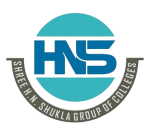
** ShreeH. N. Shukla Nursing Institute Rajkot**

Shree H. N. Shukla College Campus, Nr. Lalpari Lake, B/H. Marketing Yard, Amargadh – Bhichari, Rajkot. Mo. 78628 66174 , 9727753360

Syllabus and Regulations Auxiliary Nurse and Midwives

**Indian Nursing Council**

Combined Council Building, Kotla Road, Temple Lane, New Delhi -110002

**Preface**

Auxiliary Nurse Midwives (ANM) play major role in improvement of the health and family welfare service. The millennium development goals can be achieved with their active work (involvement) in the community. Infectious diseases such as HIV/ AIDS, TB and Malaria can be prevented and health promotion can be strengthened for all ages especially maternal and child health.

The National Rural Health Mission has been launched by Government of India to bring about improvement in the health system and health status of the people, especially those who live in the rural areas of the country. Some of the objectives of the mission are universal access to public health care services with emphasis on services addressing women and child health, sanitation, immunization, prevention and control of communicable disease including locally endemic disease, access to integrated comprehensive primary health care, population stabilization, gender and demographic balance etc.

With this background the Indian Nursing Council revised the syllabus by having series of consulation with various stakeholders. The components of skilled birth attendant (SBA) and Integrated Management of Neonatal and Childhood Illnesses (IMNCI) has been integrated in the syllabus. Candidates who will qualify after the implementation of the revised syllabus will be able to provide effective qualitative primary health care services in the rural area effectively.

I take this opportunity to acknowledge the contribution of Nursing experts and staff of INC in the preparation of this document.

(T. **Dileep Kumar)**

Nursing Advisor to Govt. of India, President-Indian Nursing Council

New Delhi

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**(Prevention of Disease and Restoration of Health)**

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5. First Aid and Referral **Child Health Nursing Midwifery**

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#### Curriculum Practical

**Community Health Nursing And Health Promotion Child health nursing**

**Midwifery**

**Primary Health Care and Health Centre Management**

# Introduction Philosophy

Health is a fundamental human right. Maintenance of optimum level of health entails individual as well as social responsibility. However health can never be ad- equately protected by health services without active involvement of the community.

Indian Nursing Council (INC) believes that ANM/FHW plays a vital role in the rural health care delivery system. She should be sensitive and accountable to meet the health needs of the community. She should be able to provide accessible, equi- table, affordable and quality health care. ANM/FHW can act as a catalyst for pro- moting inter-sectoral convergence in promotive and preventive health care

ANM curriculum intends to prepare skilled and effective female health workers to achieve the goals of National Rural Health Mission which aims at bringing about dramatic improvement in the health system and health status of the country. ANM/ FHW would be trained in community health skills to practice basic health care at a defined level of proficiency in accordance with local conditions and to meet local needs'. Further, the programme fits into the general educational pattern as well as nursing education system

# Purpose

The purpose of the ANM/FHW course is to prepare an ANM to function at the community level/village with specific skills to fulfill the health needs of the community. She will be an active link between the community and the health care system.

# General objectives:

On completion of the course, the ANM/FHW will be able to:

* Appreciate the concept of holistic health and understand the influence of socioeconomic and environmental factors on the health status of the community.
* Identify health problems/needs and resources in the community and mobilize social support for active participation of the community in health care activities.

Provide preventive, promotive, restorative and emergency health care to individuals and community as required.

Provide treatment of minor ailments

Provide skilled midwifery services to all mothers in the community and refer mothers at risk to hospitals.

Provide skilled care to all neonates in community and refer neonates at risk to the appropriate levels.

Render skilled child care services at home, clinic and school.

Guide/Train birth attendants, Anganwadi workers (AW\Y)s , other community health activists and volunteers.

Provide need-based information and counselling related to health of individuals, family and groups.

Participate in all the National health and Family welfare programmes at community level

Act as a team member in the health care delivery system

Coordinate and collaborate with the other health team members and com munity based organizations, non-govt. organizations (NGO) and village administration

Manage the health centre including equipments and supplies, and maintain the records in order to provide quality based people friendly services.

Update knowledge and skills for professional and personal growth.

Note: The competencies, guidelines and protocols as given in the following documents should fromthe basis of teaching.

1. SBA module of MOHFW including use of selected life saving drugs and interventions of obstetric emergencies approved by the MOHFW.
2. IMNCI Module for basis health worker
3. Standard safety guidelines for infection control practicies (Universal precausions)
4. Biomedical waste management policies

**Guidelines for starging a School of Nurshing for conductiong ANM/ FHW Training**

1. Any organization under the Central Government, State Government, Local body or a Private or Public Trust, Mission or Voluntary, registered under Society Registration Act or, a Company registered under company's act that wishes to open an ANM Training School, should obtain the No Objection/Essentiality certificate from the State government.
2. If any Nursing Programme is recognised by Indian Nursing Council, then the will be institution will be exempted from NOC/Essentialiry certificates for ANM from the state government.
3. The Indian Nursing Council on receipt of the proposal from the institution to start ANM training program, will undertake the **first inspection** to assess the suitability with regard to physical infrastructure, clinical facility and teaching faculty in order to give permission to start the programme.
4. After the receipt of the permission to start ANM training program from Indian Nursing Council, the institution shall obtain the approval from the State Nursing Council and Examination Board.
5. Institution will admit the students only after taking approval of State Nursing Council and Examination Board.
6. The Indian Nursing Council will conduct inspection every year till the first batch completes the programme. Permission will be given year by year till the first batch completes.

Minimum Standard Requirements

A school for training of the ANMs should be located in a Community Health Centre (PHC annexe) or a Rural Hospital (RH) having minimum bed strength of 30 and maximum 50 and serving an area with community health programmes. The school should also be affiliated to a district hospital or a secondary care hospital in order to provide experiences of secondary level health care and an extensive gynae-obstertical care.

An organization having a hospital with 150 beds with minimum 3j>50 obstetrics and gynaecology beds , and 100 delivery cases monthly can also open ANM school They should also have an affiliation of PHC/CHC for the community health nursing field experience.

Existing ANM schools attached to District Hospitals should have PHC annexe (accommodation facility for 20-30 students) for community health field experience.

**Clinical Facilities**

School has to be affiliated to district hospital or a secondary care hospital with minimum 150 beds, in order to provide adequate maternity, childcare and basic medical surgical experiences. The hospital to have adequate number of trained nursing staff round the clock. Bed occupancy on the average to be between 60% - 70%.

Teaching facility

Teaching faculty for 20-40 annual admission:

|  |  |
| --- | --- |
| Category | Minimum qualification and experience |
| Principal | M.Sc. Nursing with 3 years of teaching experience or B.Sc (N) with 5 years of teaching experience. |
| Nursing Tutor | B.Sc. Nursing/Diploma in Nursing Education & Administration/Diploma in  Public Health Nursing with 2 years |

|  |  |
| --- | --- |
|  | clinical experience. |

Teacher student ratio at any time should not be less than 1:10

Note:

There should be provision for appointing part-time teachers for subjects re- quired,

Salary of the teaching staff should be at par with the government as far as possible,

Independent family accommodation should be available in or near the campus of the Hospital/CHC Rural Health Treatment Centre for 80% of the teaching staff.

#### Non Teaching Staff

Accountant cum cashier - one Clerk cum typist - one

Driver - one

Cleaner - one

Office attendant - one

Sweeper - one

* There should be provision for temporary appointment of reliever in any post when required.

#### Staff for the hostel

Warden cum house keeper *-* one Cook cum helper - three

Sweeper - one

Chowkidar/Seeurity Guard - three

* Provision of leave reserve should be there.
* Family quarter should be provided lor the warden in the hostel so that she
* can be residential to look after the students, and available at the time of
* emergency.
* Cleaning, security, mess facilities may be engaged on contractual basis

#### Physical Facilities

* **School building** - There should be a separate building for the school and hostel. It should have an open space to facilitate outdoor games for the students.

***Office*** *-* There should be individual furnished office rooms for: Principal, Teachers, Clerical staff. A separate telephone connection for the school is necessary.

* **Class-room** - There should be two adequately large classrooms, accommo- dating required number of students (i.e., for 20-40 students size of the room should be 72p sq. ft.). Rooms should be well ventilated and properly lighted. There should be chairs with arms or desks according to the number required. Suitably placed black/green or white board should be available in the class- rooms.
* ***Nursing laboratory*** - There should be a demonstration room with at least two to four beds and adequate number of cupboards with necessary articles for demonstration. Pro vision should be made for community, midwifery and first aid demonstration and practice.
* ***Nutrition laboratory*** *-* There should be provision for nutrition practical. Cooking gas, stove and wash basin with tap connections, suitable working tables and sufficient number of necessary utensils for conducting cooking classes should be available.
* ***Library cum study*** *-* There should be a room of adequate size in order to accommodate 40 students at a time, with sufficient number of cupboards, library books and adequate number of chairs and tables for the students. Library should have updated edition of textbooks, referral books, few

professional journals and general knowledge magazines as well as

storybooks etc. in sufficient numbers.

* **Audio *visual aid*** - School must have a TV, DVD player, an overhead projector, LCD projector, laptop for projection computer facility, models, charts, skeleton & manikin/simulators, neonatal resuscitation equipment, home visiting bags, delivery kits etc.
* **Toilets** - There should be adequate toilets facility in the school building for the students and teachers atleast in the ratio 1:10
* ***Garage*** *-* There should be a garage for (he mini bus.

#### Residential Facilities for Students

ANM training, being a residential programme, has to have adequate hostel facilities for the students. The hostel has to accommodate 40-80 students. It has to have the following facilities:

* Safe drinking water facility should be available. All the rooms should to have adequate number of lights and fans.
* Dinning room to accommodate forty students at a time with a hygienic kitchen, pantry and storing facility
* There should be sufficient number of living rooms, to accommodate all stu- dents, preferably not more than two in a room.
* Bathrooms and toilets sufficient in number (one for every 10 students).
* One visiting room with sitting arrangement and an attached toilet.
* One recreation room with TV, radio & indoor games.
* One sick room to accommodate 2-4 students, with toilet attached.
* Other facilities like hot water arrangement for winter and water cooler for summer should be there.
* Hostel should have telephone connections,

1 Budget

School should have separate budget and Principal/Principal Nursing Officer should be the drawing and disbursing officer. Budget should make provision for the following:

Salary of Staff

Remuneration of external lecturers Purchase of library books

Cost of fuel for the school vehicle Purchase of audio visual aids

Office expenses

Water, electricity, telephone charges etc. :

Contingency

Stipend for students (if given) Inspection and affiliation fees

**ANM School Management committee**

The school should have a management committee comprising of: Principal /Principal Nursing Officer - Chairperson Nursing Tutor - Secretary

Nursing Tutor/PHN - Member District Public health Nurse/Nursing Officer - Member Nursing Superintendent/Nursing incharge

of the Hospital/CHC/RH - Member Superintendent/Medical Officer incharge

of Hospital/CHC/RH - Member

Quarterly (Once in three months) meetings to be convened regularly to monitor curriculum implementation and examinations.

Transport

* School must have a 20-25 seater minibus
* There should be 6-8 Mopeds for students for community health nursing practice.

Communication

* School must have an independent telephone line.

Annual Admission

Minimum students intake is 20 Maximum students intake is 40

Duration of Course

The total duration of the course is 2 years (18 months + 6 months internship)

First Year:

i. Total weeks - 52 weeks

1. Vacation - 4 weeks
2. Gazatted holidays - 2 weeks iv Preparatory holidays and examination -3 weeks
3. Teaching hours in weeks - 43 weeks
4. Teaching hours per week - 43 weeks x 40 hours/ weeks=1720 hrs

Second Year (including internship)

|  |  |  |
| --- | --- | --- |
| i. | Total weeks | - 52 weeks |
| ii | Vacation | - 4 weeks |
| iii | Gazatted holidays | - 2 weeks |
| iv | Preparatory holidays and examination | - 2 weeks |
| v. | Teaching hours in weeks | - 44 weeks |
| vi. | Teaching hours per week | - 44 weeks x 40 hours/ weeks = **1760 hrs** |

**Admission Terms and Condition**

* 1. The minimum age for admission shall be 17 years on or before 31st

December of the year in which admission is sought.

* 1. The maximum age for admission shall be 30 years.
  2. The minimum educational requirements shall be the passing of 12 years of schooling (10+2 year course) recognized by CBSE/ICSE/SSSCE/HSCE or a recognized equivalent examination.

I Medical Fitness

Admission is subject to satisfactory medical examination report.

Course of Study First Year

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Nursing Courses** | **Class room hours** | | | **Experience** | | |
| **Sr.**  **No.** | **Course title and**  **description** | **Theory** | **Demon**  **stration** | **Total** | **Hospital** | **Community** | **Total** |
| I | Community Health  Nursing | 120 | 50 | 170 | 10 | 100 | 110 |
|  | **Health Promotion** | 120 | 75 | 195 | 20 | 180 | 200 |
|  | A. Nutrition | 35 | 30 | 65 |  |  |  |
|  | B. Human body and  Hygiene | 35 | 20 | 55 |  |  |  |
|  | C. Environmental  Sanitation | 20 | 15 | 35 |  |  |  |
|  | D. Mental helath | 30 | 10 | 40 |  |  |  |
| **III** | Primary health care  nursing I- | 130 | 150 | 280 | 90 | 300 | 390 |
|  | A. Infection and  Immunization | 25 | 20 | 45 |  |  |  |
|  | B. Communicable  disease | 40 | 25 | 65 |  |  |  |
|  | C. Community  Helath Problems | 30 | 50 | 80 |  |  |  |
|  | D. Primary Medical  care | 20 | 20 | 40 |  |  |  |
|  | E. First Aid and  Referral | 25 | 35 | 60 |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **IV** | Child health nursing | 75 | 110 | 185 | 80 | 100 | 180 |
|  | Total hours | 450 | 385 | 835 | 200 | 680 | 880 |
|  | Total= 1720hours |  |  |  |  |  |  |

**Second Year (First six months)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Nursing Courses | Class room hours | | | Experience | | |
| Sr.  No. | Course Title and  descirption | Theory | Demonstration | Total | Hospital | Community | Total |
| V | Midwifery | 200 | 160 | 360 | 220 | 160 | 380 |
| VI | Health centre  Management | 40 | 40 | 80 | - | 60 | 60 |
|  | Total hours | 240 | 200 | 440 | 220 | 220 | 440 |

Total= 880 hours

**Second Year (Internship-six months)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No.** | **Nursing Courses** | **Experience** | | |
| **Course title and description** | **Hospital** | **Community** | **Total** |
| i | Midwifery | 240 | 240 | 480 |
|  | * Antenatal ward | 40 |  |  |
|  | * Intranatal/ labour room | 120 |  |  |
|  | * Post natal ward | 40 |  |  |
|  | * Neonatal care unit | 40 |  |  |
| ii | Child Health | 80 | 160 | 240 |
| iii | Community health and health center management |  | 160 | 160 |
|  | **Total hours** |  |  | **880** |

**Total= 880 hours in the internship period Grand total- 1760 hrs.**

**Guidelines for intership:**

1. The ANM students (in a group of 4-5) should beposted in the sub center/ primary health centre with a regular ANM for one month/ 4 weeks for super vised independent practice in the community which should be residential.
2. The students should participate in all National Health and Family Welfare programms during their clinical experience.
3. At least 80% of all the clinical requirements should be completed before appreating for the final (second year) examination.
4. The principal of the ANM School should certify for each student that she has undergone successfully the internship program completed 100% of the clinical requirements and acquired the requisite competencies as listed in the syllabus before the award of the certificate/ diploma by the state nursing council/ examination board.
5. The casebook and competency record book should be completed and signed by the competent authority of the school before appearing for the second year practical examination.

**Scheme of Examination:**

Theory and practical examinations at the end of the first year

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Paper** | **Course** | | | **External Assessment** | **Internal Asessment** | **Duration** |
| Theory Paper-I | Community Health Nursing | | | 75 | 25 | 3 hrs. |
| Theory  Paper-II | Health Promotion | | | 75 | 25 | 3 hrs. |
| Theory  Paper-III | Primary  Nursing | Health | Care | 75 | 25 | 3 hrs. |
| Theory  Paper-IV | Child Health Nursing | | | 75 | 25 | 3 hrs. |
| Practical I | Community  Nursing promotion | and | Health  Health | 100 | 100 | - |
| Practical II | Child Health Nursing | | | 100 | 100 | - |
|  | Total | | | 500 | 300 | - |

Grnad total for first year 800 marks.

**Thepry and practical examinations at the end of the course, (Second Year)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Paper** | **Course** | **External**  **Assessment** | **Internal**  **Assessment** | **Duration** |
| Theory  Paper V | Midwifery | 75 | 25 | 3 hrs. |
| Theory  Paper VI | Helath Centre management | 75 | 25 | 3 hrs. |
| Practical  III | Midwifery | 100 | 100 | - |
| Practical  IV | Primary Health care nursing  and helath center management | 100 | 100 | 3 hrs. |

Grand total for second year 600 marks Note

Question paper for Nursing courses to be set by qualified nursing teachers only. The venue for practical examination shall be Government District Hospital for all the students of government and private ANM institutions.

Practical examination should be for only 10 students per day.

Supplementary examination should be conducted at six monthly intervals for the failures.

Internal assessment should be done on class test, assignments, report of visits and group work.

All practical examinations must be held in the respective clinical areas and on patients.

One internal and One external examiners should jointly conduct practical examination for each student.

An examiner should be a BSc nursing teacher with minimum of 5 years of teaching experience in ANM programme

or

M.Sc (N) with 3 years of teaching experience in ANM programme Internal assessment will be made on the basis of classroom tests, written assignments, performance in the community and clinical area along with records and reports maintained by the students.

Pass mark for each nursing subject on aggregate will be 50%

A candidate has to pass in theory and practical exam separately in each of the paper.

Average internal marks of the total students shall not be more than 75% i.e, if 40 students are admitted in a course the average score of the 40 students shall not exceed 75% of total internal marks.

Maximum number of attempts permitted for each paper is 3 including first attempt

Maximum duration of completion of the course is 4 years

A candidate failing in more than one subject will not be promoted to the next year.

No candidate shall be permitted to appear in the second year examination unless the candidate has passed the first year examination.

Eligibility for Admission to Examination

1. A candidate must have minimum of 80% attendance (irrespective of the kind of absence) in theory and practical in each subject for appearing for examination.
2. A candidate must have 100% attendance in each of the practical areas before the award of completion certificate/diploma by the state nursing council ex- amination board.
3. On completion of practical experience, records to be signed by the tutor and countersigned by the principal.
4. The examination for the 2nd year should happen at the end of the year. A certificate of completion of internship by each student should be provided by the principal before entering for the examinations.

|  |  |  |
| --- | --- | --- |
| **Grading and Certification**  Distinction shall be in aggregate | = | 75% |
| First division | = | 70% & above |
| Second division | = | 60% - 69% |
| Third division | = | 50% - 59% |

Certificate will be issued on successful completion of training requirement. The principal of the ANM School should certify for each student that she has undergone successfully the internship program, 100% clinical requirements and acquired the requisite competencies as listed in the syllabus before the award of the certificate/diploma by the state nursing councils/examination boards. Qualified ANMs have to be registered by the State Nursing Councils under the provision of the State Nursing Councils and Indian Nursing Council Act as ANMs, before joining services as a qualified Female Health worker and to practice as ANM.

### Learning objectives;

Community Health Nursing

**Theory-** 120 hours

**Demonstration-** 50 hours

**Total-** 170 hours

On completion of the course the student will be able to :

1. Describe the concept of community health, primary health (-are.
2. Understand health policies, plans and programmes of the country,
3. Understand the concept of community.
4. Appreciate the role of the health team.
5. Demonstrate home visit techniques and practices in the community
6. Describe structure, function, characteristics and administrative set up of a community.
7. Identify leaders, resources persons, community-based organizations, NGOs, and local resources.
8. Identify community health needs and problems
9. Describe concepts and methods of communication for health information.
10. Describe the purposes, principles and methods of health counseling.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Unit** | **Time (Hrs.)** | | **Expected outcomes** | **Contents** | **Teaching Learning**  **Activities** |
| **Th.** | **Demo** |
| 1. | 10 |  | * Define health and explain its | **Concept of Health**   * Health and its | * Lecture discussion. |
|  |  | dimensions | changing concepts. | * Posters. |
|  |  | * List determinants of health | * Dimensions of health |  |
|  |  | * Define Primary Health Care | * Determinants of health |  |
|  |  | * List components of Primary Health   Care and their | * Primary health care,   definition, |  |
|  |  | application within a communitv | components,  significance. |  |
|  |  |  | community, |  |
|  |  |  | application |  |
| 2. | 10 |  | * Describe health concepts and   practices of | **Community Health practices**   * Health concepts of | * Lecture discussion. * Practice |
|  |  | community. | people and health care | session. |
|  |  | * Enumerate health   related cultural | providers.   * Health behaviours, | * Demonstration |
|  |  | beliefs and | beliefs and cultural |  |
|  |  | practices | practices of |  |
|  |  |  | community. |  |
|  |  |  | * Ethics and |  |
|  |  |  | behaviour related to  community practices. |  |
|  |  |  | * Method of home |  |
|  |  |  | visiting. |  |
| 3. | 15 | 5 | * Describe National   health problems | **Health problems**  **and policies** | * Lecture   discussion. |
|  |  |  | * Explain specific | * Overview of health |  |
|  |  |  | health programmes | problems of |  |
|  |  |  | at National, state and community levels | communities in India.   * Participate in national health and |  |
|  |  |  | * Trends and | family welfare |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | development in | programs |  |
| national health | * Field Visits: |
| programmes and | Village, Sub center, |
| policies | Primary health center, |
| * National health | Community health |
| programmes and its | center. |
| implementation at |  |
| community level. |  |
| * Role and |  |
| functions of |  |
| Accredited Social |  |
| health Activists |  |
| (ASHA), |  |
| Anganwadi |  |
| worker, Dai etc. |  |
| 4. | 10 | 5 | * Explain the | Health Organization | * Lecture |
|  |  |  | organization of  health services at different levels | * Organization of SC, PHC, CMC and   district hospital. | discussion.   * Field Visits to   various |
|  |  |  | * Describe the | * Organization of | available |
|  |  |  | referral system. | health care | organizations. |
|  |  |  | * Explain the Role | delivery system at |  |
|  |  |  | of National and | different levels |  |
|  |  |  | International | * Referral system |  |
|  |  |  | health agencies | * Health agencies: |  |
|  |  |  | and Non- | International: |  |
|  |  |  | Governmental | WHO, UNICEF, |  |
|  |  |  | Organisations | UNFPA, UNDPA, |  |
|  |  |  |  | World Bank, FAO, |  |
|  |  |  |  | DANIDA, European |  |
|  |  |  |  | Commission. Red |  |
|  |  |  |  | Cross, US aid, |  |
|  |  |  |  | UNESCO. Colombo  Plan, ILO, CARE |  |
|  |  |  |  | etc. |  |
|  |  |  |  | * National: Indian |  |
|  |  |  |  | Red Cross, Indian |  |
|  |  |  |  | Council for Child |  |
|  |  |  |  | welfare, Family |  |
|  |  |  |  | planning association |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | of India etc   * Non-Governmental organizations |  |
|  |  |  | * Describe health   team with special focus on the ANM\  FHW | Role of health team.   * Team concept and Functions of the health team * Role and Responsibilities of ANM \ FHW * Code of ethics for   ANM | * Lecture   discussion.   * Observation of activities rendered by the health team members. |
| 6 | 10 | 5 | * Describe physical   structure of village and urban area   * Identify social groups, organizations and leaders • Explain administrative set up at the village | Structure of community   * Rural community-   . Characteristics, changes in the village community development, major rural problems   * Urban Community- Characteristics, changes and adjustments to urban environment,   major urban problems   * Village: Physical structure   - Administrative set up   * Function of Panchayat * r th   73 " and 74  amendments to Constitution and role of Panchayat in health.   * Structure of an urban community slum | * Lecture   discussion.   * Field visits: village mapping, slum mapping, resource mapping. * Drawing of Panchayat structure and urban wards. * Listing of   formal and informal leaders groups in the community.   * Visit to a village and meet Panchayat members, visit block office. List their role in health care. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | * Social groups organizations. leaders * Community   resources |  |
| *7.* | 10 | 5 | * Describe the interaction between different groups and communities within the village * Describe social traditions and customs in the village. | Dynamics of community   * Social processes- individual and process of socialisation * Interaction between different social groups in the village. * Traditions and customs and their influence on health. * Social stratification: Influence of Class. Caste and Race on health and health practices * Family and marriage: Types * Changes & legislations on family and marriage in India -   marriage a els | * Lecture discussion. * Interaction with different groups in the village. * Prepare a list of different customs and traditions. |
| 8. | 20 | 6 | * Demonstrate methods of community need assessment | * Scope and Methods of community need assessment * Survey: Planning Preparation of tools: questionnaires, interview schedules, check list etc * Community survey: Principles and methods: data collection, conducting interviews, focus   group discussions | * Lecture   discussion.   * Preparation of questionnaire * Field visits/   community:   * Conduct survey. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | (FGD) and case studies   * Participatory learning for action(PLA) * Analysis of data, Preparation of report |  |
| 9. | 20 | 15 | * Explain the concept, principles and methods of communication * Prepare simple and low cost aids of communication. * Conduct health   education | Communication methods & media   * Principles, Methods and Process of communication. * Inter personal relationship (IPR): communication with different groups and health team members. * Types and use of AV aids * Use of local folk methods and media for disseminating health messages. * BCC(Behavioural change communication), IEC (Information, Education and communication): Aims, Scope, concept and approaches * Teaching learning process, concept , characteristics, steps of learning, characteristics of learner * Principles, methods of teaching * Planning of health   education activities: | * Lecture   discussion.   * Demonstration of different methods of communication * Role/Play. * Prepare health messages using different media and methods. * Preparation of IEC material. * Practice using one folk method. * Preparation of health education plan * Conduct BCC session. * Evaluate and follow up of health education. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | * Role and responsibilities of ANM's/Health   workers in BCC |  |
| 10. | 5 | 5 | * Explain concept and principles of counseling * Describe the technique of counseling * Describe role of counsellor | Counseling.   * Concept, Principles and Techniques of counseling. * Identifying needs and areas for counseling in the community. * Role of counselor * Role of ANM/ Female Health worker   as counselor | * Lecture discussion. * Conduct counseling session and follow up. |
| 11. | 5 | 2 | * State health conditions where rehabilitation is required. * List the various resources   available in a community. | Community based rehabilitation   * Health Conditions needing rehabilitation * Community   Resources available   * Educate individuals, family and community. | * Lecture discussion * Case discussion |

***Suggested activities for Evaluation***

* Health organizational chart.
* Return demonstration of home visit.
* Field visits
* Preparation of IEC material
* Demonstration of counseling technique.
* Village mapping.
* Community survey.

### Learning objectives:

HEALTH PROMOTION

**Theory** - 120 hours

**Demonstration -** 75 hours

**Total** - 195 hours

On completion of the course the student will be able to :

1. Explain importance of nutrition in health and sickness.
2. Promote nutrition of a individual, family and community
3. Explain principles of hygiene and its effect on health.
4. Describe hygiene for self and individuals.
5. Describe importance of environmental sanitation and waste management.
6. Promote mental health of individual, family and community
7. **Nutrition**

**Theory - 35** hrs.

Demonstration - 30 hrs.

**Total - 65** hrs.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Unit** | **Time**  **(Hrs.)** | | **Expected outcomes** | **Contents** | **Teaching Learning**  **Activities** |
| **Th.** | **Demo** |
| 1 | 10 | 5 | * List essential nutrients | **Essential nutrients**   * Importance of | * Lecture discussion. |
|  |  |  | * Describe | nutrition in health | * Explain using |
|  |  |  | classification of | and sickness | Models and Charts. |
|  |  |  | food and their | * Essential | * Exhibit raw food |
|  |  |  | nutritive values  and functions. | nutrients, functions,  sources and | item showing |
|  |  |  | * Explain | requirements | balanced diet |
|  |  |  | importance of nutrition in health | * Classification of foods and their |  |
|  |  |  | and sickness. | nutritive value |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | * Plan balanced diet for different age groups | * Normal requirements at different ages. * Balanced diet for different age group |  |
| 2. | 10 | 5 | * Identify malnutrition and nutritional   deficiencies. | Nutritional problems  Nutritional deficiencies: | * Lecture   discussion.   * Visit ICDs project and discuss the |
|  |  |  | * Counsel women | * Deficiencies, | program. |
|  |  |  | with anaemia. | correction, | * Explain using |
|  |  |  | * Describe special diet for sick. | treatment and referral - protein | Models and Charts.   * Planning diets for |
|  |  |  | * Explain role of   ANM's/FHW/ | energy malnutrition   * Vitamin and | anemic women and other deficiency |
|  |  |  | AWWs. | mineral | conditions |
|  |  |  |  | deficiencies: |  |
|  |  |  |  | Nutritional anaemia |  |
|  |  |  |  | in women |  |
|  |  |  |  | * Under five |  |
|  |  |  |  | nutrition |  |
|  |  |  |  | * The role of |  |
|  |  |  |  | ANM's/ FHW/ |  |
|  |  |  |  | AWWs in |  |
|  |  |  |  | supplementary food. |  |
|  |  |  |  | * Special diets of   individuals for |  |
|  |  |  |  | different age group. |  |
| 3. | 5 | 5 | * Assess nutritional   status of individual | Nutritional  assessment | * Lecture   discussion. |
|  |  |  | and family. | * Methods of | * Demonstration |
|  |  |  | * Identify local | nutritional | * Field visits. |
|  |  |  | foods for enriching | assessment of |  |
|  |  |  | diet. | individual and |  |
|  |  |  | * Identify good | family: mother and |  |
|  |  |  | food habits from | child |  |
|  |  |  | harmful food fads | * Identification of |  |
|  |  |  | and customs. | local food sources |  |
|  |  |  |  | and their value in |  |
|  |  |  |  | enriching diet. |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | * Food fads, taboos, customs and their   influence on health. |  |
| 4. | 10 | 15 | * Plan diet for a   family | Promotion of  nutrition | * Lecture   discussion. |
|  |  |  | * Counsel for | * Planning diets | * Plan diet for |
|  |  |  | improving diet of | and special diets | the family |
|  |  |  | the family. | for a family | assigned. |
|  |  |  | * Demonstrate safe | * Methods of using | * Health |
|  |  |  | preparation and | locally available | education. |
|  |  |  | cooking methods. | foods for special | * Visit a milk |
|  |  |  | * Explain methods | diet | pasteurization |
|  |  |  | of safe | * Principles and | plant. |
|  |  |  |  | methods of cooking | * Demonstration of various |
|  |  |  |  | * Promotion of | methods of |
|  |  |  |  | kitchen gardens | cooking. |
|  |  |  |  | * Food hygiene and |  |
|  |  |  |  | safe preparation |  |
|  |  |  |  | * Storage and |  |
|  |  |  |  | preservation |  |
|  |  |  |  | * Food adulteration |  |
|  |  |  |  | * Precautions |  |
|  |  |  |  | during festivals |  |
|  |  |  |  | and Melas. |  |

Suggested activities for Evaluation

* Cooking of special diet.
* Nutrition education to a group.
* Planning diet of a family assigned.

1. **Human body and hygiene**

**Theory - 35 hrs. Demonstration - 20 hrs.**

**Total - 55 hrs**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Unit** | **Time (Hrs.)** | | **Expected outcomes** | **Contents** | **Teaching** |
|  |  |  | **Learning** |
| **Th.** | **Demo** |
|  |  |  |  |  | **Activities** |
| 1. | 20 |  |  |  |  |
| * Describe the structure and functions of the   various systems of | The human body   * Structure and   functions of human | * Lecture discussion. * Identification of |
|  |  |  | body | body. | body parts. |
|  |  |  | * State (unctions of | * Body systems and | * Explain using |
|  |  |  | different organs. | their functions | Models and |
|  |  |  |  | digestive system | Charts. |
|  |  |  |  | respirator' system. |  |
|  |  |  |  | genito urinary system, |  |
|  |  |  |  | cardiovascular system, |  |
|  |  |  |  | nervous system, |  |
|  |  |  |  | muscular system, |  |
|  |  |  |  | endocrine system, |  |
|  |  |  |  | special sensory organs. |  |
| 2. | 5 | 15 | * Understand | Hygiene of the body | * Lecture |
|  |  |  | importance of personal | * Personal and | discussion. |
|  |  |  | hygiene for self and | individual hygiene Care | * Demonstration. |
|  |  |  | individuals health. | of mouth skin, hair and |  |
|  |  |  | * Care for sick to | nails. |  |
|  |  |  | maintain their personal | - Sexual hygiene |  |
|  |  |  | hygiene and comfort | - Menstrual hygiene. |  |
|  |  |  |  | * Hygiene and |  |
|  |  |  |  | comforts needs of the |  |
|  |  |  |  | Sick: Care of skin: Bath |  |
|  |  |  |  | sponging, back care, |  |
|  |  |  |  | care of |  |
|  |  |  |  | pressure points, |  |
|  |  |  |  | position changing, |  |
|  |  |  |  | * Care of hair: hair |  |
|  |  |  |  | wash |  |
|  |  |  |  | * Care of hand and |  |
|  |  |  |  | nails: hand washing |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | * Care of eyes: eye wash, * Mouth care: * Elimination Care of bowels and bladder |  |
| 3. | 5 | 5 | * State the basic human needs. | Optimal functioning of the body | * Lecture discussion. |
|  |  |  | * Explain importance | * Basic human needs | * Health |
|  |  |  | of fulfilling these basic needs. | * Rest, sleep, activity, exercise, posture etc * Food, eating and | education regarding healthy  life style. |
|  |  |  |  | drinking habits |  |
|  |  |  |  | - Participation in |  |
|  |  |  |  | social activities.  - Self-actualisation |  |
|  |  |  |  | and spiritual need. |  |
|  |  |  |  | - Interpersonal and |  |
|  |  |  |  | human relations |  |
|  |  |  |  | - Lifestyle and healthy |  |
|  |  |  |  | habits. |  |

Suggested activities for Evaluation

* Preparation of anatomy practical book
* Return demonstration of personal hygiene including care of various organs of body.

### Environmental Sanitation

**Theory - 20** hrs.

Demonstration - 15 hrs.

**Total - 35** hrs.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Unit** | **Time (Hrs.)** | | **Expected Outcomes** | **Contents** | **Teaching**  **learning Activities** |
| **Th.** | **Demo** |
| **1** | **5** | **2** | Explain the | **Environmental** | * Lecture |
|  |  |  | importance of basic | **Sanitation** | discussion. |
|  |  |  | sanitation at home | * Environment and | * Case study. |
|  |  |  | and in the | ecology for healthy |  |
|  |  |  | community. | living: basic sanitary |  |
|  |  |  |  | needs. |  |
|  |  |  |  | * Air, sunlight and |  |
|  |  |  |  | ventilation. |  |
|  |  |  |  | * Home environment |  |
|  |  |  |  | -: smoke, animals, |  |
|  |  |  |  | water, drains and |  |
|  |  |  |  | toilets etc. |  |
| **2** | **5** | **4** | * Describe the importance of safe | **Safe water**   * Sources of water & | * Lecture discussion. |
|  |  |  | water for health. | characteristics of safe | * Village |
|  |  |  | * Describe | water - sources of | mapping: |
|  |  |  | methods of | contamination and | water sources, |
|  |  |  | purifications of | prevention. | drains, ponds |
|  |  |  | water. | * Purification of | and |
|  |  |  |  | water for drinking : | contamination |
|  |  |  |  | methods- small and | areas. |
|  |  |  |  | large scale. | * Visit to a |
|  |  |  |  | * Disinfections of | water |
|  |  |  |  | well, tube well tank | purification |
|  |  |  |  | and pond in a village. | plant. |
|  |  |  |  | * Waterborne diseases |  |
|  |  |  |  | and prevention. |  |
| **3** | **5** | **4** | * Explain the   importance of safe | **Disposal of excreta**  **and waste.** | * Lecture   discussion. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | disposal of waste and its role in prevention of diseases.   * State the hazards due to waste | * Methods of excreta disposal - types of latrine. * Handling animal excreta. * Methods of waste disposal * Hazards due to waste | • Demonstration.   * Visit to sewage disposal unit and sanitary latrine |
| **4** | **5** | **5** | Involve community  in sanitation | **Community**  **participation** | * Lecture   discussion. |
|  |  |  | activities. | * Drainage and | * Construction |
|  |  |  | Educate | preparation of soak | of a small scale |
|  |  |  | community for safe | pits. | soak pit at |
|  |  |  | disposal of different | * Maintaining healthy | school or |
|  |  |  | types of waste. | environment within and | health centre |
|  |  |  |  | around village - | premises. |
|  |  |  |  | cleaning and | * Disinfection |
|  |  |  |  | maintenance of village | of a well, tube |
|  |  |  |  | drains, ponds and wells.   * Common waste, | well along  with village |
|  |  |  |  | excreta and animal | leaders or |
|  |  |  |  | waste - disposal in the village. | members of community.   * Organize |
|  |  |  |  |  | village |
|  |  |  |  |  | meeting. |

***Suggested activities for Evaluation***

* Purification of water at home, community
* Disinfections of a well/tube well.
* Construction of a small scale soak pit.
* Health education for use of sanitary latrine.

### Mental Health

**Theory - 30** hrs.

Demonstration - 10 hrs.

**Total - 40** hrs.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Unit** | **Time**  **(Hrs.)** | | **Expected Outcomes** | **Contents** | **Teaching learning**  **Activities** |
| **Th.** | **Demo** |
| **1** | **10** | **2** | * Explain   relationship | **Mental Helath**   * Concept of mental | * Lecture   discussion. |
|  |  |  | between body and | health | * Observation. |
|  |  |  | mind. | * Body-mind | * Use of |
|  |  |  | * Identify the factors necessary for normal mental health * Educate for promoting mental health . | Relationship.   * Factors influencing mental health. * Characteristics of a mentally healthy person. * Developmental   tasks of different  age groups | quesliormaire to do  assessment  for mental health status. |
|  |  |  |  | * Different defense   mechanisms |  |
| 2. | 3 | 2 | * Identify causes of | Maladjustment | * Lecture |
|  |  |  | maladjustment | * Features of a | discussion. |
|  |  |  | * Educate family in | maladjusted | * Demonstration |
|  |  |  | solving problems. | individual. | of counselling |
|  |  |  |  | * Common causes of | for maladjusted |
|  |  |  |  | maladjustment. | individual in |
|  |  |  |  | * Counselling an | the community. |
|  |  |  |  | individual, family |  |
|  |  |  |  | and community. |  |
| 3. | 12 | 4 | * Identify signs of | Mental illness | * Lecture |
|  |  |  | mental illness. | * Identify abnormal | discussion. |
|  |  |  | * Identify them | behaviours. | * Visit to a mental |
|  |  |  | early and refer. | * Types of mental | hospital/ clinic. |
|  |  |  | * Guide family | illnesses and |  |
|  |  |  | members in home | treatments. |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | care   * Counsel for prevention of mental illness. | * Early detection and referral of mentally ill * Prevention of mental illness * Home care and counselling * Refer psychiatric   emergencies. |  |
| 4. | 5 | 2 | * Explain process of ageing. * Identify characteristics of elderly * Provide need based care. | Old age care   * Process of ageing - physical, psychological changes. * Needs and problems * Care of elderly at home. * Rehabilitation and agencies of caring | * Lecture discussion. * If available visit an old age home. |
|  |  |  |  | elderly. |  |

**Suggested *activities for* Evaluation**

* Assessment of mental health status of Individual
* Care plan for an elderly person at home.

Primary Health Care-

**(Prevention of Disease and Restoration of Health)**

**Theory** - 130 hours

**Demonstration** - 150 hours

**Total** - 280 hours

**Learning objectives:**

On completion of the course student will be able to :

1. Explain concept of infection and causation of diseases.
2. Describe body defense mechanisms and development of immunity against diseases
3. Perform immunization effectively.
4. Describe different methods of disinfections and sterilization.
5. Describe common communicable diseases and their management.
6. Explain prevention of common communicable diseases and their control.
7. Describe care of the sick in community with common ailments and refer if required.
8. Explain recognition of conditions related to different body systems.
9. Describe and demonstrate routes of administration of drugs
10. List common drugs used for emergencies and minor ailments, their indications, dosage and actions

### Infection and Immunization

**Theory - 25 hours Demonstration - 20 hours**

**Total** - 45 hours

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Unit** | **Time**  **(Hrs.)** | | **Expected Outcomes** | **Contents** | **Teaching learning**  **Activities** |
| **Th.** | **Demo** |
| **1** | **2** | **-** | * Understand concept of occurrence of diseases * Describe   classification of diseases. | Concept of disease.   * Concept and definition of illness * Disease causation * Classificationof diseases. | * Lecture discussion. * Explain using Charts. |
| **2** | **4** | **2** | * Understand process of | **Infection**   * Meaning and types of | * Lecture discussion. |
|  |  |  | infection.   * Describe | infection.   * Causes of infection | * Demonstration * Explain using |
|  |  |  | characteristics of | * Classification and | microscepe. |
|  |  |  | microbes | characteristics of |  |
|  |  |  | * Narrate methods | micro organisms: |  |
|  |  |  | of spread of | Pathogenic and |  |
|  |  |  | infection | Non-pathogenic |  |
|  |  |  | * State factors | * Incubation period |  |
|  |  |  | affecting spread of | and spread of infection |  |
|  |  |  | infection. | - transmission |  |
|  |  |  |  | * Factors affecting |  |
|  |  |  |  | growth and destruction |  |
|  |  |  |  | of microbes. |  |
| **3** | **6** | **2** | * Understand body | **Immunity and body** | * Lecture |
|  |  |  | defence | **defense mechanisms** | discussion. |
|  |  |  | mechanism | * Body's defense | * Demonstration |
|  |  |  | * State types of | mechanism | * Field visits for |
|  |  |  | immunity | * Immunity - concept | cold chain. |
|  |  |  | * Describe different types of vaccine and their | * Hypersensitivity:   Antigen antibody reaction |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | preservation. | * Types of immunity * Types of vaccines * Storage and care - cold chain maintenance. |  |
| **4** | **6** | **4** | * State immunization   schedule | Immunization   * Immunization against different | * Lecture discussion. * Demonstration. |
|  |  |  | * Give | infections - | * Posters on |
|  |  |  | immunization   * Organize | immunization  schedule | immunization  schedule |
|  |  |  | immunization camps | * Injection safety * Methods of | * Visit immunization |
|  |  |  | * Prepare articles for | administering vaccine | camp/ outreach camp |
|  |  |  | immunization | * Sterilization of |  |
|  |  |  | * Participate in | syringes and |  |
|  |  |  | special drives. | needles. |  |
|  |  |  |  | * Immunization in |  |
|  |  |  |  | the community |  |
|  |  |  |  | * Immunization |  |
|  |  |  |  | Hazards |  |
|  |  |  |  | * Precautions while |  |
|  |  |  |  | giving vaccines |  |
|  |  |  |  | * Special |  |
|  |  |  |  | immunization |  |
|  |  |  |  | drives and |  |
|  |  |  |  | programmes. |  |
|  |  |  |  | * Records and reports |  |
| **5** | **2** | **4** | * Collect | Collection of specimen | * Lecture |
|  |  |  | specimens correctly   * Handle body discharges safely * Give health | * Principles and methods of collection of specimens and handling body   discharges. | discussion.   * Preparation of malaria slide. * Collection of sputum. |
|  |  |  | education for | * Collection of | * Collection of |
|  |  |  | disposal of body | specimens of blood, | urine and stool. |
|  |  |  | discharges. | sputum, urine, stool | * Labeling of the |
|  |  |  |  | * Safe disposal of | specimens. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | body discharges. | * Visit to the   laboratory |
| 6. | 3 | 6 | * Explain difference between   antisepsis, | Disinfection and  sterilization   * Principles and   methods of antisepsis, | * Lecture discussion. * Demonstration * Visit |
|  |  |  | disinfection and | disinfection and | sterilization |
|  |  |  | sterilization | sterilization | department of a |
|  |  |  | * Describe the | * Methods of | hospital. |
|  |  |  | principles of | disinfecting different |  |
|  |  |  | antisepsis, | equipments |  |
|  |  |  | disinfection and | * Methods of |  |
|  |  |  | sterilization | sterilizing different |  |
|  |  |  | * Perform disinfections and | equipments |  |
|  |  |  | sterilization of |  |  |
|  |  |  | various |  |  |
|  |  |  | equipments |  |  |
| 7. | 2 | 2 | * Explain the   methods of waste | Waste Disposal   * Waste disposals- | * Lecture   discussion |
|  |  |  | disposal | infectious and non- infectious:  concepts. | * Demonstration |
|  |  |  |  | principles, and |  |
|  |  |  |  | methods at different levels |  |

Suggested activities for Evaluation

* Demonstration of sterilization of syringes and needles/using pressure cooker/ small autoclave
* Demonstration of preparation of Malaria slides.
* Techniques of vaccination
* Assignment on cold chain system.
* Prepare poster/chart on immunization schedule.
* Demonstrate different methods of waste disposable

1. **Communicable Diseases**

**Theory - 40 hrs. Demonstration** 25 hrs.

**Total - 65** hrs.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Unit** | **Time**  **(Hrs.)** | | **Expected Outcomes** | **Contents** | **Teaching learning**  **Activities** |
| **Th.** | **Demo** |
| 1. | 7 | 5 | * Understand   epidemiological concept of | **Introduction to**  **communicable**  **diseases** | * Lecture discussion * Calculation of |
|  |  |  | occurrence of | * Common | mortality and |
|  |  |  | diseases. | communicable | morbidity for |
|  |  |  | * Describe levels of | diseases; | different diseases. |
|  |  |  | prevention and | Epidemiological | * Visit isolation |
|  |  |  | general measures | concepts - Incidence | unit |
|  |  |  | for control of | and prevalence, | * Surveillance |
|  |  |  | communicable | mortality and |  |
|  |  |  | diseases. | morbidity. |  |
|  |  |  | * Explain | * Levels of prevention |  |
|  |  |  | importance of | * Control and |  |
|  |  |  | Surveillance. | prevention of |  |
|  |  |  | notification | communicable |  |
|  |  |  | reporting. | diseases General |  |
|  |  |  |  | measures |  |
|  |  |  |  | * Surveillance, |  |
|  |  |  |  | isolation, notification. |  |
|  |  |  |  | reporting. |  |
| 9 | 25 | 5 | * Describe signs | Communicable | * Lecture |
|  |  |  | and symptoms of | diseases. | discussion. |
|  |  |  | different | * Signs, Symptoms, | * Visit infectious |
|  |  |  | communicable | care and prevention | disease hospital / |
|  |  |  | diseases. | of the following: | center. |
|  |  |  | * Explain | - Diphtheria, | * Demonstration. |
|  |  |  | preventive | pertussis, tetanus, | * Supervised |
|  |  |  | measures for | poliomyelitis, | Clinical |
|  |  |  | different | measles and | Practice. |
|  |  |  | communicable | tuberculosis |  |
|  |  |  | diseases. | - Chicken pox, |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | * Describe care and | mumps, rubella, |  |
| referral for different | enteric fever, |
| communicable | hepatitis, rabies, |
| diseases. | malaria, dengue, |
|  | filaria, kala-azar |
|  | trachoma, |
|  | conjunctivitis, |
|  | scabies, STDs and |
|  | HIV/AIDS |
|  | - Encephalitis |
|  | - Leptospirosis |
|  | - Acute respiratory |
|  | infections. |
|  | - Diarrhoeal diseases |
|  | - Worm infestations |
|  | - leprosy. |
|  | - Role and |
|  | responsibilities of |
|  | health worker/ANM |
| 3. | 6 | 8 | * State the   principles of care | Care in  communicable | * Lecture   discussion. |
|  |  |  | of infectious cases. | diseases | * Demonstration |
|  |  |  | * Enumerate | * Care of patients | * Prepare health |
|  |  |  | Standard safety measures | with communicable diseases. | education messages |
|  |  |  | * Understand | * Isolation methods. | * Prepare chart on |
|  |  |  | preventive measures   * Provide health | * Standard safety measures (Universa   precautions) | Standard safety measures. |
|  |  |  | education | * Health education and messages for   different |  |
|  |  |  |  | communicable |  |
|  |  |  |  | diseases. |  |
|  |  |  |  | * Role and |  |
|  |  |  |  | responsibilities of |  |
|  |  |  |  | health worker /ANM |  |
| 4. | 2 | 7 | * Identify causes of | Epidemic | * Lecture |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | epidemics | Management | discussion. |
| * Define role of | * Definitions and | * Community |
| health worker/  ANM in relief work. | causes of epidemics.   * Epidemic enquiry   in a community and | mapping.   * Health   Education. |
|  | epidemic mapping   * Relief work and role |  |
|  | of health worker/ |  |
|  | ANM. |  |

###### Suggested activities of Evaluation

* Preparation of surveillance report
* Conduct Health education
* Demonstration on :-

- Standard safety measures in Nursing Practice

#### Community Health Problems

Theory - 30 hrs. Demonstration 50 hrs.

**Total - 80 hrs.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Unit** | **Time**  **(Hrs.)** | | **Expected Outcomes** | **Contents** | **Teaching learning**  **Activities** |
| **Th.** | **Demo** |
| 1 | 3 | 10 | * Identify common health   problems in the | Care of the sick in the community   * Common health | * Lecture discussion. * Demonstration. |
|  |  |  | community | conditions in the | * Supervised |
|  |  |  | * Perform health | community -danger signs | clinical practice. |
|  |  |  | assessment of | of illnesses. | * Health education |
|  |  |  | individual | * Health assessment: |  |
|  |  |  | * Render care to | Taking history, Physical |  |
|  |  |  | the sick at home | examination: Vital signs. |  |
|  |  |  | * Advise family | Weight, Height: |  |
|  |  |  | members in care | recognition of |  |
|  |  |  | of sick | abnormalities   * Identification of health |  |
|  |  |  |  | problems |  |
|  |  |  |  | * Management of the |  |
|  |  |  |  | sick: home and |  |
|  |  |  |  | community nursing |  |
|  |  |  |  | procedures, care of the |  |
|  |  |  |  | sick, referral |  |
|  |  |  |  | * Health education: |  |
|  |  |  |  | individual and family |  |
| 2. | 3 | 8 | * Check and | Fever | * Lecture |
|  |  |  | record vital signs   * Describe stages of fever * List common   conditions | * Vital signs: Temperature, pulse, respiration, blood, pressure * Temperature | discussion.   * Demonstration. * Supervised clinical practice. |
|  |  |  | causing fever | maintenance and the |  |
|  |  |  | * Provide care to | physiology of fever |  |
|  |  |  | patients with | * Fever: Types and |  |
|  |  |  | fever | stages |  |
|  |  |  |  | * Causes of fever - |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | common conditions causing fever, malaria, typhoid, Acute respiratory Infection ( ARI) etc   * Nursing management of patient with fever * Alternate system of   medicine |  |
| 3. | 4 | 6 | * Enumerate   causes, sign and | Respiratory problems   * Common respiratory | * Lecture   discussion. |
|  |  |  | symptoms | problems: types, | * Demonstration. |
|  |  |  | respiratory | classifications- cold | * Demonstration |
|  |  |  | problems   * Provide Care | and cough, ARI, Asphyxia, tonsillitis, | of steam inhalation, nasal |
|  |  |  | to patients with | asthma, bronchitis | drops, oxygen |
|  |  |  | respiratory | pneumonia and | inhalation |
|  |  |  | infections. | tuberculosis | * Health education |
|  |  |  | * State common home remedies and their application. | * Causes, sign and symptoms, treatment of respirator problems * Management: Role and responsibilities of ANM/health workers in | discussion   * Demonstration. * Supervised clinical practice. * Health |
|  |  |  |  | care of respiratory problems including | education |
|  |  |  |  | Home care remedies. |  |
|  |  |  |  | * Integrate accepted |  |
|  |  |  |  | practices of AYUSH |  |
| 4. | 2- | 2 | * Identify cause | Aches and pains | * Lecture |
|  |  |  | and | * Causes and nursing | discussion |
|  |  |  | provide care and | management of : | * Demonstration |
|  |  |  | support | Tooth ache, ear | * Health |
|  |  |  | * Refer when | ache, abdominal | education |
|  |  |  | necessary. | pain, headache, |  |
|  |  |  |  | joint pains. |  |
|  |  |  |  | * Management as per |  |
|  |  |  |  | the standing orders |  |
|  |  |  |  | and protocols |  |
|  |  |  |  | * Role of ANM/health |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | worker in the community including Home care remedies   * Integrate accepted practices of AYUSH |  |
| 5. | 3 | 4 | * Identify cause   and provide care | Digestive problems   * indigestion. | * Lecture   discussion. |
|  |  |  | and support | anorexia, vomiting, | * Demonstration. |
|  |  |  | * Refer when   necessary   * Identify cause   and provide care and support | distension and Constipation   * Haemorrhoids. hernia, ulcers and intestinal obstruction | * Health education |
|  |  |  | * Refer when | * Role of ANM/health |  |
|  |  |  | necessary | worker in the community including |  |
|  |  |  |  | Home care remedies. |  |
|  |  |  |  | * Integrate accepted |  |
|  |  |  |  | practices of AYUSH |  |
| 6. | 3 | 3 | * Identify cause and | **Urinary problems**   * Signs and symptoms | * Lecture discussion. |
|  |  |  | provide care and | of renal conditions | * Demonstration |
|  |  |  | support | * Retention of urine, | * Health education |
|  |  |  | * Refer when | renal colic, edema |  |
|  |  |  | necessary. | * Role of ANM/health |  |
|  |  |  |  | worker in the |  |
|  |  |  |  | community including |  |
|  |  |  |  | Home care remedies. |  |
|  |  |  |  | * Integrate accepted |  |
|  |  |  |  | practices of AYUSH |  |
| 7 | 3 | 3 | * Identify | **Cardiovascular** | * Lecture |
|  |  |  | cause and provide care and | **problem**   * Signs and symptoms | discussion.   * Demonstration. |
|  |  |  | support | of cardiac conditions | Health education |
|  |  |  | * Refer when | and blood related |  |
|  |  |  | necessary | problems: heart attack, |  |
|  |  |  |  | chest pain, anemia, |  |
|  |  |  |  | * hypertension and |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | leukemia   * Care of a cardiac patient at home * Role of ANM/health worker in the community including Home care remedies. * Integrate accepted   practices of AYUSH |  |
| 8 | 2 | 3 | * Identify cause and provide care   and support | Diseases of the nervous system   * Signs and symptoms | * Lecture discussion. * Demonstration. |
|  |  |  | * Refer when | of neurological | * Health education. |
|  |  |  | necessary | problems - Headache, |  |
|  |  |  |  | backache and paralysis |  |
|  |  |  |  | * Care of a patient with |  |
|  |  |  |  | stroke at home.   * Care of pressure |  |
|  |  |  |  | points, back care |  |
|  |  |  |  | changing of positions, |  |
|  |  |  |  | active and passive |  |
|  |  |  |  | exercises, body support |  |
|  |  |  |  | to prevent contractures. |  |
|  |  |  |  | * Role of ANM/health |  |
|  |  |  |  | worker in the |  |
|  |  |  |  | community including |  |
|  |  |  |  | Home care remedies. |  |
|  |  |  |  | * Integrate accepted |  |
|  |  |  |  | practices of AYUSH |  |
| 9 | 3 | 4 | * Identify cause | Metabolic diseases | * Lecture |
|  |  |  | and provide care | * Diabetes - signs and | discussion. |
|  |  |  | and support | symptoms, | * Demonstration. |
|  |  |  | * Refer when | complications diet and | * Health education |
|  |  |  | necessary | medications |  |
|  |  |  | * Give insulin | * Skin care, foot care |  |
|  |  |  | injection | * Urine testing and |  |
|  |  |  | * Counsel for | administration of |  |
|  |  |  | prevention of | insulin injection. |  |
|  |  |  | complications | * Integrate accepted |  |
|  |  |  |  | practices of AYUSH |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 10 | 2 | 4 | * Identify the conditions * provide care to relieve pain * Prevent complications   and refer | Diseases of musculo skeletal system   * Signs and symptoms of sprain, tear of ligaments and arthritis. * Integrate accepted practices of AYUSH | * Lecture discussion. * Demonstration. * Case study. * Health education |
| 11 | 2 | 3 | * Identify need | Care of handicap | * Lecture |
|  |  |  | of handicapped | * Handicaps - different | discussion. |
|  |  |  | * Ensure need | types | * Demonstration. |
|  |  |  | base care at | * Counselling for | * Case study. |
|  |  |  | home | prevention of certain |  |
|  |  |  |  | handicaps |  |
|  |  |  |  | * Understandings the |  |
|  |  |  |  | handicapped person |  |
|  |  |  |  | * Helping family to |  |
|  |  |  |  | ensure need based care |  |

***Suggested activities for Evaluation***

Demonstration of

* Urine testing for albumin and sugar.
* Urinary catheterization
* Local application of cold and hot
* Plain water enema
* Checking of B.P. and TPR
* Disease conditions.

#### Primary Medical Care

**Theory - 20** hrs.

**Demonstration - 20** hrs.

**Total - 40** hrs.

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| --- | --- | --- | --- | --- | --- |
| **Unit** | **Time**  **(Hrs.)** | | **Expected Outcomes** | **Contents** | **Teaching learning**  **Activities** |
| **Th.** | **Demo** |
| 1 | 5 | 4 | * Name   different  systems of | **Types of drugs**   * Different Systems of medicine: allopathic and | * Lecture   discussion.   * Calculation of |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | medicine   * Understand abbreviations * Calculate dosages of medicines * Understand classification of drugs. | AYUSH   * Classifications of drugs * Forms and characteristics of drugs * Abbreviations used in medication * Administration of drugs: Policies and regulations, as per protocols and standing orders * Calculation of dosage | dosage and conversion.   * Drug study. |
| 2 | 5 | 10 | * Demonstrate administration of drugs * Explain importance of observations and recording. | **Administration of drugs**   * Routes of administration   -Oral, parentral (intradermal, intramuscular, subcutaneous, Intra venous), rectal, local and others.   * Administration of drugs: Precautions, principles * Observations and recording. | * Lecture discussion. * Demonstration. * Practice session * Preparation and administration of IV fluids as per protocol * Preparation for blood transfusion as per protocol. |
| 3 | 5 | 2 | * Administer drugs for minor ailments * Explain the care of drugs. | **Drugs used in minor ailments**   * Common drugs for fever, cold and cough, aches and pains etc. * Drug kit in the subcentre. content and its use * Storage and care of   drugs | * Lecture discussion. * Visit subcentre. * Demonstration |
| 4 | 5 | 4 | Administer emergency drugs  following precautions. | **Common emergency drugs**   * Methergine, misoprostol injection | * Lecture discussion.   • Demonstration   * Drug study. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | oxytocin, IV fluids, antibiotics, injection and magnesium sulphate deriphylline, avil and other antihistaminic, pelhecline, vitamin K, antirabies vaccine, anti snake venoms as per the protocol   * Precautions for administration * Storage and Care of emergency drugs |  |

###### Suggested activities of Evaluation

* Preparation of list of common drugs used in sub centre, their action dosages and use.
* Demonstration of administration of medication by different routes
* Drug study

### First Aid and Referral

Theory - 25 hrs. Demonstration - 35 hrs.

**Total - 60** hrs.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Unit** | **Time**  **(Hrs.)** | | **Expected Outcomes** | **Contents** | **Teaching learning**  **Activities** |
| **Th.** | **Demo** |
| 1 | 2 | 7 | * Understand   principle of first aic  care | Need for First Aid   * Principles of first   aid   * Mobilization of | * Lecture   discussion.   * Demonstration. * Practice |
|  |  |  | * Use first aid kit | resources | session. |
|  |  |  | * Demonstrate | * Fist aid kit & |  |
|  |  |  | different type of | supplies. |  |
|  |  |  | bandages | * Bandages: Types, Uses |  |
|  |  |  |  | * Principles and |  |
|  |  |  |  | methods of |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | bandaging |  |
| 2. | 10  - | 5 | * Demonstrate   first | Minor Injuries and  ailments | * Lecture   discussion. |
|  |  |  | aid care for Cuts | * Cuts and wounds : | * Demonstration. |
|  |  |  | and wounds, | types, principles and | * Practice |
|  |  |  | Foreign bodies, | first aid care | session |
|  |  |  | Burns and scalds | * Foreign bodies • | * Supervised |
|  |  |  | * , Health | Burns and scalds | clinical |
|  |  |  | education and referral | types, principles and first aid care   * Health education | practice.   * Health education |
|  |  |  |  | and referral |  |
|  |  |  |  | * Role of ANM/health worker |  |
| 3. | 5 | 8 | * Identify   different | Fractures   * Skeletal system | * Lecture   discussion. |
|  |  |  | bones | and different | * Demonstration. |
|  |  |  | * Describe types | bones. | * Practice |
|  |  |  | of fracture | * Fractures: Types. Causes, signs and | session |
|  |  |  | * Apply splints | symptoms, first aid |  |
|  |  |  | and bandages | care, |  |
|  |  |  | * Transfer | * Methods of |  |
|  |  |  | fractured patients | immobilization and |  |
|  |  |  | correctly. | transportation. |  |
| 4. | 8. | 15 | * Follow   principles of first | Life Threatening  Conditions | * Lecture   discussion. |
|  |  |  | aid and | * Bleeding | * Demonstration. |
|  |  |  | provide care in | * Drowning | * Nasal pack |
|  |  |  | different | * Strangulation, | * Apply |
|  |  |  | emergencies | suffocation and asphyxia   * Loss of | tourniquet.   * BLS demonstration. |
|  |  |  |  | consciousness | * Insertion of |
|  |  |  |  | * Cardio respiratory | naso gastric |
|  |  |  |  | arrest | tube |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | * Convulsions | * Practice |
| * Foreign bodies | session |
| * Chest injuries |  |
| * Shock and allergic |  |
| conditions |  |
| * Poisoning, bites |  |
| and stings |  |
| * Stroke |  |
| * Heat stroke |  |
| * Severe burn |  |

***Suggested activities for Evaluation***

* Demonstration of following:
  1. Wound care
  2. Splints, slings, bandages
  3. Transportation of casualties
  4. BLS Basic Life Supports
  5. Naso gastric tube insertion
  6. Care during different emergencies

**Learning objectives:**

Child Health Nursing

**Theory** - *75* hours

**Demonstration** - 110 hours

**Total** - 185 hours

On completion of the course the student will be able to :

1. Assess growth and development of a child at different ages.
2. Describe nutritional needs of different age groups of children.
3. Provide care to sick children during their common illness.
4. Describe school health programme
5. Describe ' Rights' of children
6. Educate mothers and family member as per need of their children.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Unit** | **Time**  **(Hrs.)** | | **Expected Outcomes** | **Contents** | **Teaching learning**  **Activities** |
| **Th.** | **Demo** |
| 1. | 20 | 20 | * Assess growth and development in infants and children * Maintain 'road to health' chart * Explain the needs   of a child | **Growth & development**   * Introduction to Growth and development * Factors affecting   growth and | * Lecture discussion. * Demonstration. * Explain using road to health chart. * Health |
|  |  |  | * Describe the care | development | education |
|  |  |  | of a normal child   * State the common accidents in children and their protection | * Growth and development in infants and children: Assessment * Physical, | Visit a school. |
|  |  |  |  | psychological and social development |  |
|  |  |  |  | of children |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | * Monitoring and recording of growth and development of infants and children * Care of infants and children - play, hygiene, emotional needs training for bowel and urination * Accidents: causes, precautions and prevention. * Congenital   anomalies |  |
| 2. | 20 | 20 | * Explain the importance of   breast feeding | Nutrition of infants and children   * Exclusive Breast | * Lecture discussion. * Demonstration. |
|  |  |  | * Educate mothers | feeding |  |
|  |  |  | regarding breast | * Nutritional |  |
|  |  |  | feeding | requirements |  |
|  |  |  | * Explain | * Complementary |  |
|  |  |  | complimentary | feeding |  |
|  |  |  | feeding | * Problems of |  |
|  |  |  | * Educate for nutrition of | feeding   * Breast feeding |  |
|  |  |  | children according to age | Counselling   * Infant feeding and HIV |  |
|  |  |  |  | * Baby friendly |  |
|  |  |  |  | hospital initiative |  |
| 3 | 5 | 10 | * Describe the   rights of children | Children's Rights   * Convention of | * Lecture   discussion. |
|  |  |  | * State the steps for prevention of child   labour and child | Rights of the Child   * Prevention of child   labour | * Survey the   areas where child labour is |
|  |  |  | abuse. | * Abuse and legal | used in the |
|  |  |  |  | protection   * Special care of girl | community. |
|  |  |  |  | child. |  |

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| --- | --- | --- | --- | --- | --- |
|  |  |  |  | * Female infanticide |  |
| 4. | 10 | 35 | * Provide care to the   sick children   * Identify the signs and symptoms of common childhood disorders * Identify signs of   high risk in case of | Care of the sick child   * Common childhood disorders: * Signs, symptoms   and management.   * Vaccine for preventable diseases * Acute Respiratory | * Lecture discussion. * Explain using   charts.   * Preparation of ORS at clinic/ home * Demonstration. * Explain using |
|  |  |  | ARI and Diarrhoea   * Educate mother | tract infections   * Diarrhoea vomiting, | slide.   * IMNCI |
|  |  |  | and family members | constipation | protocols |
|  |  |  | regarding | * Tonsillitis and |  |
|  |  |  | prevention of | mumps |  |
|  |  |  | illness. | * Ear infections * Worm infestation |  |
|  |  |  |  | * Accidents and |  |
|  |  |  |  | injuries |  |
|  |  |  |  | * Skin infections |  |
|  |  |  |  | * Fever - malaria, |  |
|  |  |  |  | measles. |  |
|  |  |  |  | * IMNCI strategy |  |
| 5 | 15 | 20 | * Assess the school child * Need based | **pare of School children**   * School health: | * Lecture discussion. * Demonstration |
|  |  |  | counselling of | Objectives, problems | * Health |
|  |  |  | children, teacher | and programmes | education. |
|  |  |  | and parents. | Environment of |  |
|  |  |  |  | school |  |
|  |  |  |  | * Assessment of |  |
|  |  |  |  | general health of |  |
|  |  |  |  | school children |  |
|  |  |  |  | * Denial and eye |  |
|  |  |  |  | problems |  |
|  |  |  |  | * Nutritional |  |
|  |  |  |  | deficiencies |  |
|  |  |  |  | * School health |  |
|  |  |  |  | education for |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | children   * Need based sharing of health information with teachers/ parents/children * Records and reports |  |
| 6. | 5 | 5 | * Explain the | Care of adolescents | * Lecture |
|  |  |  | various, changes in | * Physical growth | discussion. |
|  |  |  | the adolescents | during adolescence | * Demonstration. |
|  |  |  |  | * Emotional and | * Explain using |
|  |  |  |  | behavioural changes | charts and |
|  |  |  |  | in girls and boys | models. |
|  |  |  |  | * Special needs of |  |
|  |  |  |  | adolescents. |  |
|  |  |  |  | * Sex education for |  |
|  |  |  |  | adolescents |  |
|  |  |  |  | * Counselling |  |
| 7 | 10 | 10 | * Discuss the | **Care of adolescent** | * Lecture |
|  |  |  | special needs of girl | **girls** | discussion. |
|  |  |  | child | * Menstruation and | * Explain using |
|  |  |  | * Explain the effect | menstrual hygiene | charts. |
|  |  |  | girl child | * Special nutritional | * Health |
|  |  |  | discrimination in the | needs | education. |
|  |  |  | family and | * Early marriage and |  |
|  |  |  | community | its affects |  |
|  |  |  | * Counsel mother | * Adolescent girls: |  |
|  |  |  | and community on | pregnancy and |  |
|  |  |  | need for care of a | abortion |  |
|  |  |  | girl child | * Preparing for |  |
|  |  |  |  | family life- pre |  |
|  |  |  |  | marital counseling. |  |
|  |  |  |  | * Role of ANM/ |  |
|  |  |  |  | female health worker |  |

Suggested activities for Evaluation

* Case studies
* Breast feeding techniques
* Preparation of ORS
* Preparation of complementary feeds
* Assessment of growth and development of children
* Assessment of common childhood illnesses in infant, children and adolescent
* Poster on:
  + Growth and development
  + Prevention of common accidents in children
  + Menstrual cycle.
  + Physical changes in adolescence

**Learning objectives:**

# Midwifery

**Theory** - 200 hours

**Demonstration** - 160 hours

**Total** - 360 hours

On completion of the course the student will be able to:

1. Describe male and female reproductive organs.
2. Explain process of conception and foetal development
3. Describe female pelvis and the muscles involved in delivery of foetus.
4. Conduct normal delivery and provide care to the newborn.
5. Provide care to pregnant mother during ante, intra and post natal period at home and hospital.
6. Provide need based counselling to the mother and to her family during .. antenatal, intranatal and postnatal period.
7. Resuscitate the high risk new born baby
8. Identify high-risk pregnancies and refer them immediately for safe motherhood.
9. Identify deviation from normal labour in time and take necessary action.
10. Provide adequate care identifying abnormal puerperium.
11. Administer the drugs as per the protocols
12. Educate community for improving quality of life of the family.
13. Promote improvement in the status of women in society
14. Identify women's health problem and provide guidance and support.
15. Provide care and guidance to women with reproductive health problems.
16. Participate in reproductive health and family welfare programmes.

|  |  |  |  |  |  |
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| **Unit** | **Time**  **(Hrs.)** | | **Expected Outcomes** | **Contents** | **Teaching learning**  **Activities** |
| **Th.** | **Demo** |
| **1** | **8** |  | * Describe   structure and | Human Reproductive  System | * Lecture   discussion.   * Explain using birth atlas, posters,   models charts and slides. |
|  |  | functions of | * Female reproductive |
|  |  | female | organs - structure and |
|  |  | reproductive  system | function   * Menstrual cycle |
|  |  | * Describe   structure and | * Male reproductive organs structure and   functions |
|  |  | functions of male | * Process of conception |
|  |  | reproductive |  |
|  |  | system |  |
| 2. | 6 | 2 | * Describe female   pelvis and its | Female Pelvis and  foetal skull | * Lecture   discussion. |
|  |  |  | diameters and | * Structure of the | * Demonstration. |
|  |  |  | relation to foetal | pelvic bones-types of | * Explain using |
|  |  |  | skull | pelvis | models, charts, |
|  |  |  | * Explain the | * Pelvic diameters | slides and |
|  |  |  | muscles and | * Muscles and | films. |
|  |  |  | ligaments of the | ligaments of pelvic |  |
|  |  |  | pelvic floor | floor |  |
|  |  |  | * Describe foetal | * Foetal skull : bones, |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | skull | diameters, sutures, size, shape, moulding, skull areas, fontanelles |  |
| 3. | 5 | 5 | * Explain growth   and development | Foetus and placenta   * Growth and development of foetus, foetal sac and amniotic fluid and foetal   circulation and changes after birth   * Structure and   functions of placenta,  membranes and  umbilical cord and abnormalities  Refer SBA module of  Ministry of health and  Family Welfare | * Lecture   discussion. |
|  |  |  | of foetus | * Demonstration. |
|  |  |  | * Describe | * Explain using |
|  |  |  | placenta, | placenta, |
|  |  |  | membrane and | membrane, |
|  |  |  | umbilical cord | specimens • |
|  |  |  | and | Practice |
|  |  |  | their | session |
|  |  |  | development • |  |
|  |  |  | State the functions of placenta, |  |
|  |  |  | membranes and cord. |  |
| 4. | 10 | 5 | * Describe signs and   symptoms of | Normal pregnancy   * Signs and symptoms of | * Lecture discussion. * Demonstration. |
|  |  |  | normal pregnancy   * Describe various tests for | pregnancy   * various diagnostic tests for | * Explain using   Models and Charts. |
|  |  |  | conformation of pregnancy   * Describe physiological   changes during | conformation of  pregnancy   * Physiological changes during   pregnancy |  |
|  |  |  | pregnancy | * Minor ailments |  |
|  |  |  | * Provide Care for | during pregnancy |  |
|  |  |  | minor ailments of  pregnancy. | and their management  Refer SBA module of |  |
|  |  |  |  | Ministry of health and |  |
|  |  |  |  | family Welfare |  |
| 5. | 10 | 8 | * Provide | Antenatal Care | * Lecture |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | antenatal care   * Provide need- | * Registration * Taking history of a pregnant woman. | discussion.   * Demonstration. * Practice |
| based | * Physical | session. |
| information and  guidance. | examination,  Investigation - | * Supervised   clinical |
| * Advise diet and | routine and specific | practice. |
| nutrition for the | * Prophylactic |  |
| pregnant mothers | medications |  |
| * Identify risk factors   and refer on time. | * Need based health   information and guidance |  |
| * Prepare mother for delivery | * Nutrition in pregnancy * Special needs of a |  |
|  | pregnant woman. |  |
|  | * Involvement of |  |
|  | husband and |  |
|  | family. |  |
|  | * Identification of |  |
|  | high risks cases anc |  |
|  | referral |  |
|  | * Preparation of mother |  |
|  | for delivery. |  |
|  | Refer SBA module of |  |
|  | Ministry of health and |  |
|  | Family Welfare |  |
| 6. | 10 | 8 | * Identify signs   and symptoms of | Normal Labour   * Onset and stages of | * Lecture   discussion. |
|  |  |  | normal labour | labour, physiological | * Demonstration |
|  |  |  | * Demonstrate the | changes | * Witness normal |
|  |  |  | mechanism of | * Changes in Uterine | delivery |
|  |  |  | labour | muscles, and cervix | * Explain using |
|  |  |  | * Detect a normal lie and | * Lie, attitude, position, denominator and | partograph. |
|  |  |  | presentation of | presentation of foetus. |  |
|  |  |  | foetus. | * Foetal skull, |  |
|  |  |  | * Identify | * Mechanisms of labour |  |
|  |  |  | deviation from | Identification of high |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | normal progress | risk cases, |  |
| of labour   * Demonstrate plotting of t | foetal distress and maternal distress  during labour |
| partograph | * Partograph in the |
|  | management of the |
|  | normal labor |
|  | Role of ANM/Female |
|  | health worker and |
|  | referral |
|  | Refer SBA module of |
|  | Ministry of health and |
|  | Family Welfare |
| 7. | 12 | 15 | * Use partograph   and | Care during normal  labour | * Lecture   discussion. |
|  |  |  | perform Per | * History of labour | * Demonstration. |
|  |  |  | Vagina | * Importance of five | * Explain using |
|  |  |  | examination. | 'C's | models, charts, |
|  |  |  | * Assist and | * Monitoring progress | films and slides |
|  |  |  | conduct | of labour with | partograph. |
|  |  |  | child birth | partograph | * Supervised |
|  |  |  | * Resuscitate | preparation for | clinical practice |
|  |  |  | new- | delivery | * Practice |
|  |  |  | born | * Care of mother in | session |
|  |  |  | * Deliver the | first and second | * Case study. |
|  |  |  | placenta | stage of labour |  |
|  |  |  | * Provide care to | * Assist and conduct |  |
|  |  |  | mother and | childbirth |  |
|  |  |  | newborn | * Immediate care of |  |
|  |  |  | throughout | new-born- |  |
|  |  |  | delivery | resuscitation, apgar |  |
|  |  |  | * Perform | score, cord care |  |
|  |  |  | necessary | * Oxytocin |  |
|  |  |  | recordings | Misoprostol drugs: |  |
|  |  |  |  | Dose, route, |  |
|  |  |  |  | indication, |  |
|  |  |  |  | contraindication, |  |
|  |  |  |  | action, side effects |  |
|  |  |  |  | precautions, role and |  |
|  |  |  |  | responsibilities of |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | ANM/FHW   * Delivery of placenta and examination of placenta * Care of mother in third and fourth stage: Recognise degrees of tear and appropriate care and referral * Establishment of breast feeding, exclusive breast feeding * Kangaroo mother care * Baby friendly hospital initiative * Record childbirth and ensure birth registration   Refer SBA module of Ministry of health and  Family Welfare |  |
| 8. | 10 | 10 | * Perform | Normal puerperium | * Lecture |
|  |  |  | postnatal | * Physiological Changes | discussion. |
|  |  |  | assessment | during postnatal period | * Demonstration. |
|  |  |  | * Identify | * Postnatal assessment | * Supervised |
|  |  |  | deviations from | * Minor ailments | clinical practice |
|  |  |  | normal pure | during puerperium and |  |
|  |  |  | perium and take necessary care. | their management   * Care of mother-diet |  |
|  |  |  | * Establish breast | rest, exercise, |  |
|  |  |  | feeding. | hygiene |  |
|  |  |  |  | * Management of |  |
|  |  |  | * Provide need | breast feeding. |  |
|  |  |  | based | * Prophylactic |  |
|  |  |  | information and  counselling | medicines   * Special needs of   postnatal women |  |
|  |  |  |  | * Need based health |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | education.  Refer SBA module of Ministry of health and  Family Welfare |  |
| 9. | 10 | 10 | * Provide immediate care   to normal new | Care of New-born   * Assessment of new born for gestation age, risk status and abnormalities * Neonatal resuscitation * Monitoring of vital signs and birth weight * Management of normal new-born and common minor disorders. * Exclusive Breast feeding and management * Temperature maintenance, kangaroo mother care * Immunization * Care of newborn: Jaundice, infection, respiratory problems * Principles of prevention of infection * Educating mother to look after babies. Integrate accepted practices of AYUSH Refer SBA module of Ministry of health and Family Welfare | * Lecture   discussion.   * Demonstration. |
|  |  |  | born | * Lecture |
|  |  |  | * Resuscitate new | discussion. |
|  |  |  | born at birth   * Identify "at risk" neonate and state measures to | * Demonstration. |
|  |  |  | be taken |  |
|  |  |  | * Give |  |
|  |  |  | immunization as |  |
|  |  |  | per routine |  |
|  |  |  | * Care for new - |  |
|  |  |  | born with  common minoi |  |
|  |  |  | disorders |  |
| 10. | 5 | 10 | * Identify a pre term   / LEW baby and  fulfill the special | High risk New Born   * Pre term / Low   Birth weight babies.   * Special needs of high | * Lecture discussion. * Demonstration. * Explain using |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | needs.   * Provide care required during special conditions in a new-born * Guide in home care of a high risk new - | risk babies   * Care at home -referral and follow   up   * Care during asphyxia, convulsions,   vomiting.   * Care for thrush, cord sepsis, diarrhoea. * Implementation | charts. |
|  | IMNCI protocol Refer SBA module of Ministry of health and "amily Welfare |  |
| 11. | 10 | 3 | * Define MMR   & IMR | Safe mother-hood   * Concept and cause | * Lecture   discussion. |
|  |  |  | * State the | of maternal | * Demonstration. |
|  |  |  | components of RCH  programme • | mortality and morbidity  e Safe motherhood | * Explain using charts. |
|  |  |  | Explain | components: RCH |  |
|  |  |  | preventive | and NRHM |  |
|  |  |  | measures for safe motherhood Safe | * Preventive measures |  |
|  |  |  | mother-hood | Role of ANM/ Female |  |
|  |  |  |  | Health worker |  |
|  |  |  |  | Refer SBA module |  |
|  |  |  |  | of Ministry of |  |
|  |  |  |  | health and Family Welfare |  |
| 12. | 10 | 5 | * Identify high   risk | High risk  pregnancies | * Lecture   discussion. |
|  |  |  | pregnancies | * High risk | * Case study - 2 |
|  |  |  | * Refer them in time | pregnancies: Identification. Risk | * Supervised clinical practice. |
|  |  |  | e Counsel and  involve | factors, decision making, and | * Demonstration |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | husband and family  members in high risk pregnancies | management.   * Protocols and standing orders: * Referral and follow   up   * Counselling and guidance about high risk conditions * Involvement of husband and family |  |
|  | Role of ANM/Female Health worker  Refer SBA module of |
|  | Ministry of health and |
|  | Family Welfare |
| 13 | 15 | 10 | * Identify   abnormalities of  pregnancy in | Abnormalities of  pregnancy   * Common | * Lecture   discussion.   * Demonstration. |
|  |  |  | time   * Refer to correct place in time * State the diseases   that can affect during pregnancy | abnormalities of pregnancy: hyperemesis gravidarum, leaking and bleeding per vagina   * Anaemia of   pregnant woman   * Eclampsia and pre eclampsia and toxaemia of pregnancy * Indication of premature rupture of membranes, prolonged labour, anything requiring manual intervention, UTI, puerperal sepsis. * Obstetrical shocks: |  |
|  |  |  |  | * Uterine abnormalities, |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | ectopic pregnancy   * Diseases complication pregnancy - TB, diabetes. * Hypertension * Infections during pregnancy - RTI/ STIs malaria, HIV, AIDS * Rh factor * Standing orders and protocols * Role of ANM/ Female Health worker * Refer SBA module of Ministry of health and   Family Welfare |  |
| 14. | 5. | 5 | * Identify types of abortion * Prepare mother for termination of pregnancy * Counsel for safe abortion. | **Abortion**   * Types of abortion, causes of abortion * Need for safe abortion   - referral   * Complications of abortions * Medical termination of pregnancy * Care of woman who   had abortion   * Role of ANM/ Health worker Refer SBA module of Ministry of health and Family   Welfare | * Lecture discussion. * Suprarenal * Clinical practice * Observation. * Demonstration. |
| 15. | 10 | 10 | * Identify deviations from normal child birth and refer in time * Provide Care to the   mother in | Abnormal childbirth   * Common abnormalities of childbirth * Abnormal presentations * Abnormal uterine actions | * Lecture discussion. * Demonstration. * Explain using through birth Atlas and charts. * Explain using |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | emergency and while transferring to hospital.   * Mobilise support from the family and community. | * Cephalo pelvic disproportion * Prolonged labour * Identification, immediate management and referral * . Emergency care of mother during transfer to hospital. * Role of ANM/ Female health worker Refer SBA module of Ministry of health and Family Welfare | partograph. |
| 16. | 10 | 10 | * Provide   emergency care at the time of haemorrhage   * Identify the cause   of different PPH.   * Identify causes of complications during puerperium   and render adequate care. | Abnormal  Puerperium   * Postpartum haemorrhage and its management. * Puerperal sepsis and its management * Retention of urine * Breast complications during lactation and * Psychiatric complications   Role of ANM/Female health worker  Refer SBA module of Ministry of health and  Family Welfare | * Lecture   discussion.   * Explain using charts   through charts  different types of PPH. |
| 17 | 5 | 5 | * Assist in various surgical intervention in the mother during   labour | **Surgical Intervention**   * Assisting in the fallowings:   - Induction of labour  and its management | * Lecture discussion. * Demonstration |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | * Render care to mothers pre & post operatively in surgical intervention. | * Forceps and Vacuum extraction * Episiotomy and suturing * Craniotomy * Caesarean section * Pre and post operative care. * Role of ANM/ Female health worker Refer SBA module of Ministry of health and   Family Welfare |  |
| 18 | 5 | 5 | * Able to identify various medicines during child birth for mother and child. * Understand their action and care needed for the mother. * State the dosage of these medicines for mother and child. | **Medications used in midwifery**   * Pain relieving drugs * Anaesthetic drugs * For uterine contractions * For controlling bleeding * For preventing postnatal infection. * For preventing eclampsia * Antibiotics * IV fluids * Role of ANM/ Female health worker   Refer SDA module of Ministry of health and  Family Welfare | * Lecture discussion. * Visit labour room. * Demonstration. Any study any book. |
| 19. | 3 | - | * Describe the concept of quality of life * Explain how quality of life affects life expectancy and peoples health * Describe role of | Life cycle approach   * Quality of life and life expectancy * People's health throughout the life cycle * Role of education economic status,   social status on | * Lecture discussion. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | education on quality of life | quality of life   * Holistic approach to life.   Refer SBA module of Ministry of health and Family Welfare |  |
| 20. | 5 | - | * Explain status of women in Indian society * Enumerate factors affecting women status * Describe the importance of women's health * Explain the programmes for empowering women   in the society. | Status of women and empowerment   * Status of women in society * Factors affecting   status - gender bias, sex selection tests, female foeticide and infanticide sex ratio discrimination and exploitation   * Effect of tradition, culture and literacy * Relationship between status of women and women's health. * Effects of women's health in   community : single, divorced deserted woman, widows special needs   * Laws related to women. * Programmes for women's empowerment. Refer SBA module of Ministry of health and Family   Welfare | * Lecture discussion. * Demonstration. * Visit family of an under privileged group. * Group discussion. |
| 21. | 10 | 10 | * Explain the | Women's health | * Lecture |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | complications related to child birth.   * Identify common   and emergency complications and provide care   * Take pap smear | problems   * Complications related to childbirth   - WF, RVF,  prolapse and incontinence.   * Cervical erosion and leucorrhoea   pruritus   * Cancers - cervical   and breast:   * Pap smear for detection of cancer cervix * Tumours - fibroids * Menstrual disorders * Menopause and its implications.   Refer SBA module of Ministry of health and Family Welfare | discussion.   * Demonstration. * Case study of a women at menopause |
| 22. | 6 | 4 | * Describe causes signs and symptoms of STI and RTI * Describe the treatment for the STFs and RTI * Education on prevention and treatment of RTI's and STIs | RTIs and STIs   * Causes and signs and symptoms of STIs and RTIs * Syndromic approach for treatment * Referral treatment and follow up care. * Information, education and communication for prevention and   treatment. | * Lecture discussion. * Demonstration. * Health   education.   * Case study. |
| 23. | 6 | 10 | * Explain the cause, effect and prognosis of HIV/AIDS * Counsel the HIV positive | HIV /AIDS   * Epidemiological facts related to spread of infection * Methods of transmission | * Lecture discussion. * Demonstration * Explain HIV/ AIDS through charts and |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | persons   * Explain home care for HIV/AIDS   patients | * Effect on immunity and signs and symptoms * The AIDS patient community support and home care * Counselling: process and techniques * Counselling of HIV / positive patients and pregnant women. * Standard safety ' measures * Voluntary counseling and testing center (VCTC) / Integrated counseling and testing center (ICTC) activities * Care continuum and Anti Retro viral Therapy(ART) * Prevention of parent to child transmission (PPTCT): prophylaxis and breast feeding   guidelines | models.   * Role/play. |
| 24. | 2 | 2 | * Identify cases of   infertility   * Provide counselling to infertile couples * Refer and provide   follow up care to infertility cases. | Infertility   * Classification and Causes of infertility in male and female * Investigation and   treatment   * Identification of couples, counselling, referral and follow up. * Role of ANM/ Female Health worker | * Lecture   discussion.   * Demonstration. * Explain using charts and posters. * Case study. |
| 25. | *4* | 3 | * Explain the | Population | * Lecture |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | impact  of population explosion specially  1 1 J 1  on health   * Enumerate Birth Rate, Death Rate, Net Reproductive Rate etc. * Describe the scope   of Family Welfare programme.   * Discuss trends in health and family   welfare  programmes | Education   * Population trends in India * Vital statistics birth and death rates, growth rate, NRR, fertility rate, couple protection rate,   family size.   * National family Programme trends and changes RCH-I,   RCH-II programme  and NRHM   * Target free approach forTW * Role of mass media   andlEC   * Role of ANM/ health   worker | discussion.   * Visit office of DFWO * Explain using   vital statistics. |
| 26. | *8* | 5 | * Prepare   eligible couple register   * Describe the different methods of contraception and their effects. * Provide guidance to the adopters * Provide need based counselling related to contraception. | **Family welfare**   * Identification of eligible couples and those need contraceptive methods. * Information related to contraception and importance of choice. * Natural and temporary methods of contraception * Permanent methods * New methods nor- plant and injectables. Emergency contraception * Follow up of contraceptive users. * Counselling | * Lecture   discussion.   * Demonstration * Case study. * Health education |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | * Role of ANM/female Health worker |  |

***Suggested activities for Evaluation***

* + Taking of history and antenatal examination.
  + Demonstration of vaginal examination
  + Plotting of partograph during labour
  + Return demonstration of normal delivery using five 'C's
  + Demonstration of perineal care
  + Essential Care of newborn
  + Apgar score and resuscitation of a new born baby.
  + Health education on exclusive breast-feeding
  + Midwifery case book.
  + Demonstration of immunization
  + Drug book
  + Records and reports
  + Case studies
  + Preparation of posters on methods of Family Welfare
  + Demonstration of IUCD insertion,
  + Information Education and Communication
  + Calculation for \1tal indicators

Learning objectives:

**Health Center Management**

**Total** - 80 hours **Theory** - 40 hours **Demonstration -** 40 hours

On completion of the course the student will be able to :

1. Organise sub center and clinics to carry out scheduled activities.
2. Indent and maintain necessary stock
3. Participate in the implementation of National health programmes
4. Update knowledge and skills
5. Provide guidance to TEA, AWW, ASHA and other voluntary health workers.
6. Collaborate and coordinate with other health team members and agencies
7. Maintain records and reports

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Unit** | **Time**  **(Hrs.)** | | **Expected Outcomes** | **Contents** | **Teaching learning Activities** |
| **Th.** | **Demo** |
| 1 | 10 | 5 | * Organize and set up a sub centre * Prepare a sub | **The sub center**   * Organization of functions and | * Lecture discussion. * Demonstration. |
|  |  |  | centre activity | facilities of sub | * Visit sub centre |
|  |  |  | plan | centre | * Attend a clinic at |
|  |  |  | * Conduct   meetings | * Sub centre   activity plans | the sub centre. |
|  |  |  | * Conduct clinics | * Conduct a clinic |  |
|  |  |  | at sub centre. | and special |  |
|  |  |  | * Display health | programs and |  |
|  |  |  | messages. | follow up   * Conducting |  |
|  |  |  |  | meetings and |  |
|  |  |  |  | counselling |  |
|  |  |  |  | sessions. |  |
|  |  |  |  | * Sub centre action |  |
|  |  |  |  | plan |  |
|  |  |  |  | * Information, |  |
|  |  |  |  | education and |  |
|  |  |  |  | communication |  |
|  |  |  |  | * Display of |  |
|  |  |  |  | messages |  |
| 2. | 4. | 10 | * Write indents | Maintenance of | * Lecture |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | and | stocks | discussion. |
| stock position | * Maintenance of | * Explain using |
| * Prepare weekly | supplies, drugs, | stock register, |
| and monthly reports. | equipment, stock, indenting.   * Calculation of | indents etc to monthly  reports of the |
|  | indent as per | students. |
|  | population | * Calculation of |
|  | requirement | indent as per |
|  | * Management | population |
|  | information and | requirement |
|  | evaluation | * Explain the |
|  | system(MIES) | various |
|  | - Maintenance of | records |
|  | records. |  |
|  | - Reports of sub |  |
|  | centre. |  |
| 3. | 6 | 5 | * Establish co-   ordination with | Co- ordination   * Inter-sectoral co- | * Lecture   discussion. |
|  |  |  | different | ordination | * Visit local govt |
|  |  |  | organization | * Co-ordination | departments, |
|  |  |  | working in the area. | with school teachers, | NGOs and discuss their |
|  |  |  | * Demonstrate good | ASHA, anganwadi workers, panchayat   * Role of NGOs and | programs. |
|  |  |  | relationship with | co-ordination with |  |
|  |  |  | them. | government |  |
|  |  |  |  | departments. |  |
| 4. | 10 | 10 | * Enumerate the National Health programs * Describe the role | Implementation of national health program   * National Health | * Lecture discussion. * Visit a TB and   a leprosy |
|  |  |  | of  ANM in these | programs and the role of the ANM | patient and observe DOTS |
|  |  |  | programs. | * Detection, referral, treatment and | program and MDT carried |
|  |  |  |  | follow up of cases | out by health |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | of  malaria, leprosy tuberculosis, blindness, goiter. | workers. |
| 5. | 10 | 10 | * Demonstrate   ability | Update knowledge   * Continuing | * Lecture   discussion. |
|  |  |  | in writing reports in | education for self | * Demonstration. |
|  |  |  | correct language | development - | * Role /play |
|  |  |  | * Understand the | circulars, hand- | * Exercise on |
|  |  |  | scope of her career | outs, meetings, | - Reading |
|  |  |  | advancement and self development | journals.   * Methods of self | * Summerisation * Comprehension |
|  |  |  |  | development • | * Practice in public |
|  |  |  |  | Interacting with community | speaking. |
|  |  |  |  | * Improving writing |  |
|  |  |  |  | speaking abilities in |  |
|  |  |  |  | local language and |  |
|  |  |  |  | English |  |

##### Suggested activities for Evaluation

* Detection of tuberculosis, malaria, leprosy etc
* Assignment on records and reports maintained at sub centre.
* Peer group teaching on DOTS & MDT.
* Participation of national health programmes at CHC/PHC/SC
* Assignment on organization of sub-centre/clinics

COMMUNITY HEALTH NURSING AND HEALTH PROMOTION

**Hospital** - 30 hours

Community - 280 hours

Total-310 hours

|  |  |  |
| --- | --- | --- |
| **Expected Competency** | **Hospital Experience** | **Community Experiences** |
| * Describe community structure | * Interviewing, Physical and health need assessment of (five) | * Visit village for understanding the village mapping, physical, social |
| * Community assessment and home visiting. | persons. | and resources structure of the village. |
| * Health   assessment of individuals |  | * Conduct community need assessment |
| of different age groups |  | * Prepare and use |
|  |  | questionnaire for home |
|  |  | visits and assessing health |
|  |  | concepts, behaviours, |
|  |  | concepts and practices of |
|  |  | five families. |
| * Describe health |  | * Visit to SC/PHC/CHC |
| organization and team | and prepare a report |
| responsibilities. | including organization, |
|  | functions and the |
|  | responsibilities of team |
|  | members |
|  | Prepare the organization |
|  | chart. |
| * Perform nutritional | Identifies, assesses two | Group work on: |
| assessment | patients with malnutrition | * Nutrition exhibition in |
| * Conduct IEC activities |  | a school / health centre. |
| related to nutrition |  | * Cooking demonstration |
|  |  | for a group of women in a |
|  |  | village. |
|  |  | * Prepare and maintain a |

|  |  |  |
| --- | --- | --- |
|  |  | nutrition practical book. |
| * Assess personal hygiene, and health education. |  | * Assess personal hygiene of five children in a school   based on an assessment performa.   * Conduct IEC activities   related to personal hygiene |
| * Assess environmental |  | * Using a guideline each |
| sanitation | group assesses a |
| * Conduct IEC activities | community's |
| related to environmental | environmental sanitation, |
| sanitation | organizes discussion with |
|  | community and prepares |
|  | plan of action. |
|  | * Disinfects one well and |
|  | one tube well or any other |
|  | activity based on |
|  | community needs. |
|  | * Prepare reports. |
| * Assess mental health of |  | * Assesses mental health |
| an individual and counsel | of two persons |
| or refer. | * Health education |
|  | * Referral |
|  | * Prepare a report. |

**CHILD HEALTH NURSING**

**Hospital** - 80 hours **Community** - 100 hours **Total** - 180 hours

|  |  |  |
| --- | --- | --- |
| **Expected Competency** | **Hospital Experience** | **Community Experiences** |
| * Assess growth and | * Assess growth and | * Assess growth and |
| development of children. | development of 10 | development of 10 |
| * Assess health status of | children of different ages | children of different ages |
| children. | and record on chart. | and record on chart. |
|  | * Assess health status of 10 | * Conducts a school health |
|  | sick children. | clinic, assesses growth, |
|  |  | identifies problems and |
|  |  | refers |
|  |  | * Conducts health |

|  |  |  |
| --- | --- | --- |
|  |  | education sessions for school children - 2 sessions.   * Assess health status of 10   children |
| Care of the sick child. | * Give care to 5 children | * Give care to 5 children |
|  | as per the IMNCI protocol | as per the IMNCI protocol |
|  | * Give care to 5 children | * Give care to 5 children |
|  | each with diarrhoea and | each with diarrhoea and |
|  | ARI. | ARI |
|  | * Demonstration, | * Give care to children |
|  | preparation and use of | with other ailments |
|  | ORS to parents. | * Demonstrate, |
|  |  | preparation and use of |
|  |  | ORS to parents. |
|  |  | * Identify and refer |
|  |  | children at high risk |
|  |  | * Demonstrate home care |
|  |  | for a child with diarrhoea |
|  |  | and ARI |
| * Counsel mothers about | Counsel mothers about | * Identify and counsel 2 |
| feeding of infants and | breast feeding | mothers with problems |
| young child |  | related to breastfeeding. |
|  |  | * Demonstrate |
|  |  | complementary food |
|  |  | preparation and use. |

\*- Number of cases may be from clinical or community

**MIDWIFERY**

**Hospital** - 220 hours **Community** - 160 hours **Total** - 380 hours

|  |  |  |
| --- | --- | --- |
| **Expected Competency** | **Hospital Experience** | **Community Experiences** |
| * Assessment and care of | * Detecting pregnancy | * Registration and |
| normal pregnant women. | using pregnancy testing | management of vital |
|  | kit. Registration of ant- | events registers. |
|  | enatal mothers. | * Conduct antenatal |
|  | * Pre conception | examinations at home. |
|  | counselling. |  |

|  |  |  |
| --- | --- | --- |
|  | * Measuring the blood | * Participate in antenatal |
| pressure, pulse and fetal | clinics in the sub center |
| heart rate, checking for | * Malaria testing for |
| pallor and edema and | pregnant mothers |
| determining the fundal | * Counseling on birth |
| height, fetal lie and | preparedness, |
| presentation accurately. | complication readiness, |
| * Hemoglobin estimation | diet and rest, infant |
| and testing urine for | feeling, sex during |
| protein and sugar | pregnancy, domestic |
| * Examine 20 antenatal | violence and |
| women (in the hospital | contraception. |
| and community) |  |
| * Provide IFA |  |
| supplements and |  |
| administer TT injection |  |
| to 10 women. |  |
| * Conducting normal delivery. * Recognise different degrees of tears, give emergency care and refer. | * Maintain midwifery case book * Conducting pelvic assessment to determine pelvic adequacy. PV examination 5 * Plotting the partographs and deciding when to refer the women. * Conducting 10 safe deliveries (in the hospital and community), with   active management of third stage of labour, using | * Conduct deliveries in the community (health centers   preferably anc home). |
|  | infection prevention practices.   * Assist in the suturing of |  |
|  | 5 episiotomies and tears. |  |
| * Assessing and care of postnatal mothers and newborns | * Provide essential care of the newborn-10 * Basic Resuscitation of   the newborn-5 | * Follow up of 10 postnatal mothers for 10 days \v1th at least 3 home visits. * Care of newborns in the |

|  |  |  |
| --- | --- | --- |
|  | * Managing/Counseling on | home-10 |
| postpartum care and | * Conduct health education |
| nutrition | for groups of mothers and |
| * Counseling/ supporting | individuals-2 each. |
| of mothers for breast | * Integrate accepted |
| feeding and preventing/ | practices of AYUSH |
| managing breast feeding |  |
| problems |  |
| * Counseling for |  |
| Kangaroo Mother Care |  |
| * Care of postnatal |  |
| mothers 10 (in the |  |
| hospital and community) |  |
| * Conduct health |  |
| education for groups of |  |
| mothers and individuals-3 |  |
| each |  |
| * Follow infection |  |
| prevention and |  |
| biomedical waste |  |
| management in the labour |  |
| room and sub center. |  |
| * Assessing and referring | * Identify high-risk | * Do a case study of a |
| mothers at risk | mothers and give care | complicated childbirth in |
|  | * Prepare for caesarean sections-2 | the village.   * Conduct a village |
|  | * Observe caesarean | meeting for emergency |
|  | sections-2 Observe | transport of women in |
|  | abnormal deliveries 5 | labour and at risk. |
|  | * Prepare for MTP and observe procedure-2 * Take care of women | * Identify and refer women with unwanted pregnancy for MTP |
|  | with abortion-2   * Insert a urinary catheter | * Interview any 10 women   and list reasons for unsafe |
|  | in women   * Preparation and | motherhood and abortion.   * Identify high risk |
|  | administration of oxytocin | mothers 5 and newboms 5 |
|  | drip | and refer them to the |
|  | * Bimanual compression | higher center. |
|  | of the uterus for the |  |

|  |  |  |
| --- | --- | --- |
|  | management of PPH.   * Care of mother with HIV * Digital removal of retained products of conception for incomplete abortion * Provide post abortion   care. |  |
| * Counsel eligible couples about different methods of | * Counseling of mother/couples for family | * Counsel eligible couples on different methods of |
| contraception. | planning | contraception. |
| * Prepare acceptors for | * Prepare and assist for | * Perform 2 IUCD |
| sterilization and IlJCDs   * Detection of cervical | sterilization of 5 female  and 2 male cases (in the | insertions (in the hospital  or community) Distribute |
| cancer | hospital or community)   * Insertion of intra uterine devices and prescription of   contraceptives | oral pills-5 Demonstrate the use of condoms and distribute condoms-5   * Visual inspection of the |
|  | * Perform 2 IUCD | cervix and taking a pap |
|  | insertions (in the hospital | smear test-2 |
|  | or community) |  |
|  | * Distribute oral pills-5 |  |
|  | * Demonstrate the use of |  |
|  | condoms and distribute |  |
|  | condoms-5 |  |
|  | * Visual inspection of the |  |
|  | cervix and taking a pap |  |
|  | smear test-2 |  |

Clinical requirements to be completed during the internship period:

In addition to practicing and gaining competency in the above mentioned skills, the students are expected to complete the following requirements during the internship period:

|  |  |
| --- | --- |
| * Assessment and care of normal pregnant   woman | * Examine 15 antenatal women (in the   hospital and community) |
| * Conduct normal delivery | * Conducting pelvic assessment to |

|  |  |
| --- | --- |
| * Recognize different degrees of t ears give emergency care and refer | determine pelvic adequacy PV examination 5   * Conducting 10 safe deliveries (in the hospital and community), with active   management of the third stage of labour, using infection prevention practices.   * Assist in the suturing of 5 episiotomies and tears |
| * Assessment and care of postnatal mothers and ncwborns | * Provide essential care of the newborn- 10 * Basic Resuscitation of the newborn-5 * Care of postnatal mothers 10 (in the   hospital and community) |
| * Assessing and referring mothers at risk | * Take care ol women with abortion-2 |
| * counsel eligible couples about different methods of contraception * Prepare acceptors for sterilization and IUCDs * Detection of cervical cancer | * Prepare and assist for sterilization of 5 female and 2 male cases (in the hospital or community) * Perform 3 IUCD insertions (in the hospital or community) * Distribute oral pills-5 * Demonstrate the use of condoms and distribute condoms-5 * Visual inspection of cervix with Acetic   acicl-2 |
| * Management of sick neonates and children (IMNCI) | * Assessment and care of 5 sick neonated and 5 sick children as per the IMNCI   protocols |

## PRIMARY HEALTH CARE NURSING AND HEALTH CENTRE MANAGEMENT

**Hospital** - 90 hours

**Community** - 360 hours

**Total** - 450 hours

|  |  |  |
| --- | --- | --- |
| **Expected**  **Competency** | **Hospital Experience** | **Community**  **Experience** |
| * Administer immunization   safely. | * Perform immunization   for infants and children   * DPT, measles, BCG, oral polio, hepatitis and maintains record in health centre or hospital. * Injection safety measures | * Perform immunization   for infants and children- DPT, measles, BCG hepatitis oral polio and maintains record.   * Plans and conducts two immunization sessions in the village and sub-centre and records. * Injection safety measures |
| * Give care to the sick. | * Give care to sick people in the health centre \ hospital. | * Assess and take care of sick patients at home. * Integrate accepted practices of AYUSH * Refers patients to hospital \ health centre and   follow up. |
| * Provide first aid in various emergencies. | * Practice bandaging, splints, slings | * Provide first aid in the health center/ clinic and   maintain records. |
| * Provide primary medical care. | * Administers medication * Treatment of minor ailments | * Conduct health camps * Administers medications and refers patients if required * Integrate accepted practices of AYUSH |
| * Organize and manage sub centre * Render care at home. |  | Intensive experience at a sub -centre and participate with the ANM / FHW in -  - Organizing various  clinics |

|  |  |  |
| --- | --- | --- |
|  |  | * Indenting * Maintaining stock books * Management information and evaluation system (MIES)   : vital statistics, family folders / eligible couple registers, records and reports etc.   * Providing emergency care. * Home visits and pre, post and intranatal care at home |