

- OSCE provides a highly structured and reliable method for assessing knowledge and skills
- OSCE requires:
  - Time for planning
  - Preparation of valid stations
  - Pilot OSCE before using it for student evaluation
  - OSCE has secondary instructional benefits

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Chapter 09

Critical Procedures, Clinical Objectives and Clinical Rotation Plan

This chapter discusses and lists the critical procedures that should be practiced on patients by the students. Deals with the concept of clinical objectives. It details the preparation and implementation of clinical rotation plan (CRP).

By the end of the chapter, the learners will be able to:

- List out the critical procedure that should be practiced on patients by the students under supervision in all subjects.
- Describe the importance of setting clinical objectives for nursing students.
- Discuss the preparation and implementation of clinical rotation plan (CRP)

PROCEDURE TO BE PERFORMED BY STUDENTS

As per the Indian Nursing Council curriculum students should perform procedures on patients as their clinical requirement. Ideally, all the procedures are important, and students should develop skills in all the procedures. Every nurse must master some critical procedures. Critical procedures are those that demand more attention since they are of utmost importance. Critical procedures should be performed by students under supervision only.

For example - In OBG specialty conducting normal delivery, PV Examination, Episiotomy care etc. are considered critical procedures. Each subject may have different critical procedures that a teacher expects that a student must know.

Refer Annexure-8 – List of procedures – Child Health Nursing

Clinical Objectives

Clinical objectives involve a structured approach to ensure that the goals are clear, measurable, and relevant to both the educational and professional development needs of the nurse. Clinical objectives are prepared for all clinical subjects of each course, ward-wise.

Before sending students to clinical practice, the nursing superintendent, clinical staff, all wards, class coordinator, subject teachers, and students themselves should be informed. The students should be called for a pre-clinical meeting, and all objectives should be explained, emphasizing the student's requirements in the clinical area.

The duty time, ward protocols, the do's and don'ts, the required professional and personal presentation should also be briefed.

The students should also be aware of protocols, procedures and line of authority in the clinical setting.

Refer Annexure -9- Clinical objectives

Need of Clinical Objectives for Nursing Students

Clinical objectives are vital for nursing students because they offer crucial direction and advice during their training. By defining the precise knowledge and abilities that students must gain within a given time frame, these objectives help students to understand what is expected from them. They also provide a way to track and evaluate pupils' progress, making sure they are gaining the necessary skills and pointing out areas that need more help.

Clear objectives also encourage students to step outside of their comfort zones by establishing hard but attainable goals, which promotes both professional and personal growth. Objectives assist students in maintaining focus on critical learning outcomes by aligning with professional needs, thereby equipping them to fulfill standards.

Also, students can identify their areas of interest and preferred forms of practice in nursing through exposure to a variety of specialties and settings provided by objectives. To improve preparedness for future nursing careers, setting and completing these goals increases confidence in problem-solving, decision-making, professional conduct, and clinical skills.

Development of Clinical Objectives

Developing clinical objectives in nursing is a dynamic process that requires continuous review and adaptation. By setting clear, achievable goals and providing the necessary support and resources, nurses can enhance their clinical skills and contribute more effectively to patient care and the healthcare team.

1) Identify Learning Needs

- Assess Knowledge and Skills
- Consider Scope of Practice

2) Align with Standards and Competencies

- Professional Standards (INC standards and guidelines)
- Align objectives with the mission and goals of the healthcare institution.

3) Set SMART Objectives

- Specific: Clearly define what is to be achieved.
- Measurable: Ensure that progress can be tracked with tangible criteria.
- Achievable: Set realistic goals within the nurse's scope and resources.
- Relevant: Align with broader learning goals and job responsibilities.
- Time-bound: Establish a timeline for achieving the objectives.

4) Develop Action Plans

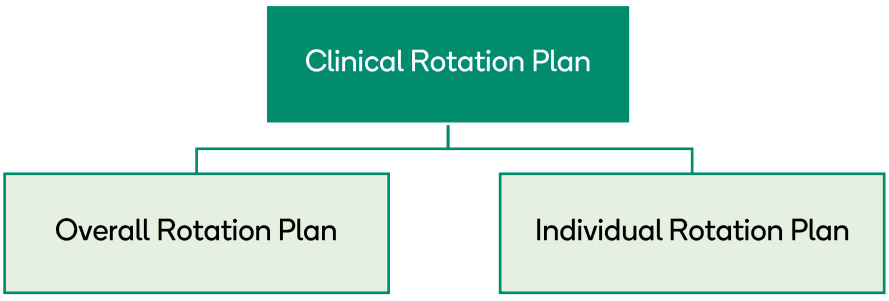
- Learning Activities: Plan specific learning activities and experiences (e.g., simulations, case studies, hands-on practice)
- Resources: Identify necessary resources, including mentors, educational materials, and clinical placements.
- Evaluation Methods: Decide on methods to evaluate progress (e.g., skills checklists, feedback from preceptors, exams).

Clinical Rotation Plan

In nursing education – rotation refers to regular successive and recurrent posting of various groups of nursing students belonging to different classes in specific nursing fields (clinical and community areas).

In nursing education - rotation refers to "regular", successive and recurrent posting of various groups of nursing students belonging to different classes in specific nursing fields i.e., OPDs (Outpatient Department), Specialty wards, OT, delivery room, Clinics, community health fields- Institute should select the clinical fields for the purpose of providing clinical practice at the outset of the program. The learning situations are where the students are practicing nursing procedures, carrying out care related activities.

Clinical Rotation Plan is the statement, which explains the order of the clinical posting (regular successive and recurrent posting) of various groups of nursing students belonging to different classes in relevant clinical areas and community health settings as per the requirements laid down by the statutory bodies."



There are 2 types of rotation plans, one is the overall clinical rotation plan that specifies which area the students are broadly posted in. For example, Obstetrics and Gynecology, Pediatrics, Psychiatry. The other is the rotation of students within a specified broad area. For example, in Pediatrics, students will have pediatric medicine posting for 2 weeks, pediatric surgery for 1 week, NICU for 1 week and PICU for 1 week.

Importance of Clinical Rotation Plan

Clinical rotations serve multiple purposes crucial for nursing students. Firstly, they fulfill degree requirements by providing credits necessary for completing core and elective curriculum components. Secondly, these rotations offer invaluable hands-on clinical experience, allowing students to refine their skills in a real-world setting. By actively participating in patient care alongside healthcare teams, students not only learn to use clinical tools effectively but also begin to develop essential bedside manner skills.

Moreover, clinical rotations can be seen as informal interviews that pave the way for future career opportunities. The interactions and relationships formed with physicians and staff during rotations often lead to letters of recommendation and insider knowledge about job openings within hospitals or clinics. This networking is invaluable in launching a nursing career.

Lastly, clinical rotations provide a platform for students to explore and decide on their career paths. By rotating through various specialties and settings, students can gain insights into different areas of nursing practice. This exposure helps them identify their passions and strengths, ultimately guiding their decisions towards a fulfilling career path in nursing. Thus, clinical rotations not only fulfill academic requirements but also play a pivotal role in shaping nursing professionals' careers by providing practical experience and aiding in career decision-making.

Objectives of Clinical Rotation (Skills, Values, Attitudes)/Purpose of Planning Clinical Experiences

The objectives of clinical rotations are multifaceted and essential for nursing students' development. They provide opportunities for students to immerse themselves in clinical environments and community settings, gaining invaluable hands-on experience. By actively participating in patient care under the guidance of healthcare professionals, students apply theoretical knowledge to real-world scenarios, enhancing their clinical skills and confidence.

Moreover, clinical rotations are integral to achieving the overarching goals of nursing education programs. They support the acquisition of competencies outlined in the curriculum, such as critical thinking, effective communication, and ethical practice.

Ultimately, clinical rotations prepare students to deliver high-quality patient care, adapt to diverse healthcare settings, and contribute effectively to inter professional teams. Thus, these rotations are fundamental in equipping nursing students with the knowledge, skills, and professional attributes necessary for successful careers in healthcare.

Factors to be Considered/Criteria for Planning Clinical Experiences

The goals of the clinical postings in a course should be created to guarantee thorough comprehension and competence in clinical settings. The class size must be decided upon in advance in order to allow for individualized attention and group work, overcrowding in a particular clinical area will not serve the purpose. It's also important to consider the quantity and scope of departments that facilitate resource sharing and interdisciplinary learning.

Engaging with students from different programs enhances the field experience by promoting a variety of viewpoints, growth of skills and also students are exposed to the concept of teamwork. The wellbeing of the students and adherence to academic standards should be given first priority by the agency officials (Do not consider students as staff nurses during

posting). The length of each area's clinical experience must be planned to fulfill curriculum requirements and promote the acquisition of practical skills.

A suitable team of instructors (clinical instructors, tutors), ward employees (in charges, senior staff nurses), or supervisors provides enough clinical supervision, guaranteeing direction and mentoring during the training process. It is also vital to see that the program conforms to educational standards are ensured by adhering to INC regulations, which highlights the course's high caliber and significance for nursing education.

Organization of Learning Experience in Clinicals

Continuity in the context of clinical learning experience organization refers to the smooth progression of learning experiences and activities throughout time. Throughout their clinical rotations, it guarantees that students continue to build upon the knowledge and abilities they have already learned. The methodical organization of learning events in a logical order, frequently in line with the curriculum and educational goals, is known as sequence.

It guarantees that students grow methodically from foundational to sophisticated clinical skills. For example: One learns procedures like hand washing, bed making, urine collection in the first year to more complicated procedures like catheterization, injection in third year.

The goal of integration is to make the connection between clinical settings and theoretical knowledge in practical implementation. It fosters a deeper comprehension of nursing practice by encouraging students to apply principles acquired in the classroom to real-world patient care circumstances.

It is very important that students should learn theory before being sent to clinicals. It is to be noted in the first year, students learn basic procedures in foundation, whereas in third year they learn specialization such as OBG and then they are sent to Antenatal ward, postnatal ward etc.

The interaction between various components of clinical learning, such as the incorporation of clinical skills with patient assessment and management, is highlighted by correlation. By teaching students how different aspects of nursing care interact and affect patient outcomes, it promotes an all-encompassing approach to the provision of healthcare.

For example, when a nurse takes care of a patient, she meets the basic needs like bed making, nutritional support, she also takes care of the disease aspect of the patient by performing wound dressing, administration of medication, injections. The nurse also health educates and counsels the patient and takes care of his emotional needs as well.

In conclusion, continuity, sequence, integration, and correlation produce a comprehensive clinical learning environment that equips nursing students with the skills they need to successfully navigate the demands of professional practice.

Principle of Clinical Rotation

When planning Clinical Rotation Programs (CRP) for nursing students, several principles must be adhered to ensure effective learning and professional development.

- Based on philosophy, objectives of organization and healthcare delivery system of country.
- The clinical rotation plan must be in accordance with the total curriculum plan.
- CRP must be according to hospital policies.
- It must be prepared in advance.
- Theoretical instructions should precede as closely as possible with clinical experience.
- The teacher and student ratio will be 1:4 or as prescribed by INC. (critical area 1:1)
- Select the type of learning experience from simple to complex.
- Clinical supervisors must be familiar with the rotation plan.
- The rotation of students should turn simple to complex.
- CRP should have faculty responsible for each ward.
- The students should be posted where they will get maximum supervision from clinical supervisors and qualified nursing staff.
- Each student should get all the experience rotation-wise.
- Overcrowding in any clinical area should be avoided.
- Avoid overlapping of work.
- All students should complete the assignments in time.
- Continuity in clinical care is needed.
- Everyday briefing and debriefing at the clinical site must be done for the students.
- Overcrowding in any clinical area should be avoided.
- All students should enter and leave the clinical area at the same

Components of CRP

The components of a Clinical Rotation Program (CRP) encompass several key elements essential for the structured development of nursing students.

Firstly, student distribution within the program ensures that each student receives equitable opportunities across different clinical areas and specialties. This distribution is carefully planned to align with the curriculum, allowing students to gain comprehensive exposure to various aspects of healthcare practice.

Each block or clinical area within the CRP is overseen by dedicated faculty members who serve as mentors and supervisors. These faculty members play a crucial role in guiding students through their clinical rotations, providing support, feedback, and facilitating learning experiences that align with educational objectives.

By ensuring systematic student distribution and assigning responsible faculty members to each block, CRP effectively integrates theoretical knowledge with practical experience. This approach not only enhances students' clinical competencies but also prepares them to deliver quality patient care in diverse healthcare settings upon graduation.

Refer Annexure - 10- Sample of clinical rotation plan

Factors to be Considered in Planning Clinical Rotations

When planning Clinical Rotations for nursing students, several critical factors must be considered to ensure a comprehensive and effective learning experience.

Firstly, aligning the rotations with the specific objectives of the nursing course is essential. These objectives guide the selection of clinical areas and activities that will best support the students' learning outcomes. The number of students in the class influences how rotations are organized and scheduled to provide sufficient hands-on experience for each student.

Similarly, the size and number of departments within healthcare facilities determine the variety and availability of clinical settings for student placement. Also, concurrent placement of students from various colleges or from different courses in the same college should also be kept in mind to prevent overcrowding.

Coordination with other programs sharing the same clinical facilities is crucial to manage resources and ensure a conducive learning environment for all students involved. The duration of clinical experiences in each area should be carefully planned to allow students to develop competence and confidence progressively.

The availability of clinical supervision is another critical factor, as it directly impacts the quality and safety of student learning experiences. Adequate supervision ensures that students receive appropriate guidance and feedback during their rotations.

Furthermore, compliance with requirements set by regulatory bodies such as the Indian Nursing Council (INC) is essential. These requirements ensure that the clinical rotations meet professional standards and prepare students to meet licensure and certification requirements upon graduation.

By taking these factors into account during the planning process, nursing educators can design Clinical Rotations that effectively support students' educational goals, promote skill development, and prepare them for successful careers in nursing.

KEY MESSAGES

- Key Procedure
  - As per the Indian Nursing Council curriculum students should perform procedures on patients as their clinical requirement.
  - Critical procedures should be performed by students under the supervision.

- Clinical Objectives
  - Clinical objectives are prepared for all clinical subjects of each course ward-wise.

- Should be shared with clinical staff before sending students to clinical practice.
- Helps both the students and teachers to understand the achievement of clinical experiences.

- Clinical Rotation Plan
  - It is prepared well in advance for the whole year so that it gives a complete and clear picture about student's placement either in theory or field during an academic session.
  - For each year, it can be prepared separately and/or total courses can be prepared so that every faculty will be aware of students' placements.
  - It helps both the students and teachers to prepare themselves for working in their consecutive areas.

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2) Clinical and Community Practice Processes module - Jhpiego

Chapter 10

Composition and Roles & Responsibilities of the Clinical Coordination Committee

This chapter deals with the concept of clinical coordination committee. It details out its composition, Roles and responsibility of committee members.

By the end of the chapter, the learners will be able to:

- Describe the composition of the committee.
- Explain the role and responsibilities of the committee.
- Understand the regularity of meetings.
- Prepare the agenda for meetings.

CLINICAL COORDINATION COMMITTEE

A Clinical Coordination Committee in nursing is a multidisciplinary team that plays a critical role in enhancing Nursing education, patient care and improving healthcare outcomes.

Committee Composition

1) Institution - Principal/Vice Principal/ HoD's/Tutor/faculty

2) Hospital - Nursing superintendent/Ward In-Charges/Clinical Educator/Hospital manager

The composition of the committee overseeing clinical rotations involves key stakeholders from both educational institutions and healthcare facilities. From the institution's side, the committee typically includes the Principal or Vice Principal, Heads of Departments (HoDs), tutor/ clinical instructors, and faculty members responsible for nursing education. These individuals contribute their expertise in curriculum design, academic oversight, and ensuring alignment with educational objectives.

On the hospital side, the committee comprises professionals such as the Nursing Superintendent, Ward In-Charges, Clinical Educators, and Hospital Managers. Sometimes, in certain hospitals, especially teaching institutions, the Chief of Medical Services would also be part of the team. They play pivotal roles in managing clinical settings, supervising patient care, and providing guidance to nursing students during their practical training. Their involvement

ensures that clinical rotations adhere to hospital policies, promote patient safety, and facilitate optimal learning experiences for students.

Together, this collaborative committee from both educational institutions and hospitals works to coordinate and optimize clinical rotations, ensuring that they meet educational requirements, align with professional standards, and provide valuable hands-on training for aspiring nurses.

Roles & Responsibilities of the Committee

- The coordination committee is accountable for:
  - Fostering collaboration between the Nursing college and hospital.
  - Removing obstacles to the successful clinical posting of students.
  - Monitoring and managing the learning of the students during their posting.
  - Resource Management
  - Interdisciplinary Collaboration

- The membership of the committee will commit to:
  - Attending all scheduled meetings.
  - Sharing all communications and information across all members timely.
  - Making timely decisions so as to not hold up the learning process of students.
  - Open and honest discussions, without resorting to any misleading assertions.

- Coordinate Teaching
  - When coordinating with teachers or clinical instructors, communicate clearly
  - When working with clinical instructor, meet to discuss how much advance notice they need for student placements, how they plan to prepare and work with staff, and how they will communicate with others about students' activities and performance. Share the related schedule or syllabus and discuss dates of student placements, schedules and availability.
  - Discuss plans for student assessment with other teachers, clinical instructor, and staff.
  - Provide the clinical instructor and staff with all of the necessary checklists and a summary of the skills they will be responsible for observing

Frequency of Meeting

Meetings regarding clinical postings are scheduled at critical junctures to ensure effective oversight and support. Initially, meetings are convened at the beginning of the clinical posting to set expectations, clarify roles, and address any initial concerns or logistics. Midway through the posting, another meeting is held to review progress, assess challenges, and make any necessary adjustments to enhance the learning experience.

Finally, at the end of the posting, a final meeting is conducted to evaluate overall outcomes, gather feedback from students and clinical instructors, and identify areas for improvement in future rotations. This structured approach to meeting frequency ensures continuous

monitoring, support, and refinement of the clinical rotation process, ultimately enhancing the educational experience for nursing students.

Having mentioned this, emphasizing the importance of a minimum of 3 meetings at least, it depends upon the college to conduct even more meetings than three, especially when there are excessive weeks of posting (For example in the sixth semester, there is approximately 240 hours (about 1 and a half weeks) of OBG clinical posting and this may require more frequent meetings)

KEY MESSAGES

- The committee should have members from the hospital and institute.
- The coordination committee is accountable for collaboration between the Nursing college and hospital, removing obstacles and monitoring the learning of the students during their posting.
- The committee should meet a minimum of three times.

REFERENCE

1) Effective teaching: A guide for educating healthcare providers.
2) ETS Module 9
3) Clinical and Community Practice Processes module - Jhpiego

Chapter 11

Stakeholders Related to Clinical Practices and Their Roles & Responsibilities

This chapter discusses the stakeholders for clinical practice also details out their roles and responsibility.

By the end of the chapter, the learners will be able to:

- List out stakeholders for clinical posting
- Understand the roles and responsibilities of different stakeholders for clinical posting.

CONTENT

In clinical practice nursing, stakeholders are individuals, groups, or organizations that have an interest in the nursing practice and its outcomes. These stakeholders can influence and be influenced by the nursing profession.

Stakeholders for Clinical Practice

Stakeholders in clinical practice include ward nurses, ward in-charges, nursing superintendent, doctors, and other healthcare professionals like technicians and pharmacists at the clinical site.

In the educational institution, faculty and clinical instructors guide and assess students' learning during clinical practice, ensuring they meet required competencies and gain practical experience essential for their future careers in healthcare. Collaboration between these stakeholders supports a comprehensive learning environment for nursing students.

Clinical Practice Site

1) Ward Nurses

Ward nurses play a crucial role in supporting nursing students during their clinical rotations. They are responsible for ensuring that students clearly understand the clinical objectives of their posting and are familiar with relevant procedure checklists. Ward nurses demonstrate procedures on patients and provide guidance and support to students throughout their clinical practice.

They also play a key role in emergency management protocols, orienting students on procedures and ensuring they have the necessary consumables and equipment. Ward

nurses collaborate with faculty to allocate beds or patients to students, ensuring each student has opportunities to assist and perform clinical procedures under supervision.

They record students' skill attainment and participate in day-to-day discussions with faculty, Head of Departments (HoDs), and doctors. Additionally, ward nurses contribute to the student evaluation process, providing valuable insights into students' progress and performance during their clinical placements.

Their involvement is essential in creating a supportive and educational environment that enhances students' learning and professional development in nursing.

2) Ward In-Charges

Ward In charges play a pivotal role in overseeing nursing students' clinical rotations within their assigned wards. They begin by orienting ward nurses on the specific clinical objectives and the overall plan for the students' rotations.

This ensures that all nursing staff are aligned and supportive of the students' learning goals. Ward In charges also review and monitor that each student has opportunities to assist and perform clinical procedures under proper supervision, ensuring a well-rounded learning experience.

Additionally, they collaborate closely with ward nurses to address any challenges or issues that may arise, particularly with non-cooperative staff members who may be less supportive of student learning. This coordination helps maintain a positive learning environment for all involved.

Ward In-Charges also play a crucial role in liaising with nursing faculty to ensure that students receive adequate practice opportunities and achieve the required skills during their clinical rotations. By facilitating communication and support between clinical staff and educational faculty, Ward In charges contribute significantly to the success and effectiveness of nursing students' clinical training.

3) Nursing Superintendent

The Nursing Superintendent holds a critical role in overseeing the clinical training environment for nursing students. They begin by orienting ward in-charges to ensure alignment with the clinical objectives and the overall plan for student rotations. This orientation sets expectations and promotes a cohesive approach to student learning across all wards.

The Nursing Superintendent also manages student distribution to guarantee that each student has ample opportunities to assist and perform clinical procedures under appropriate supervision. This ensures a comprehensive learning experience that aligns with educational goals and professional development requirements.

Furthermore, the Nursing Superintendent coordinates closely with the institution's principal to ensure that students receive sufficient practice and attain the necessary skills during their clinical rotations. This collaboration supports effective educational outcomes and prepares students for their future roles in healthcare.

Additionally, the Nursing Superintendent follows up on any challenges related to non-cooperative nurses, working to address issues and maintain a supportive environment for student learning. Their oversight and leadership play a crucial role in fostering a positive

and enriching clinical experience for nursing students, contributing to their overall professional growth and readiness for the nursing profession.

4) HoD/Doctors

Heads of Departments (HoDs) and doctors play a crucial role in clinical education through bedside teaching. This involves direct instruction and guidance provided to nursing students at the patient's bedside. By demonstrating clinical procedures, explaining medical conditions, and discussing treatment plans with students, HoDs and doctors facilitate hands-on learning experiences that bridge theoretical knowledge with practical application.

This approach not only enhances students' understanding of patient care but also cultivates critical thinking skills and clinical competence. Through bedside teaching, HoDs and doctors contribute significantly to the professional development of nursing students, preparing them to deliver high-quality care in diverse healthcare settings.

5) Students

Students in clinical rotations play an active role in their learning and professional development by adhering to several key responsibilities. They begin by clearly understanding the clinical objectives of their posting and familiarizing themselves with relevant procedure checklists to guide their practice. Students must demonstrate competency in both knowledge and skills, showing a willingness to learn and utilizing available resources such as procedure checklists and logbooks effectively.

Effective communication with patients is crucial, and students review assigned readings and checklists to prepare for clinical practice visits. They attend and actively participate in all clinical sessions, engaging with clinical instructors and teachers to address questions and concerns.

Students are responsible for obtaining comprehensive health histories, conducting physical examinations, and presenting their findings clearly. They observe demonstrations of skills and perform procedures under supervision, interpreting laboratory tests and co-managing patients with complex health issues.

Furthermore, students educate and counsel patients and their families, coordinating patient management with clinical instructors and documenting their findings and experiences meticulously. They evaluate their clinical practice experiences to identify areas for improvement and enhance their skills continuously.

By embracing these responsibilities, nursing students actively contribute to their professional growth, ensuring they are well-prepared to provide competent and compassionate care in their future nursing careers.

Institution Site

1) Faculty/Tutor

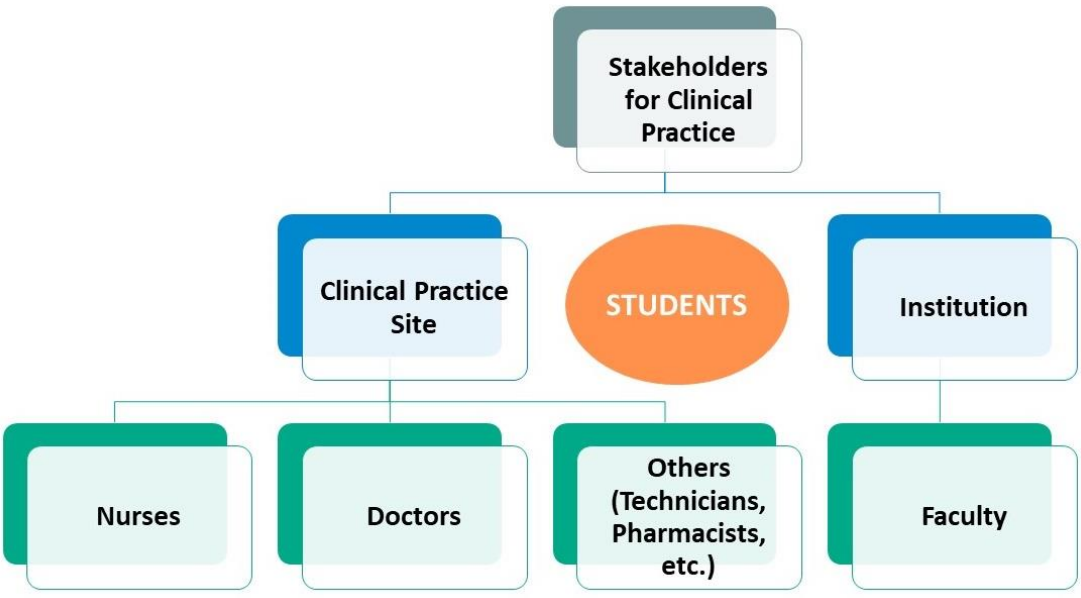
Faculty and clinical instructors play a pivotal role in guiding nursing students through their clinical practice experiences with a comprehensive set of responsibilities. They start by reviewing relevant learning materials and objectives for each session or rotation, ensuring that all logistical arrangements are in place. Orienting clinical staff and other educators to these objectives and tasks is crucial for maintaining alignment and maximizing educational outcomes.

Regular communication among teachers and clinical instructors is maintained to facilitate coordination and support throughout the clinical rotations. They also assist in orienting students to each clinical site, ensuring they have the necessary tools such as checklists, learning guides, and logbooks. Learning objectives are reviewed with students, clinical staff, and teaching assistants, and appropriate patients are selected to meet these objectives.

During clinical sessions, faculty and clinical instructors demonstrate skills, observe students' performance, and provide constructive feedback to enhance their learning. They address any difficulties that arise and monitor students' progress, documenting their performance and reporting results to relevant stakeholders. Supervision is maintained to ensure patient safety during skill practice and activities.

Pre-clinical discussions are conducted daily to prepare students, covering goals, procedures, patient conditions, equipment usage, and safety protocols. Post-clinical discussions focus on reflecting on the experience, evaluating performance, and identifying areas for improvement. These discussions include detailed analyses of patient cases and clinical decisions, fostering critical thinking and learning.

At the end of each clinical practice session, faculty and clinical instructors meet with students to review their progress, discuss cases encountered, and provide opportunities for questions and discussion. This interactive approach supports students in integrating theory into practice, enhancing their clinical competence, and preparing them for their future roles in nursing.



KEY MESSAGES

- Prior to clinical posting faculty should orient students on the layout of the hospital, clinical objectives and logbook
- All stakeholders should clearly know the clinical objectives of the posting and be familiar with the procedure checklist
- Recording observations, comments, and achievement of competence in the student's clinical assessment tools (e.g. Checklist) on daily bases and countersign by the HoD/doctor
- Demonstrate skills on actual patients whenever possible, or use simulation, if necessary, at the clinical site
- Discuss cases seen that day, particularly those that were interesting, unusual, or difficult

REFERENCE

1) Effective teaching: A guide for educating healthcare providers - Module 9
2) Clinical and Community Practice Processes module - Jhpiego

Chapter 12

Competency Tracking and Tools for Evaluation

This chapter introduces the concept of core competency in nursing, its tracking mechanism by using different teaching learning tools.

By the end of the chapter, the learners will be able to:

- Understand what a core competency in nursing is.
- Explain how to track the competencies of nursing students.
- List out the Evaluation tools used by faculty and students.

CONTENT

Core Competency in Nursing

Core competency in nursing revolves around the ability to provide client-centered care through logical thinking and precise nursing skills. These competencies are integral to the professional development of nursing students, as they enable them to refine their practice quality and expand their knowledge base.

Tracking competency across critical procedures in all subjects is vital to ensure that students are proficient and capable of delivering safe care to patients upon completing their courses. This monitoring helps mitigate risks and uphold standards of patient safety, reinforcing the importance of competency assessment throughout nursing education.

Competencies Tracking

Tracking competencies at the institutional level involves a structured approach to assess student progress in nursing education across different settings. This includes evaluating knowledge acquisition, practical skills demonstrated on mannequins and models, and application of competencies in real hospital settings with patients.

- Firstly, knowledge competencies are assessed through examinations, quizzes, and academic assessments designed to evaluate theoretical understanding of nursing principles, procedures, and healthcare protocols.

- Secondly, practical skills on mannequins and models are tracked using structured checklists, OSCE and simulation scenarios. These assessments ensure that students can proficiently perform clinical procedures and demonstrate appropriate techniques in a controlled environment before working with actual patients.

- Lastly, competency application at hospital sites involves clinical rotations and supervised practice under the guidance of clinical instructors and healthcare professionals. Here, students apply learned skills and knowledge in real-time patient care settings, demonstrating their ability to provide safe, competent, and compassionate nursing care.

By systematically tracking competencies across these three domains—knowledge, practice on mannequins, and application in hospital settings—nursing institutions ensure that students are well-prepared for professional practice, meeting educational standards, and delivering high-quality healthcare services to patients.

After classroom assessment, skill lab assessment is done using a procedure checklist and if a student scores more than 80% in skill lab return demonstrations and if a student is able to transfer this skill to a real patient, then the student is considered as competent.

How to Track Competency

Evaluation Tools

Evaluation tools used in nursing education include various instruments designed to assess student competency and performance effectively. These tools include-

- Procedure checklist
- OCSE
- Simulation
- Competency tracking sheet
- Direct Observation of procedure in clinicals and community.

A procedure checklist for nursing students typically includes essential clinical skills and tasks they must master during their training; it outlines steps and criteria for completing specific clinical tasks to ensure thoroughness and accuracy. Refer to Annexure 11 Checklist for KMC.

OSCE is a comprehensive and structured assessment method used in various healthcare fields, including nursing and medicine. OSCEs involves rotation of students through a number of stations where students or professionals interact with standardized patients or scenarios to

demonstrate clinical skills, communication abilities, and decision-making under standardized conditions. This methodology aims to assess competencies in an objective and consistent manner while simulating real-world clinical situations.

Checklists are used to evaluate students' clinical skills and decision-making in simulated scenarios, providing standardized assessment criteria. It is required that a student scores more than 80% in the OSCE checklists to ensure that the student is confident and skilled in executing a procedure.

Simulation

Simulation refers to the artificial (and almost always simplified) representation of a complex real-world process with sufficient fidelity to achieve a particular goal, such as in training or performance testing.

Simulation has emerged as a pivotal evaluation tool in nursing education, offering a controlled yet realistic environment to assess students' competency and readiness for clinical practice. By replicating authentic patient care scenarios, simulations enable students to apply theoretical knowledge in practical settings, fostering critical thinking and decision-making skills essential for nursing practice. This method not only prepares students for diverse clinical challenges but also reinforces their ability to document patient care accurately and ethically. It facilitates learning through: Immersion, Reflection, Feedback and Practice

Structure of Simulation

A well-structured simulation typically involves three main phases: The pre-brief, the scenarios (Experiential learning) and the debrief (Reflective learning)

1) Pre-Brief

The pre-brief sets the stage for the simulation, ensuring participants understand the context, objectives, and logistics, and are mentally prepared for the experience. Components:

- Objectives: Clearly outline the learning goals or outcomes expected from the simulation.
- Background Information: Provide relevant context and background information necessary for participants to engage effectively.
- Roles and Responsibilities: Define the roles participants will play and their responsibilities within the simulation.
- Rules and Procedures: Explain the rules, procedures, and any constraints that govern the simulation.
- Logistics: Detail practical aspects such as duration, location, tools or materials needed, and any safety considerations.
- Expectations: Set expectations regarding behavior, participation, and the nature of the simulation (e.g., it's a safe space to make mistakes and learn).

2) Scenarios

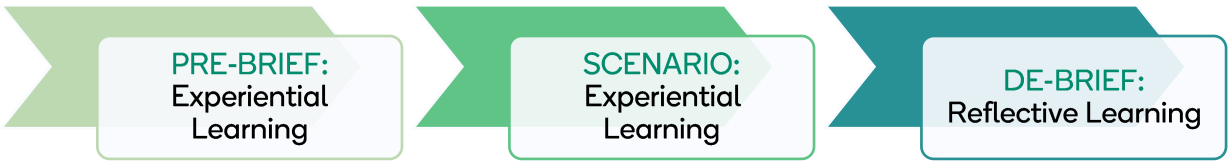
Scenarios are the core of the simulation where participants actively engage in experiential learning by immersing themselves in realistic, problem-solving situations. Components:

- Scenario Description: Provide a detailed description of the scenario, including the setting, context, and any relevant background information.
- Tasks and Challenges: Present specific tasks, challenges, or problems that participants need to address or solve during the simulation.
- Role-Playing: Encourage participants to adopt specific roles that align with the scenario to simulate real-life interactions and decision-making processes.
- Dynamic Elements: Incorporate dynamic elements such as time constraints, unexpected events, or evolving situations to mimic real-world complexities.
- Interactions: Facilitate interactions among participants, including communication, collaboration, and negotiation, to enhance realism and learning outcomes.
- Feedback Mechanisms: Provide real-time or periodic feedback through facilitators, peers, or automated systems to guide and enhance the learning experience.

3) Debrief

The debrief is a critical reflective phase that allows participants to consolidate their learning, analyse their performance, and draw actionable insights. Components:

- Reflection: Encourage participants to reflect on their experiences, thoughts, and emotions during the simulation.
- Discussion: Facilitate group discussions to share observations, insights, and lessons learned.
- Analysis: Analyze the outcomes of the simulation, including successes, challenges, and areas for improvement.
- Feedback: Provide structured feedback from facilitators and peers, focusing on specific behaviors, decisions, and outcomes.
- Application: Discuss how the lessons learned can be applied to real-world situations or future scenarios.
- Documentation: Document key takeaways, reflections, and action plans for future reference and continuous improvement.



Classification of Simulators as per Type

Type	Specifications	Remarks
Compiler driven	Specific part-task trainers replicating a particular part of the anatomy	E.g., Intravenous-insertion arms, laparoscopic aides, urinary catheter trainers, airway management heads, central line placement torsos, spinal columns (for spinal taps and epidural placement)
	Varying levels of sophistication is used to practice specific procedures or interventions	Also includes store-bought items such as pigs' feet (suturing), oranges (skin biopsies), and watermelon (epidural anaesthesia)
Event driven		
Standardised patients/care actors	These are actors trained to reliably role-play history taking, physicals, and test communication skills in a clinical encounter	E.g., Simulated clinical situations, including mock disaster drills
Hybrid simulation	Combination of standardized patients and part-task trainers	
Computer-based simulators	Uses mouse-and-keyboard navigation for multiple pharmaco-physiological models	Categorized as per fidelity

Source: Simulation and its role in education, Medical Journal, Armed Forces, India

Classification of Simulators as per Fidelity

Type	Specifications
Low-fidelity simulators	
Screen-based text simulators	• Create scenarios with user selecting one of several responses • Based on the user's choice, a new text narrative is generated, and more management choices are offered, e.g., in a scenario involving a patient with severe headache, the user may be offered options such as prescribing an analgesic or getting a CT scan of the head

Type	Specifications
Static mannequins	• Used for hands-on practice, e.g., intubation, laparoscopic training or cardiopulmonary resuscitation ('Ressuci' dolls)
Medium-fidelity simulators	
Screen-based graphical simulators	• Particularly well-suited to demonstrate physiological modelling and pharmaco-kinetic and dynamic processes associated with drug administration • Usually, only a mouse interface in involved, e.g., Gainesville anaesthesia simulator ('Gasman') and 'Body'
Mannequins with mechanical movement	• Includes a mannequin and software which can simulate the interaction between a student and teacher • Computer-based pictures help confer practical skills • Includes 'range of normal variation', e.g., cardio-pulmonary resuscitation (AMBU-Man) and ultrasound (UltraSim)
High-fidelity simulators	
Non-physiologic (static) and Physiologic programming	• Manually set parameters dependent on operator • Parameters need to be reset after intervention • Parameters change from baseline dependent on intervention and independent of operator • Automatic generation of appropriate physiological responses to treatment-interventions in the mannequin allowed, e.g., human patient simulator

Source: *Simulation and its role in education, Medical Journal, Armed Forces, India*

Advantages of Simulation

- Students can refine and apply their skills in realistic healthcare situations
- Learning tailored to the educational needs of students
- Allows unlimited creation of situations that might be too dangerous or expensive to perform live
- Allows students repeated practice of procedures to reach proficiency
- Allows adherence to standard guidelines by reinforcement
- Allows evaluation of individual or group performance

- Scenarios can be halted at any time to allow for discussion of management strategies
- No issues of patient safety or confidentiality

Competency tracking sheets are essential documents that monitor students' progress across various competencies and skills throughout their education. These sheets enable educators to track and evaluate students' proficiency levels systematically, identifying areas for improvement and ensuring readiness for professional practice.

Additionally, logbooks serve as comprehensive records of students' clinical experiences, documenting patient interactions, procedures performed, reflections, and feedback received. These tools collectively support a robust assessment framework in nursing education, ensuring that students develop necessary competencies and skills to deliver safe and competent care in clinical settings.

Direct Observation of Procedures (Clinicals/Community)

Direct observation of procedures in both clinical and community settings involves systematically monitoring and assessing the performance of a clinical or community procedure as per the guidelines. In clinical settings, this might include physical assessments, monitoring temperature and administration of injections. In community settings, direct observation can include activities like bag technique, nutritional demonstrations, physical assessments, morbidity clinics and community health programs.

Methods to Record Competencies

Methods for recording competencies in nursing education are crucial for tracking student progress and ensuring they meet required standards. One method involves documenting observations, comments, and the achievement of competencies in students' clinical assessment tools such as checklists and OSCE sheets daily.

This approach provides a structured way to assess and evaluate students' performance in real-time clinical scenarios. Another effective method is to track students' competency levels directly at the clinical site daily. Clinical instructors and educators monitor and record students' demonstrations of skills and competencies during patient care activities, ensuring accurate assessment and timely feedback.

Also, clinical experience logbooks serve as valuable tools for recording the attainment of skills and competencies daily. Students document their clinical activities, procedures performed, reflections, and feedback received, offering a comprehensive record of their learning and progress over time.

These methods collectively support a robust framework for assessing and documenting students' competencies in nursing education, facilitating continuous improvement and preparation for professional practice in healthcare settings. Refer Annexure- 12- Sample of competency tracking sheet.

KEY MESSAGES

- Nursing competencies are essential for nursing student's professional development.
- Competency tracking of each student in all subjects' critical procedures is essential.
- Evaluation tools are used to assess student competency and performance effectively
- Faculty and students should have checklists and other required teaching-learning materials.

REFERENCE

1) Nursing Competency: Definition, Structure and Development- by Mika Fukada

2) Simulation and its role in medical education - Col Rashmi Datta*, Brig KK Upadhyay, VSM†, Surg Cdr CN Jaideep

Chapter 13

The Various Guidelines in Maintaining a Skill Lab

This chapter focuses on techniques to maintain a skill lab and care of models in detail.

By the end of the chapter, the learners will be able to:

- List the various techniques of maintaining a skill lab
- List the various techniques of maintaining a model.

CONTENT

Techniques to Maintain a Skill Lab

Maintaining a skill lab in nursing education requires adherence to several essential techniques to ensure functionality, safety, and effectiveness. Regular equipment maintenance and inventory management are critical to keep all tools and resources operational and readily available for student use. Biomedical waste management procedures must be strictly followed to maintain hygiene and safety standards within the lab environment.

Continual training and development of faculty and staff are essential to keep skills current and align with best practices in nursing education. Quality assurance measures should be implemented to monitor and evaluate the effectiveness of teaching methods and student learning outcomes.

Effective inventory management ensures that all necessary supplies and materials are stocked and accessible for skill lab activities. Documentation and record-keeping play a crucial role in tracking equipment maintenance, student attendance, and performance assessments.

Environmental considerations, such as maintaining a clean and organized lab space, are vital for promoting a conducive learning environment. Feedback mechanisms should be established to gather input from students and faculty, facilitating continuous improvement and addressing any issues promptly.

Lastly, fostering networking and collaboration with healthcare institutions and industry professionals enhances skill lab resources and opportunities for students, enriching their learning experiences and preparing them for real-world healthcare settings. Implementing these techniques ensures that the skill lab remains an asset in nursing education, supporting comprehensive skill development and professional readiness among students.

Maintaining a skill lab requires adherence to several essential techniques to ensure functionality, safety, and effectiveness. Regular equipment maintenance and inventory

management are critical to keep all tools and resources operational and readily available for student use.

1) Always keep the skills lab pest and rodent infestation free.
2) If there are any see pages in the skills lab, it should be repaired to prevent damage to the equipment and mannequins.
3) All consumables should be discarded in a safe manner keeping in mind the bio-medical waste guidelines to avoid hazards such as needle stick injury.
4) The lights/fan/AC should be switched off when not in use.
5) The schedule of training/OSCE sessions should be displayed on the notice board and the same should be documented after the session.
6) The OSCE of the students should be recorded and documented.
7) The inventory line-list should be maintained, and any losses/damages should be reported to the appropriate authority.
8) The consumables should be replenished timely so that the quality of the sessions is not hampered.
9) An organized lab space is vital for promoting a conducive learning environment.
10) Feedback mechanisms should be established to gather inputs from students and faculty, facilitating continuous improvement and addressing any issues promptly.

Care of Models - Storage and Maintenance

When caring for simulation models used in nursing education, it is essential to follow specific guidelines to ensure their longevity and effective use. To avoid tearing during procedures, it is recommended to use a dilute soap solution to lubricate instruments like speculums and gloved fingers.

Avoid marking the models with markers or pens, as these marks may become permanent. Refrain from using betadine or other antiseptics on the models. After each training session, clean the models with a mild detergent and rinse thoroughly with clean water. Avoid wrapping the mannequins in newsprint, as it may damage the model.

For models with a birth canal insert like Mamma Noelle, clean by wiping with a mild soap and water solution. After simulating a birth, remove any simulated babies from the birthing canal and ensure no procedures are performed without adequate lubrication. Before storing, remove all traces of lubricants. Always operate the mechanism with an abdominal cover to protect internal components. After cleaning, ensure the mannequin is thoroughly dried and avoid using harsh abrasives, as they can damage the model.

Note that simulators are splash-proof but not waterproof, so avoid submerging or allowing water into the interior. After drying, lightly dust the model with talcum powder to maintain smoothness. If the intravenous (IV) system becomes blocked, first check for kinked tubes; if the blockage persists, remove the shoulder and flush the veins with water. Store the mannequin in

a cool area, ideally in the provided box, or in a cool, dry place using the plastic bag and blue nylon carrying case provided with the kit to protect it from environmental factors. Following these guidelines ensures the models remain in optimal condition for continued effective use in nursing education and training.

Care of Mannequins –Storage and Maintenance

All mannequins must be provided with the same due respect and dignity which a human patient is accorded.

1) The mannequins must be adequately covered during use, like any other human patient.
2) The mannequins should be handled gently during use and while storage.
3) The manufacturer's instruction should be followed during the cleaning, maintenance and storage.
4) Avoid marking the mannequins with markers or pens, as these marks may become permanent. Refrain from using betadine or other antiseptics on the mannequins.
5) They should be stored in the bag provided by the manufacturer. Avoid wrapping the mannequins in newsprint, as it may damage the model.
6) It is advisable to store the smaller ones such as Mamanatalie/neonatalie/Mama U etc. in the cupboard under lock and key after every use to prevent inadvertent damage due to pests or environmental factors.
7) Always empty the water and let the mannequins such as Mamanatalie and Neonatalie dry before storing them.

KEY MESSAGES

- Regular Models, Mannequins and Equipment maintenance, proper biomedical waste management, ongoing staff training, quality assurance, efficient inventory management,
- Accurate documentation (Skill lab inventory and utilization registers), environmental considerations, responsive feedback mechanisms, and strong networking and collaboration in supporting a safe, efficient, and high-quality healthcare environment.

REFERENCE

1) ETS Module -Module 4, Module 8, Module 11
2) Skills lab- Mannequins and Models for Simulation based trainings- User manual. Maternal Health Division, Ministry of Health and Family Welfare , October 2016 GoI

Chapter 14

Competencies to be achieved Community Health Nursing

This chapter deals with the competencies to be achieved in community health nursing by students.

By the end of the chapter, the learners will be able to:

- List out the competencies that should be achieved by students in community health nursing subject.

CONTENT

Competencies For Students

In community health nursing, students are expected to develop a range of competencies that equip them to effectively contribute to public health and healthcare delivery. These competencies include knowledge, skills, and attitudes necessary for comprehensive care and community health promotion.

1) Evolution of Public Health in India and Community Health Nursing
   - Understand the historical development of public health in India.
   - Recognize the role and evolution of community health nursing within this context.
2) Concepts and Determinants of Health
   - Identify and explain key concepts of health, including physical, mental, and social well-being.
   - Analyse the determinants of health such as socioeconomic factors, lifestyle, environment, and genetics.
3) Levels of Prevention and Health Problems in India
   - Distinguish between primary, secondary, and tertiary prevention.
   - Identify major health problems prevalent in India and appropriate preventive strategies.
4) Health Care Planning and Delivery System in India
   - Understand the structure and functioning of the health care system at various levels (national, state, and local).
   - Engage in health care planning and resource allocation processes.

5) Primary Health Care and Comprehensive Primary Health Care

- Comprehend the significance of primary health care as a fundamental aspect of the healthcare system.
- Advocate for and implement comprehensive primary health care services.

6) Health Care Policies and Regulations in India

- Familiarize yourself with key health policies and regulations.
- Understand the impact of these policies on healthcare delivery and nursing practice.

7) Environmental Science, Health, and Sanitation

- Acquire knowledge about environmental health issues and sanitation.
- Assess the impact of environmental factors on health.

8) Nutritional Assessment and Counselling

- Develop skills in assessing nutritional status for various age groups.
- Provide appropriate nutritional counselling to individuals and families.

9) Health Education and Behaviour Change

- Use principles and techniques of behaviour change to educate individuals and families.
- Tailor health education strategies to community settings.

10) Community Health Nursing Approaches and Concepts

- Apply community health nursing theories and models in practice.
- Utilize community-oriented approaches in health care delivery.

11) Roles and Responsibilities of Community Health Nursing Personnel

- Define the roles and responsibilities of nurses in community health settings.
- Engage in interdisciplinary teamwork and community collaboration.

12) Comprehensive Primary Health Care Across the Life Span

- Provide age-appropriate care in various settings, including home, school, workplace, and community.

13) Home Visits

- Conduct home visits effectively using established principles and methods.
- Assess health needs and provide care in the home environment.

14) Epidemiological Approach in Community Diagnosis

- Utilize epidemiological methods to assess community health status.
- Diagnose health problems and plan interventions.

15) Care for Communicable and Non-Communicable Diseases

- Apply epidemiological approaches in managing communicable and non-communicable diseases.
- Implement strategies for prevention and control.

16) Management of Communicable Diseases

- Understand the principles of outbreak investigation and control measures.
- Participate in epidemic response and management.

17) Referral for Health Conditions

- Recognize when to refer clients for specialized care.
- Understand referral systems and procedures at the primary health care level.

18) Role in National Health Programs

- Engage in national health programs targeting communicable and non-communicable diseases.
- Participate in screening, identification, primary management, and referral processes.

Developing these competencies prepares nursing students to effectively contribute to public health, community health nursing, and primary care, ensuring a comprehensive approach to health promotion and disease prevention.

Community Need Assessment

Community-as-Partner Model

Anderson and McFarlane's (2015) practice model place the nurse in partnership with the community and encompasses the philosophy of primary healthcare. The community-as-partner model was developed to encompass the definition of public health nursing as the synthesis of public health and nursing. The model consists of two central features:

1) Community assessment wheel
2) Nursing process

Community-Assessment Wheel

The community-assessment wheel provides a framework for organizing a community assessment. The wheel consists of two major parts:

1) The core - The core of the model represents the community residents who are described by demographics, values, beliefs, and history.

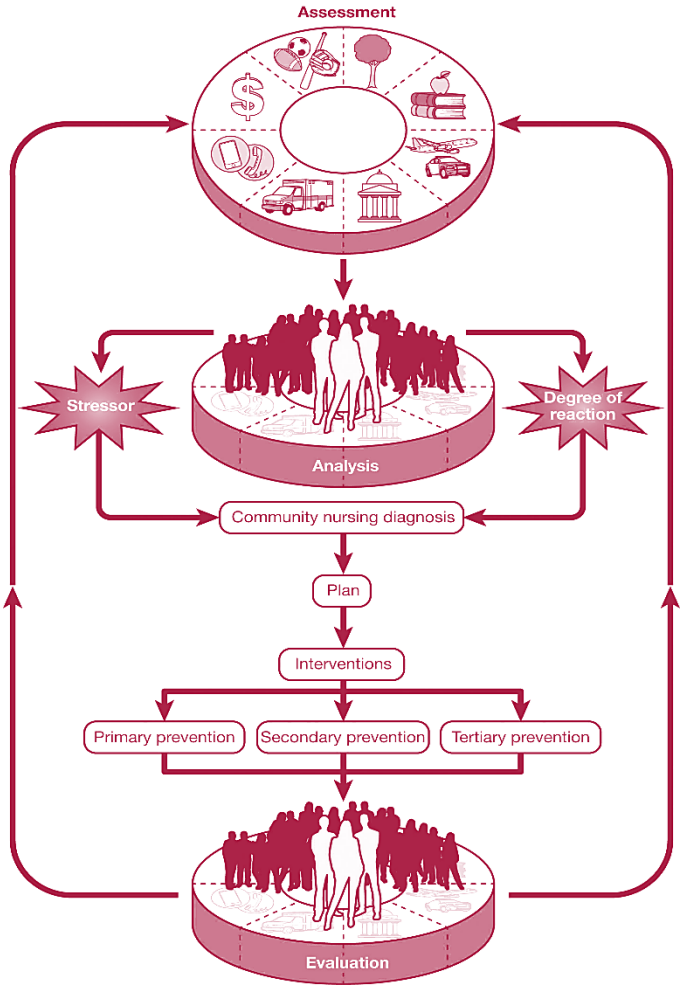
2) Eight subsystems - The eight subsystems are physical environment, education, safety and transportation, politics and government, health and social services, communication,

economics, and recreation. Community residents are affected by and influence the eight community subsystems.

A community is surrounded by its normal line of defense, which is the level of health obtained by the community members. Examples of the normal line of defense are characteristics such as low infant mortality or a high immunization rate among children.

The flexible line of defense is "a 'buffer zone' representing a dynamic level of health resulting from a temporary response to stressors" An example of an environmental stressor is flooding. How the community mobilizes to control damage is a temporary response to the flooding condition. The eight subsystems are divided by broken lines to indicate that they both influence and are influenced by one another. There are lines of resistance, or internal mechanisms within the community that defend against stressors. These strengths of the community are represented by lines of resistance throughout each subsystem.

In the community-as-partner model, stressors are tension-producing stimuli that may potentially cause disequilibrium in the system. Stressors, which may come from within or outside the community, penetrate the flexible and normal lines of defence, causing disruption of the community. The amount of disruption or disequilibrium is known as the degree of reaction. Refer to Annexure 13 Community need assessment. Refer to Annexure 14 and 15 Family folder and record of service.



Source: Anderson, E. T., & McFarlane, J. (2015). Community assessment: Using a model for practice. In E. T. Anderson & J. McFarlane (Eds.), Community as partner: Theory and practice in nursing (7th ed., p. 168). Philadelphia, PA: Wolters Kluwer. Copyright © 2015 by Wolters Kluwer. Used with permission.

The Nursing Process in the Community-As-Partner Model

The components of the wheel are used as parameters for data collection for a community assessment. The nurse analyses data with the community, which leads to the development of community health diagnoses.

The advanced practice public/community health nurse derives goals for interventions from stressors by using the community health diagnoses. Interventions are planned to strengthen the lines of resistance or to alleviate the stressors.

Primary, secondary, or tertiary prevention interventions are designed to meet the specific assessed conditions of the community.

- Primary prevention interventions are used to strengthen the lines of defense so that stressors cannot penetrate them. Immunization of preschool-age children is an example of a primary prevention intervention.
- Secondary prevention interventions are used after a stressor has entered the community in order to support the lines of defense and resistance to minimize the degree of reaction to the stressor. An example of a secondary prevention intervention is an epidemiological investigation and implementing a disease control plan in a situation of an outbreak of a vaccine-preventable disease like measles.
- After the stressor has penetrated the lines of defense and a degree of reaction has taken place, tertiary prevention is applied. A quarantine of children with measles in a community is an example of application of a tertiary prevention intervention to prevent further spread of the disease.

Evaluation is the last step in the nursing process as part of the community-as-partner model of practice. Feedback from the community provides a major part of evaluation of the community health nurse's interventions. Parameters used for the assessment often provide criteria to use for the evaluation.

KEY MESSAGES

- Equip students with the necessary knowledge, skills, and attitudes to effectively promote public health.
- Students should be competent in health care planning, nutritional assessment, health education, and applying epidemiological approaches to diagnose and manage health issues.
- Preparing students to play active roles in national health programs and in the prevention, control, and management of communicable and non-communicable diseases.
- Building competencies in community needs assessment.

REFERENCE

1) INC syllabus, 2020

2) Advanced Public and Community Health Nursing Practice, 2nd Edition – Naomi E Ervin, Pamela. A. Kulbok

Chapter 15

Areas of Posting in Community Rotation Plan

This chapter deals with the areas covered during community posting by the students.

By the end of the chapter, the learners will be able to:

- List out the area to be covered during community posting to achieve listed competencies in community health nursing.

CONTENT

Areas Of Posting

During community health nursing postings, students gain invaluable experience across diverse settings in both urban and rural environments in India. In urban areas, placements typically include urban health centers, urban public health centers, and Sub Centres or Health and Wellness Centres. Students also engage with schools and Anganwadis, where they learn about child and maternal health, nutrition programs, and community education initiatives.

In contrast, rural community postings involve extensive field visits to Primary Health Centers (PHCs), Community Health Centers (CHCs), and Sub Centers or Health and Wellness Centers. These visits expose students to various aspects of rural healthcare, including antenatal care (ANC) clinics, labor rooms, postnatal care (PNC) wards, and counselling services.

They also observe and participate in activities related to the Directly Observed Treatment Short course (DOTS) for tuberculosis management, under-five clinics focusing on child health, and visits to villages to understand local health needs and challenges.

Additionally, educational visits to Milk Treatment plants, Water and Sewage plants, Rehabilitation Centers, Orphanages, Geriatric Care, Homes for the Destitute, and Professional Organizations provide students with practical experience that complements theoretical learning. Seeing concepts in action helps deepen students' understanding of concepts.

These comprehensive experiences in both urban and rural settings equip nursing students with the necessary skills and insights to address community health issues effectively and contribute to improving health outcomes across diverse populations in India.

Refer Annexure 16 for the community rotation plan

KEY MESSAGES

- Students should be posted in rural and urban setups to achieve competencies.
- As per the curriculum student should be posted in CHC/PHC/RH, UHC/UPHC/ HWC/SC, Anganwadi, primary schools, villages
- Educational visits should also be conducted.

REFERENCE

1) INC syllabus, 2020

2) Clinical and Community Practice Processes module - Jhpiego

Chapter 16

Sustainable Development Goals - Medium and Long-Term Goals

This chapter covers the medium and long-term goals under the Sustainable Development Goals.

By the end of the chapter, the learners will be able to:

- List out the policy objectives, indicators, indicator definition, data source, current status, targets for 2026, and targets for 2030.

CONTENT

SDG Medium-Term and Long-Term Goals

The Sustainable Development Goals (SDGs), also known as the Global Goals, were adopted by the United Nations in 2015 as a universal call to action to end poverty, protect the planet, and ensure that by 2030 all people enjoy peace and prosperity. As per the Uttar Pradesh Population Policy 2021-2030, the Objectives, Indicators, and Targets are given below:

Policy Objectives and Indicators	Indicator Definition and Data Source	Current Status	Target 2026	Target 2030
Objective 1: Achieve the goal of population stabilization				
Total fertility rate	The average number of children a woman would have by the end of her childbearing years if she bore children at the current age-specific fertility rates. **(NFHS- 4)**	2.7	2.1	1.9
Demand satisfied by modern methods of family planning (%)	Percentage of currently married women in the reproductive age group (15-49 years) who are currently using any modern method of contraception among those in need of contraception. **(NFHS-4)**	49.9	65.0	75.0
Modern contraceptive prevalence rate (mCPR)	Percentage of currently married women in the reproductive age group (15-49 years) who are currently using, or whose partner is currently using, at least one method of contraception. The indicator excludes natural methods. **(NFHS-4)**	31.7	45	52

Policy Objectives and Indicators	Indicator Definition and Data Source	Current Status	Target 2026	Target 2030
Unmet need for family planning (Total)	Percentage of currently married women of reproductive age (15-49 years) who do not want any more children but are not using any method of contraception. **(NFHS-4)**	18.1	15.9	14.0
Unmet need (Spacing)	Percentage of currently married women of reproductive age (15-49 years) who desire to postpone their next birth by a specified length of time (for **example,** for at least two years from the date of a survey) and who do not currently use a contraceptive method. **(NFHS-4)**	6.8	6.0	5.3
Unmet need (Limiting)	Percentage of currently married women of reproductive age (15-49 years) who desire no additional children and who do not currently use a contraceptive method. **(NFHS-4)**	11.2	10.2	8.0
Use of male methods of contraception (%)	Prevalence of male-centric contraceptive methods (vasectomy and condoms) among partners of currently married women aged 15-49 years. **(NFHS-4)**	10.8	15.1	16.4
Share of spacing methods in modern contraceptive methods mix (%)	Percentage of users of a specific modern method (oral pills, IUD, injectables, condoms)/Total number of modern contraceptive users' x 100. **(NFHS-4)**	45.1	45.9	47.2
Current users ever told about side effects of current method of modern contraceptives (%)	Proportion of currently married women of reproductive age group (15--49 years) who are current users of selected modern contraceptive methods and were informed about possible side effects or problems of method used. **(NFHS-4)**	47.5	52.5	57.5
Availability of integrated counselling services at all health facilities - PHCs & above (%)	Percentage of public health facilities (PHCs and above) with availability of integrated counselling services	14	16	20
Objective 2: End preventable maternal mortality and morbidities				
Maternal mortality rate (MMR)	MMR is the number of maternal deaths during a given time period per 1,00,000 live births in the same period. **(SRS, 2018)**	197	150	98

Policy Objectives and Indicators	Indicator Definition and Data Source	Current Status	Target 2026	Target 2030
Registration of pregnancy in first trimester	Percentage of currently married women of reproductive age (15--49 years) who had a live birth in the five years preceding the survey and registered the pregnancy for the most recent live birth within the first trimester. **(NFHS-4)**	45	65	75
Utilisation of antenatal care	Percentage of currently married women in reproductive age group (15--49 years) who had a live birth in the five years preceding the survey and who have had at least four antenatal care visits for the most recent live birth. **(NFHS-4)**	26.4	56	67
Delivery in a health facility	Percentage of deliveries that occur in a health facility in the five years preceding the survey. **(NFHS-4)**	67.8	80	90
Objective 3: End preventable deaths of newborns, infants and children under five years of age and improve their nutritional status				
Infant mortality rate (IMR)	Number of deaths under one year of age for every 1,000 live births in a given year. **(SRS, 2018)**	43	32	22
Under-5 mortality rate (USMR)	Number of deaths under five years of age for every 1,000 live births in a given year. **(SRS, 2018)**	47	35	25
Neonatal mortality rate	Number of deaths within the first 28 days for every 1,000 live births in a given year. **(SRS, 2018)**	32	22	12
Children under 5 years who are stunted (height-for-age) (%)	Proportion of children under five years who are stunted (too short for their age). **(NFHS-4)**	46.3	41.3	36.3
Children under 5 years who are wasted (weight-for-height) (%)	Proportion of children under five years who are wasted (low weight for height). **(NFHS-4)**	17.9	16.4	11.4
Children under 5 years who are underweight (weight-for-age) (%)	Proportion of children under five years who are underweight (low weight for age). **(NFHS-4)**	38.5	24.5	14.5

Policy Objectives and Indicators	Indicator Definition and Data Source	Current Status	Target 2026	Target 2030
Objective 4: Improve information and services related to sexual and reproductive health and nutrition for adolescents				
Women aged 15-19 years who were already mothers or pregnant at the time of the survey (%)	Proportion of currently married women in the reproductive age group (15-19 years) who have begun childbearing (had a live birth or who are pregnant with their first child). **(NFHS-4)**	3.8	3.4	3.0
Anaemia among adolescents (10-19 years) (%)	Percentage of adolescents (10-19 years) with haemoglobin levels below 11 grams/decilitre. **(CNNS 2016-18)**	31.6	27.6	21.6
Women aged 15-49 years with 10 or more years of schooling (%)	Proportion of currently married women of reproductive age group (15-49 years) who have completed ten or more years of schooling. **(NFHS-4)**	32.9	44	52
Objective 5: Improve care and well-being of the elderly				
Number of geriatric clinics at the district level	Number of geriatric clinics at the district level.	75	75	75
Rehabilitative services for the elderly at community health centres (CHCs)	Number of CHCs with rehabilitative services for the elderly.	108	427	833
Increase in life expectancy	Average life expectancy	64.3	66	69
Cross-Cutting Indicators: Achieve gender and social equality, prevent child marriage and violence against women and promote empowerment				
Women aged 20-24 years married before the age of 18 years (%)	Proportion of women aged 20-24 years married before 18 years of age. **(NFHS-4)**	21.1	20.0	19.0
Child sex ratio (0-6 years)	The number of females per 1,000 males in the age group of 0-6 years. **(Census 2011)**	899	905	919
Women's decision-making with respect to mobility, financial and	Proportion of currently married women who usually make all three specific decisions (own healthcare, making major household purchases, visits to her family	59.6	65.0	75.0

Policy Objectives and Indicators	Indicator Definition and Data Source	Current Status	Target 2026	Target 2030
health decisions (%)	or relatives) alone or jointly with their husband. **(NFHS-4)**			
Women aged 15-49 years who ever experienced physical or sexual violence (%)	Proportion of women aged 15-49 years who have ever experienced physical or sexual violence. **(NFHS-4)**	34.4	32.4	30.4

REFERENCES

1) Uttar Pradesh Population Policy 2021-30 (July 2021 Health and Family Welfare Department Uttar Pradesh).

Annexures

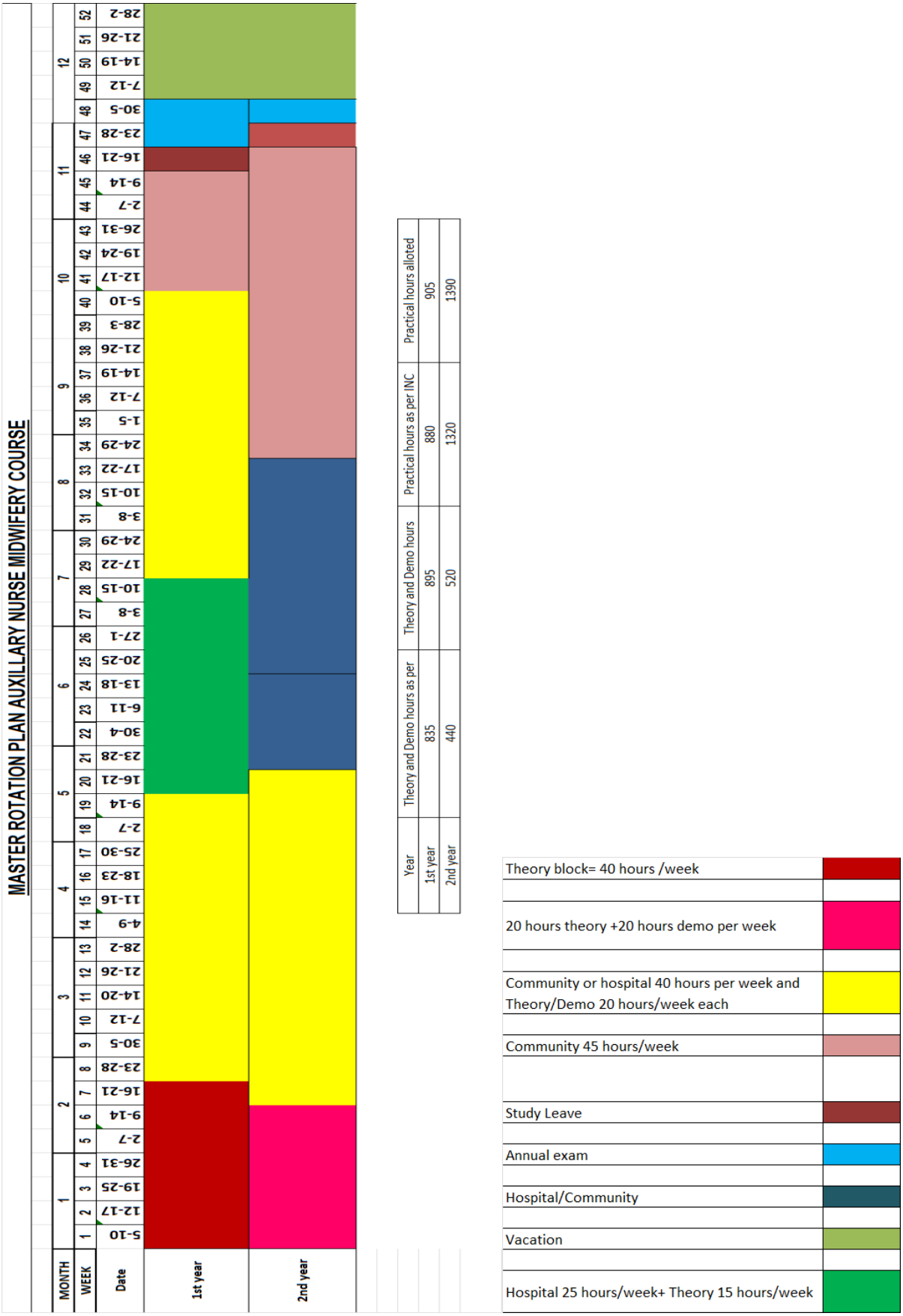
Annexure 1: ANM curriculum

Refer to the Indian Nursing Council website: https://indiannursingcouncil.org/

Annexure 2: GNM curriculum refer INC website Indian Nursing Council

Refer to the Indian Nursing Council website: https://indiannursingcouncil.org/

Annexure 3: Master Rotation Plan



Year	Theory and Demo hours as per	Theory and Demo hours	Practical hours as per INC	Practical hours alloted
1st year	835	895	880	905
2nd year	440	520	1320	1390

X COLLEGE OF NURSING, A CITY
MASTER ROTATION OF 1ST YEAR P.C.B.SC. 2015 BATCH

		WKS	Holidays	31/8-5/9/15	7/9-12/9/15	14/9-19/9/15	21/9-26/9/15	28/9-3/10/15	5/10-10/10/15	12/10-17/10/15	19/10-24/10/15	26/10-31/10/15	2/11-7/11/15	9/11-14/11/15	16/11-21/11/15	23/11-28/11/15	30/11-5/12/15	7/12-12/12/15	14/12-19/12/15	21/12-26/12/15	28/12-2/1/16	4/1-9/1/16	11/1-16/1/16	18/1-23/1/16	25/1-30/1/16	1/2-6/2/16	8/2-13/2/16	15/2-20/2/16	22/2-27/2/16	29/2-5/3/16	7/3-12/3/16	14/3-19/3/16	21/3-26/3/16	28/3-2/4/16	4/4-9/4/16	11/4-16/4/16	18/4-23/4/16	25/4-30/4/16	2/5-7/5/16	9/5-14/5/16	16/5-21/5/16	23/5-28/5/16	30/5-4/6/16	6/6-11/6/16	13/6-18/6/16	20/6-25/6/16	27/6-2/7/16	4/7-9/7/16	11/7-16/7/16	18/7-23/7/16	25/7-30/7'16	1/8-6/8/16	8/8-13/8/16	15/8-20/8/16	22/8-27/8/16	29/8-3/9/16	5/9-10/9/16	12/9-17/9/16
						1		1		1	2	1																																											
FON NUT BIOCH BIOPH PSYCH MICRO MHN CHN MED SUR ENGLISH CONSTIT KANADA	Orientation		5 3 5 5-5 5 5 4 4 4 - - 3 - 5 - 5 5-5 4 4 4 5 5 5 3 5 - -5 5 4 4 4 5 5 5 3 5 5-5 5 4 4 4 5									Internal Assessment - Block																																														
Hrs	21	360		12	180	90		270	180	315	135	18	315																																									

Subject	Theory (Required)	Planned	Practical (Required)	Planned	Block – I	Bl – II	Bl – III	Bl- IV		Holidays
Nsg Foundation	45	61			23		16	22	61	17/9 – GHC+PHH
Nutrition	30+20	30	15	20	21	6	4	20P	31+20	2/10 – PHC
Biochem / Biophysics	60	84			32+32			20	84	12/10 – GHC
Psychology	60	69			32	8	16	13	69	22-24/10 – GHC
Micro	80	90			40	10	20	20	90	27/10 – GHC
Maternal Nsg	60	90	240	360	30	15	30	15	90	10/11 – GHC
Child Health Nsg	60	90	240	360	25	15	35	15	90	12/10 – GHC
Med. Surg	90	110	270	360	30	16	59	10	115	28/10 – GHC
English	60	60			45	20			75	24/12 - GHC
Indian constitution	20	20			20				20	25/12 - GHC
Kannada	30	30			30				30	
					360	90	180	135		

Annexure 4: Sample Lesson Plan

Topic	:	Second stage of labor
Clinical Course	:	Obstetrics and Gynecology nursing
Placement	:	GNM third year
Name of teacher	:	Ms. ABC
Date	:	04 December 2024
Place	:	GNM third year classroom
Group	:	GNM third year
AV aides	:	PPT, Video, models
Method of teaching	:	Lecture, discussion, demonstration

Previous knowledge of group: The group has no knowledge regarding the topic. The aim of the class is to instill new knowledge.

General objectives: At the end of the class, the group gains adequate knowledge regarding the second stage of labor, appreciates its importance in clinical care and applies this knowledge in taking care of women in labour.

Specific objectives:

At the end of the class, the group,

i) Define second stage of labor

ii) Explain the physiology of the second stage of labor

iii) Detail the mechanism of second stage of labor

Bibliography:

1) Myles, M. F., Bennett, V. R., & Brown, L. K. (1993). Myles textbook for midwives. Edinburgh: Churchill Livingstone.

2) Dutta. D.C, 2013. DC Dutta's Textbook Of Obstetrics. 7th ed. New Delhi: Jaypee Brothers Medical Publishers.

3) Lowdermilk, D. L., Perry, S. E., Cashion, K., Alden, K. R., & Olshansky, E. F. (2016). Maternity & women's health care. 11th edition. St. Louis, MO: Elsevier.

4) Pillitteri, A. (2014). Maternal & child health nursing: Care of the childbearing & childrearing family.

Example:

S. No.	Time	Specific Objective	Content	Teaching Learning Activity with AV Aide	Evaluation
I	1 min		Introduction Today we are going to cover the most difficult phase of labor. Can you guess which stage?	The student teacher gives a riddle, and the group tries to guess the topic	
II	1 min		Announcement of the topic: "Physiology of second stage of labor and Intrapartum monitoring"	The student teacher announces the topic by writing it on the black board and the group listens	
III	2 mins	Define second stage of labour	Second stage of labor: It starts from the full dilatation of the cervix and ends with expulsion of the fetus from the birth canal.	The student teacher defines second stage of labor using a PPT and the group listens	What in your own words is the second stage of labor?
IV	10 mins		Summary: So, today we have studied the second stage of **labor,** the physiology, the course, the mechanism and management. Define second stage of labor Explain the physiology of second stage of labor Demonstrate the mechanism of labor	The student teacher summarizes by asking questions and making the students return demonstrate. The group answers and participates actively.	Describe the fetus. Mention the cardinal movements.
V	2 mins		Assignment: Explain the nursing management of second stage of labor. Date of submission: 18.7.2021 Book of reference: Myles, Textbook for Midwives. 7th edition. Page number 271- 280 Marks allotted: 10 marks	The student teacher dictates the assignment and the group takes note of it	

S. No.	Time	Specific Objective	Content	Teaching Learning Activity with AV Aide	Evaluation
VI	4 mins		Conclusion: So, we have reached the end of the session, I hope you have understood the details of the second stage of labor. I hope that you would apply these skills while conducting a labor. Do you have any doubts? Thank you.	The student teacher concludes the class by clarifying doubts if any and thanking the group.	

Annexure 5: Effective Facilitation Skills

- Place an "S" in case box if task/activity is performed satisfactorily, an "S " if it is not performed satisfactorily, Unsatisfactory US or "N/O" if not observed.
- Satisfactory: Performs the step or task according to the standard procedure or guidelines
- Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines
- Not Observed: Step, task or skill not performed by learner during evaluation by trainer
- Skilled delivery of a learning activity: If you, as a qualified trainer, believe that the learner has achieved competency, place your initials (e.g., "PJ") in the corresponding column.

Learner: **Date Observed:**

CHECKLIST FOR EFFECTIVE FACILITATION SKILLS					
Step/Task	Number of Observations				
	1	2	3	4	5
1) Presents an effective introduction.					
2) States the objective(s) as part of the introduction.					
3) Asks questions of the entire group.					
4) Targets questions to individuals.					
5) Uses learner names.					
6) Provides positive feedback.					
7) Responds to learner questions.					

CHECKLIST FOR EFFECTIVE FACILITATION SKILLS					
Step/Task	Number of Observations				
	1	2	3	4	5
8) Follows trainer's notes and/or a personalized reference manual					
9) Maintains eye contact					
10) Projects voice so that all learners can hear					
11) Moves about the room					
12) Uses audio-visuals effectively					
13) Presents an effective summary					
14) Skilled delivery of facilitating a learning activity or presentation					

Annexure 6: Clinical Demonstration Skills

- Place an "S" in case box if task/activity is performed satisfactorily, an "S " if it is not performed satisfactorily (US), or "N/O" if not observed.
- Satisfactory: Performs the step or task according to the standard procedure or guidelines
- Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines
- Not Observed: Step, task or skill not performed by learner during evaluation by trainer
- Skilled delivery of a clinical demonstration: If you, as a qualified trainer, believe that the learner has achieved skills needed to train providers in the service delivery site, place your initials (e.g., "PJ") in the corresponding column.

Learner: **Date Observed:**

CHECKLIST FOR CLINICAL DEMONSTRATION SKILLS					
Step/Task	Number of Observations				
	1	2	3	4	5
1) States the objective(s) as part of the introduction.					
2) Presents an effective introduction.					
3) Arranges demonstration area so that learners are able to see each step in the procedure clearly.					
4) Communicates with the model or client during demonstration of the skill/activity.					
5) Asks questions and encourages learners to ask questions.					

CHECKLIST FOR CLINICAL DEMONSTRATION SKILLS					
Step/Task	Number of Observations				
	1	2	3	4	5
6) Demonstrates or simulates appropriate infection prevention practices.					
7) When using model, positions model as an actual client.					
8) Maintains eye contact with learners as much as possible.					
9) Projects voice so that all learners can hear.					
10) Provides learners opportunities to practice the skill/activity under direct supervision.					
11) Skilled delivery of a clinical demonstration.					

Annexure 7: Sample OSCE Checklist for Active Management of Third Stage of Labor

SAMPLE OSCE CHECKLIST FOR ACTIVE MANAGEMENT OF THIRD STAGE OF LABOR						
Step/Task	Max. Score	Number of Observations				
		1	2	3	4	5
1) Preliminary step - rules out the presence of another baby by abdominal examination	1					
2) Administers Uterotonic drug—10 IU oxytocin IM OR Misoprostol 3 tablets (600 µgm) orally within one minute	1					
3) Performs Controlled Cord Traction (CCT) during contractions and delivers the placenta and membranes.	1					
4) Performs uterine massage	1					
5) Examines the lower vagina and perineum	1					
6) Examines placenta, membranes and umbilical cord: • Maternal surface of placenta • Foetal surface • Membranes • Umbilical cord (look for 3 vessels – 2 arteries and 1 vein)	1					
7) Dispose placenta in yellow bin	1					
8) Place the instruments in 0.5% chlorine solution for 10 mins for decontamination	1					

SAMPLE OSCE CHECKLIST FOR ACTIVE MANAGEMENT OF THIRD STAGE OF LABOR						
Step/Task	Max. Score	Number of Observations				
		1	2	3	4	5
9) Immerses both gloved hands in 0.5% chlorine solution & remove the gloves in the solution	1					
10) Washes hands thoroughly with soap and water and air dries & fill all details of delivery in the case sheet	1					
TOTAL	10					

Annexure 8: List of Procedures for Child Health Nursing

List of procedures for child health nursing include:

1) Health assessment – taking history and physical examination of:
    - Neonate
    - Infant
    - Toddler
    - Pre-schooler
    - Adolescent
    - Oral medication administration
    - IV medication administration
    - ID medication administration
    - Subcutaneous medication administration
    - Calculation of fluid requirements
    - Administration of IV fluids
    - Preparation of ORS
    - Administration of O2 inhalation by different methods
    - Mask
    - Oxygen hood
    - Nasal Catheter/Nasal Prong
    - Baby Bath/Sponge Bath
    - Health Education to mothers/parents' topics
    - Immunization schedule
    - Feeding and Complementary Feeding
    - Administration of vaccinations

2) NICU/PICU
    - Assessment of newborn
    - Newborn resuscitation
    - Kangaroo mother care
    - Insertion/removal/feeding – Naso/Oro-Gastric tube
    - Endotracheal Suction
    - Care of neonate under radiant warmer
    - Care of neonate under phototherapy

Semester: VI					
Subject: MIDWIFERY/OBSTETRICS AND GYNECOLOGY (OBG) NURSING - 1					
Durations: 240 hrs					
Note: Before posting for clinical practice all theory topics and skill lab demonstration & practices should be completed					
Ward Name	**Duration of Posting**	**Learning Objectives**	**Procedural Competencies / Clinical Skills**	**Clinical Requirements**	**Assessment Methods**
Antenatal OPD and Antenatal ward	40 Hrs	Perform antenatal assessment	History collection Physical examination Obstetric examination	Antenatal palpation Health talk Case study	OSCE Case presentation
		Perform laboratory tests for antenatal women and assist in selected antenatal diagnostic procedures	Pregnancy confirmation test		
			Urine testing		
			Blood testing for Hemoglobin, grouping & typing		
			Blood test for malaria		
			KICK chart		
			USG/NST		
		Counsel antenatal women	Antenatal counseling		
			Preparation for childbirth		
			Birth preparedness and complication readiness		
Labour room	120 Hrs	Monitor labour using partograph	Assessment of woman in labour	Partograph recording	Assignment case study Case presentation OSCE
			Partograph		
			Per vaginal examination when indicated	PV examination	
		Provide care to women during labour	Care during first stage of labour Pain management techniques	Assisting/ Conduction of normal childbirth	
			Upright and alternative positions in labour	Case study	
			Preparation for labour articles, physical, psychological	Case presentation	

College of Nursing

SUB- FUNDAMENTAL OF NURSING

BATCH- BSC 2ND SEMESTER

DATE	FEMALE MEDICAL WARD	MALE MEDICAL WARD	FEMALE SURGICAL WARD	MALE SURGICAL WARD	GENERAL MEDICAL WARD	GENERAL SURGICAL WARD	MALE ORTHO WARD	FEMALE ORTHO WARD
03- 04-2023 TO 08-04-2023	GROUP-1	GROUP-2	GROUP-3	GROUP-4	[illegible]	GROUP-6	GROUP-7	GROUP-8
10-04-2023 TO 15-04-2023	GROUP-8	GROUP-1	GROUP-2	GROUP-3	GROUP-4	[illegible]	GROUP-6	GROUP-7
17-04-2023 TO 22-04-2023	GROUP-7	GROUP-8	GROUP-1	GROUP-2	GROUP-3	GROUP-4	[illegible]	GROUP-6
24-04-2023-29-04-2023	GROUP-6	GROUP-7	GROUP-8	GROUP-1	GROUP-2	GROUP-3	GROUP-4	[illegible]

FACULTY	Ms. Savita	FMW
	Ms. Kavita	MMW
	Ms. Florence	FSW
	Mr. Deepak	MSW
	Ms. Kavya	Ortho Wards

STUDENT'S GROUPS	ROLL NUMBER	STUDENT'S GROUPS	ROLL NUMBER
GROUP-1	1-8	GROUP-5	33-40
GROUP-2	9-16	GROUP-6	41-48
GROUP-3	17-24	GROUP-7	49-54
GROUP-4	25-32	GROUP-8	55-60

SIGNATURE OF HOD

SIGNATURE OF CLINICAL COORDINATOR

SIGNATURE OF SUBJECT INCHARGE

SIGNATURE OF DEAN

CLINICAL ROTATION PLAN ANM SECOND YEAR

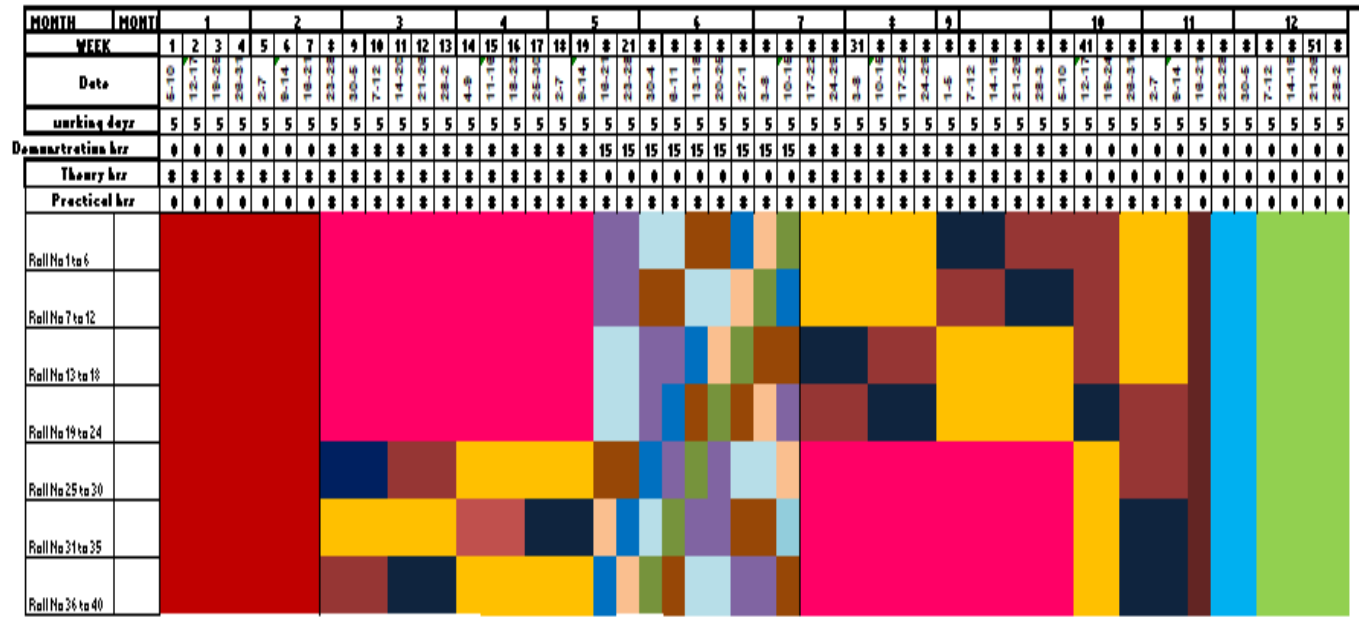
MONT	MONT	1				2				3					4				5				6					7				8				9				10				11				12				
WEEK		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52
Date		5-10	12-17	19-24	26-31	2-7	9-14	16-21	23-28	30-5	7-12	14-19	21-26	28-2	4-9	11-16	18-23	25-30	2-7	9-14	16-21	23-28	30-4	6-11	13-18	20-25	27-1	3-8	10-15	17-22	24-29	3-8	10-15	17-22	24-29	1-5	7-12	14-19	21-26	28-3	5-10	12-17	19-24	26-31	2-7	9-14	16-21	23-28	30-5	7-12	14-19	21-26	28-2
working days		5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
Theory hrs		#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Demo hours		#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
practical hrs		0	0	0	0	0	0	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	0	0	0	0	0	0
Roll No 1 to 6																																																				
Roll No 7 to 12																																																				
Roll No 13 to 18																																																			
Roll No 19 to 24																																																			
Roll No 25 to 30																																																			
Roll No 31 to 35																																																			
Roll No 36 to 40																																																			

Color code		Clinical area	Weeks	Responsible faculty
		Labour room	7	
		ANC	3	
400		Home visit	6	
1670		Post natal ward	2	
		Nursery	1	
		Primary health centre	6	
		Sub centre	6	
		Pediatric ward	2	
		Theory 20 hours/week + Demo 20hours/week	13	
		Study leave	1	
		Exam	1	
		Vacation	4	
		TOTAL	52 weeks	

Clinical area	Required hours		Alloted hours	
	Hospital	Community	Hospital	Community
Midwifery	460	400	480	400
Child health	80	160	120	160
Community and Health centre management		220		230

Note: Post students in the community for 45 hours per week for 14 weeks to fulfil required hours

CLINICAL ROTATION PLAN ANM FIRST YEAR



Clinical Area	Required hours	Allated hours
Hospital	200	225
Community	680	705

Color code	Clinical area	Weeks	Responsible faculty
	male medical ward	1	
	female Medical ward	2	
	Surgical ward	2	
	Pediatric ward	2	
	Immunization clinic	1	
	Nursery	1	
	PHC	3	
	Sub centre	5	
	Hamovirit	9	
	Vacation	4	
	Exam	2	
	Study leave	1	
	Theory 20 hours/week + Dema 20hours/week	12	
	Theory	7	
	TOTAL	52 weeks	

Annexure 11: Checklist for Kangaroo Mother Care

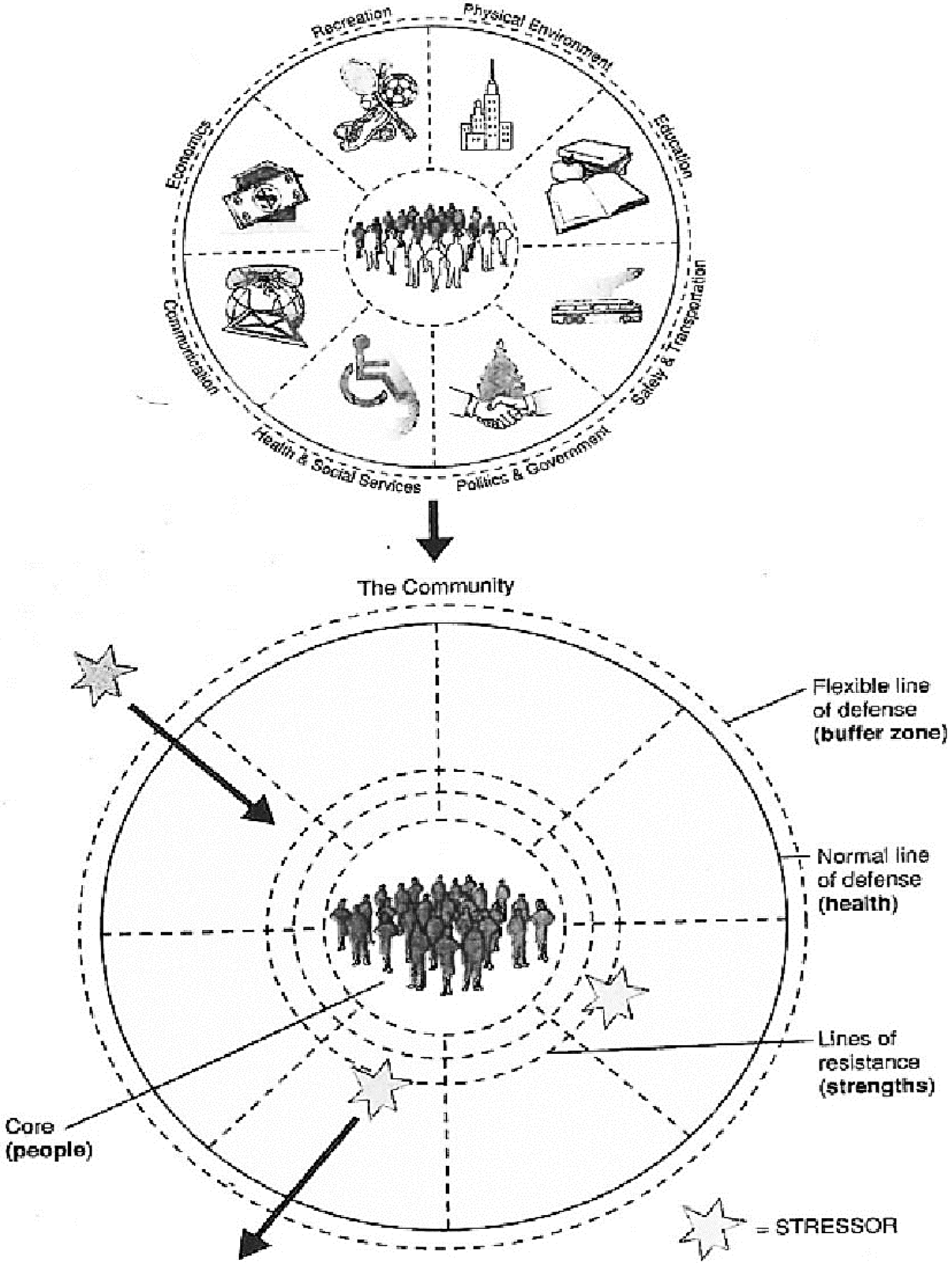
CHECKLIST FOR KANGAROO MOTHER CARE					
Step/Task	Cases				
	1	2	3	4	5
1) Counsels the mother, provides privacy to the mother, requests the mother to sit or recline comfortably.					
2) Undresses the baby gently, except for cap, nappy and socks.					
3) Places the baby prone on mother's chest in an upright position with the head slightly extended, between her breasts in skin-to-skin contact in a frog like position; turns baby's head to one side to keep airway clear. Supports the baby's bottom with a sling/binder.					
4) Covers the baby with the mother's pallu or gown, wraps the baby-mother duo with an added blanket or shawl depending upon the room temperature.					
5) Advises mother to breastfeed the baby frequently.					
6) Ensures warm room with room temperature maintained between 26-28^0 C.					
7) Advises the mother to provide KMC for at least 1 hour per session. The length of skin-to-skin contact should be for as long as possible.					

Specific Procedural Competencies/Skill						
S. No.	Specific Procedural Competencies /Skill	Performs Independently	Assists/ Observes Procedures A/O	Date		Sign of Tutor /Faculty
				Skill/ Simulation Lab	Clinical Area	
8)	Kangaroo Care					
9)	Neonatal resuscitation					
10)	Assisting in neonatal diagnostic procedures					
11)	Feeding of high-risk newborn – EBM (spoon/paladai)					

CHECKLIST FOR KANGAROO MOTHER CARE						
12)	Insertion/removal/feeding – Naso/Oro-Gastric tube					
13)	Administration of medication – oral/ parenteral					
14)	Neonatal drug calculation					
15)	Assisting in exchange transfusion					
16)	Organizing different levels of neonatal care					

Annexure 12: Community Assessment Wheel - Anderson Wheel

Source: Anderson and McFarlane (2008).



Annexure 13: Family Folder

Head of household
Address

Religion •
Caste/ Group

F. F. NO •

Survey No
Urban/Rural
PHC/Subcentre

Date	Direction	Type of house			Rent/own	No. of rooms	Water resource	Drain	Ventilation	Smoke outlet	Type of latrine
		Roof	Wall	Floor							

Sl N0	Name of the family members	Relationship to Head of the Family	Sex	Year Of birth	Marital 'Status	Education	Occupation	Health Status	Remarks

General Economic Status — Good / Fair / Poor

SOCIO Economic STATUS

Year	Property	No. of earning members and Income per month			Annual Income	Remarks
		Men	Women	Children		

RECORD OF SERVICE							
Reg. No.	Date Opened	Name of Client	Classification	Level of Prevention	Date Closed	Health Status & Reason for Closing	Remarks

Annexure 14: Community Rotation Plan

COMMUNITY HEALTH NURSING
CLINICAL ROTATION OF I GNM (2020-2021)

GROUPS	MONTH		AUGUST 2021-SEPTEMBER 2021		
	POSTINGS		URBAN POSTING		
	NAME OF THE STUDENTS		30/8-4/9	6/9-11/9	13/9-18/9
GROUP 1			PHC	SURVEY	PHC
GROUP 2			SURVEY	PHC	PHC
GROUP 3			PHC	SURVEY	PHC
GROUP 4			SURVEY	PHC	PHC
GROUP 5			PHC	PHC	SURVEY

Survey
Home visits/Individual Health Education/Bag Technique
Observation Visits
Home visits/Group Health Education
AV Aid
PHC/Sub-Centers/AAMs

Total Hours Required	**320 hours**
Total Hours Planned	**144 hours**

SIGNATURE OF THE SUBJECT CO-ORDINATOR

SIGNATURE OF THE HOD

Notes