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INDIAN NURSING COUNCIL
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New Dated,_____, 2023

NOTIFICATION

Indian Nursing Council {Nurse Practitioner in Midwifery (NPM) Educator Program}, Regulations, 2023

F.No. 11-1/2022-INC:—In exercise of the powers conferred by sub-section (1) of Section 16 of Indian Nursing Council Act, 1947 (XLVIII of 1947), as amended from time to time, the Indian Nursing Council hereby makes the following regulations, namely:—

1. SHORT TITLE AND COMMENCEMENT

i. These Regulations may be called the **Indian Nursing Council {Nurse Practitioner in Midwifery (NPM) Educator Program}, Regulations, 2023.**
ii. These shall come into force on the date of notification of the same in the Official Gazette of India.

2. DEFINITIONS

In these Regulations, unless the context otherwise requires

i. 'the Act' means the Indian Nursing Council Act, 1947 (XLVIII of 1947) as amended from time to time;
ii. 'the Council' means the Indian Nursing Council constituted under the Act;
iii. 'BEmONC' means Basic Emergency Obstetric and Newborn Care;
iv. 'DOP' means Directly Observed Practical;
v. 'GoI' means Government of India;
vi. 'HDU' means High Dependency Unit;
vii. 'ICM' means International Confederation of Midwives;
viii. 'ICU' means Intensive Care Unit;
ix. 'IMNCI' means Integrated Management of Neonatal Childhood Illnesses;
x. 'LaQshya' means Labor Room and Maternity Operation Theatre Quality Improvement Initiative;
xi. 'MCQ' means Multiple Choice Questions;
xii. 'MLCC' means Midwife-led Continuity of Care;
xiii. 'MLCUs' means Midwife-led Care Units;
xiv. 'MMR' means Maternal Mortality Rate;
xv. 'MoHFW' means the Ministry of Health & Family Welfare, Government of India;
xvi. 'NMTI' means National Midwifery Training Institute;
xvii. 'NPM' means Nurse Practitioner in Midwifery;
xviii. 'OBG' means Obstetrics and Gynecology;
xix. 'OPD' means Out Patient Department;
xx. 'OT' means Operation Theatre;
xxi. 'QMNC' means Quality Maternal and Newborn Care;
xxii. 'RMNCH ' means Reproductive, Maternal and Newborn Child Health;
xxiii. 'RN&RM' means a Registered Nurse and Registered Midwife (RN&RM) and denotes a nurse who has completed successfully, recognised Bachelor of Nursing (B.Sc. Nursing) or Diploma in General Nursing and Midwifery (GNM) course, as prescribed by the Council and is registered in a SNRC as Registered Nurse and Registered Midwife;
xxiv. 'SBL' means Scenario-based Learning;
xxv. 'SDA' means Safe Delivery App;
xxvi. 'SDGs' means Sustainable Development Goals;
xxvii. 'SMTI' means State Midwifery Training Institute;
xxviii. 'SNRC' means the State Nurse and Midwives Registration Council, by whichever name constituted, by the respective State Governments;
xxix. 'UHC' means Universal Health Coverage;
xxx. 'UNFPA' means United Nations Population Fund;
xxxi. 'WHO' means World Health Organisation.

NURSE PRACTITIONER IN MIDWIFERY (NPM) EDUCATOR PROGRAM[1]

1. INTRODUCTION AND BACKGROUND

1.1 Introduction

In 2015, India became one of the 193 countries to commit to the Sustainable Development Goals (SDGs), which aim to transform the world by 2030 to a more prosperous, more equal, and more secure planet for all. Needless to say, India's responsibility is immense as these ambitious goals cannot be achieved without accelerating progress in one-sixth of the world that resides in our country.

Health is central to commitments made by the Government of India. For us to be able to ensure healthy lives and promote wellbeing for all at all ages, it is critical to focus on improving our core health indicators, which include maternal and infant mortality.

When a pregnant woman enters the health system, she puts her faith in the system to receive high quality services for herself and her newborn. Responding to this faith India has strengthened maternal and child health services in our country under the National Health Mission. India has made tremendous progress over the last few decades in increasing institutional deliveries through the National Health Mission and schemes like the Janani Suraksha Yojana and Janani Shishu Suraksha Karyakram, and this has greatly reduced the maternal and infant mortality. India's maternal mortality ratio has declined from 254 per lakh live births in 2004-06 to 130 per lakh live births in 2014-16 (Sample Registration System). India has shown impressive gains in reduction of maternal mortality evident from the fact that the compound annual rate of decline of MMR has increased significantly from 5.8% during (2007-09 to 2011-13) to 8.01% (2011-13 to 2014-16). Similar achievements are also visible in reduction of under-five and infant mortality rates.

Investments on maternal and child health remain a key focus area under the National Health Mission. Operationalizing First Referral Units, new Maternal and Child Health Wings, Obstetric High Dependency Units and Intensive Care Units; capacity building initiatives such as Dakshata trainings; quality antenatal care strengthening programs such as the Pradhan Mantri Surakshit Matritva Abhiyan etc. continue to be a key priority.

In addition to above, the Government of India has recently launched the LaQshya - Labor Room and Maternity Operation Theatre Quality Improvement Initiative. Substantial global evidence exists that addressing the time around and immediately after childbirth is critical for saving the lives of mothers and newborns. Studies conducted by White Ribbon Alliance have also highlighted the need to focus on respectful maternity care. The LaQshya program has thus been launched to provide quality intrapartum and immediate postpartum care and promote respectful maternity care.

Despite the tremendous progress, nearly 32,000 pregnant women each year still lose their lives during pregnancy, childbirth and the postnatal period. In addition, 5,90,000 newborns die every year in the first month of life. Additional efforts are needed in India to increase Universal Health Coverage (UHC) and to achieve Sustainable Development Goals (SDGs) for maternal and newborn and child health. The National Health Policy 2017 aims at the reduction of maternal mortality ratio to 100 per lakh live births by 2020.

The survival of women and newborns is closely correlated with the care and attention received during pregnancy and, most importantly, at the time of delivery. Delayed management of cases, due to lack of access to skilled care, is one of the major reasons for the deaths, particularly in the rural areas. Skilled and respectful care during childbirth is important because millions of women and newborns develop serious and hard to predict complications before, during or immediately after delivery.

Evidence shows that quality midwifery care, provided by midwives educated to international standards, reduces maternal and newborn mortality and stillbirth rates by 83%. And with 56 improved maternal and newborn health outcomes, it is also evident that 87% services can be delivered by midwives educated to international standards. There also has been an increasing body of evidence globally that Midwife-led Care Units (MLCUs) can address maternal and neonatal mortality and morbidity by promoting quality and continuity of care through provision of women-centric care and promoting natural births. Where a model of Midwife-led Continuity of Care (MLCC) is introduced, this reduces preterm birth by 24%. Beyond survival, quality midwifery care improves breastfeeding rates and psychosocial outcomes, and reduces the use of unnecessary interventions, in particular caesarean sections and increases access to family planning (Lancet Series, 2014; UNFPA, 2014 & WHO, 2017).

The International Confederation of Midwives outline the midwifery philosophy and model of care[2]. Midwifery has a unique body of knowledge, skills and professional attitudes drawn from disciplines shared by other health professions such as science and sociology, but practised by midwives within a professional framework of autonomy, partnership, ethics and accountability. Midwifery is an approach to care of women and their newborn infants whereby midwives optimise the normal biological, psychological, social and cultural processes of childbirth and early life of the newborn; work in partnership with women, respecting the individual circumstances and views of each woman; promote women's personal capabilities to care for themselves and their families; and

[1]This document has been developed by Ministry of Health & Family Welfare, Government of India and the Indian Nursing Council in collaboration with the International Confederation of Midwives and based on inputs from the curriculum sub-committee of the National Midwifery Task Force.

[2]https://www.internationalmidwives.org/assets/files/definitions-files/2018/06/eng-philosophy-and-model-of-midwifery-care.pdf

collaborate with midwives and other health professionals as necessary to provide holistic care that meets each woman's individual needs. Midwifery care is provided by an autonomous midwife.

1.2 The 'Midwifery Services Initiative' of India

Considering the need for trained human resources to provide quality care to 30 million pregnancies every year in India and at the same time recognizing the challenges earlier, Government of India has proposed an alternative model of service provision for strengthening reproductive, maternal and neonatal health services by nurse practitioners in midwifery through MLCUs. Quality maternity care provided by midwives through the MLCUs is vital to this transformation. The recognition that quality of care will not only save lives but will also provide a positive experience of childbirth means that the change required must be transformative. This will require making fundamental change to the way services are delivered, and the culture of care provided to women. The **'Guidelines on Midwifery Services in India'** set transformative change must be at the heart of midwifery education.

The 'midwifery services initiative' aims to create a new cadre of midwives titled "Nurse Practitioners in Midwifery" (NPM) who are skilled in accordance with ICM competencies, knowledgeable and capable of providing compassionate women centered, reproductive, maternal and newborn child health services (RMNCH) and to develop an enabling environment for integration of this cadre into the public health system in order to achieve the SDGs for maternal and newborn health (MoHFW, 2018).

1.3 Preparing Nurse Practitioners in Midwifery (NPM) and NPM Educators for the future of India

Quality education is essential to prepare international-standard midwives with ICM competencies with the knowledge and skills to provide the full scope of care that women and newborns need. Evidence indicates that the optimum duration of training required to acquire needed midwifery skills and competencies is 18 months. The existing one-year Nurse Practitioner in Midwifery Post Basic Diploma Program of the Council is re-designed and upgraded to an 18-month intensive residency program to develop more NPMs for providing respectful, highest standards of quality and evidence-based care at the institutional and community levels with specific emphasis on providing safe and competent midwifery care. The essential components for quality midwifery based on the Quality Maternal and Newborn Care (QMNC) framework is also integrated in the curriculum.

The Nurse Practitioner in Midwifery (NPM) will be responsible for promotion of health of women throughout their life cycle, with special focus on women during their childbearing years and their newborns. He/She will be responsible for care during preconception, pregnancy, childbirth, and post-natal period and care of newborn. He/She will be responsible and accountable for her practice. The NPM will practice independently and collaboratively with the doctors in the hospital and within the existing peripheral health system consisting of skilled birth attendants, auxiliary nurse midwives, nurses, doctors and specialists. Midwife-led Care Units would be established at high case load facilities. Midwives posted in these MLCUs would be expected to handle the low risk and normal births and will also be expected to ensure initial management and stabilization of women with complications before safely referring them to doctors for further collaborative management.

The aspirations and plans for the quality of India's midwives and their contribution to the transformation of RMNCH services in India, call for a midwifery education program that will combine the ability to practice autonomously to meet the emotional, social, geographical, physical, medical and personal needs of childbearing women, their newborns and families, while shifting the culture of care, learning continuously and working within a novel organization of midwife led care. Such education can only be provided by midwifery educators who have engaged in a curriculum based on international standards and that supports relationship building, critical thinking, reflection, creativity and a good understanding of theory from midwifery and health sciences and apply to judgment, problem solving, diagnostic, communication and clinical skills that are basic to midwifery.

Therefore, it is necessary to train a pool of nurse practitioner in midwifery (NPM) educators with the ability to train nurse practitioners in midwifery as per the WHO/ICM competencies and regulations of the Council. It is essential that midwifery educators are well versed with these competencies before they take their role as educators in order to bring about transformation in the midwifery services provided by the NPMs. The need for this transformative change and the paradigm shift of maternity care must be at the heart of education for midwife educators who will be leaders in the change and ensure the sustainability of education into practice.

Responding to this urgent need, the NPM educator curriculum is designed in line with WHO midwifery educator core competencies alongside ICM competencies, that emphasize humanizing transformation and autonomous role of midwives. The curriculum is developed in four course modules, MODULE I: Preparing midwives for relationship based and transformative midwifery care, MODULE II: Preparing midwives for care during pregnancy, birth and puerperium, MODULE III: Preparing midwives to lead, manage and supervise quality midwifery care, MODULE IV: Preparing midwives for evidence-based midwifery practices. It aims to strengthen the technical knowledge, clinical skills and facilitation skills of the midwifery educators alongside role modeling the core values underpinning the midwifery practice. The midwifery educator program prepares competent NPM educators, who can effectively educate and train NPMs to provide quality, compassionate, women-centered, respectful care to woman, neonate and family. The program will also equip the NPM educators in leadership, supervision and management skills and enable them to understand and utilize the research end evidence relevant to midwifery practice.

2. PHILOSOPHY AND VISION

2.1 Philosophy

The Council believes that registered nurses need to be given additional education and training to work as nurse practitioners in midwifery (NPMs) in clinical and community settings in the present context of emerging expanded and specialist roles of nurses and advances in technology. Strengthening midwifery education is fundamental to quality midwifery and that the NPM educators need to be trained to international standards before they take their role as educators in order to bring about transformation in terms of humanization and autonomous role in the midwifery services provided by the NPMs.

The Council believes that competency-based training would enable the nurse practitioner in midwifery (NPM) educators to demonstrate knowledge, skills and behaviors based on sound evidence-based knowledge, focusing on the concept of 'women-centered and respectful care' that is central to midwifery practice. To achieve a respectful environment and to develop students' knowledge and practice of the relationship-based care that is central to midwifery practice, there is also an emphasis on the student-teacher relationship, communication and attention to power relationships (Cranton, 2009) and emphasis on the role and responsibility of the educator to shape educational experiences for developing the next generation of practitioners (Biesta, 2015). The trained educators will be able to combine their knowledge, attitude and skills with interpersonal and cultural competencies to work independently as well as collaboratively with the inter-professional team.

The curriculum for NPM educators, who will play a critical part in developing midwifery into the future and provide ongoing leadership, will therefore need to develop the ability to be responsive to this much-needed radical and complex transformative change, in educating and making fit for practice this new cadre of educated, skilled and compassionate midwives who are prepared for autonomous role in providing midwifery led care for the future of India.

Therefore, the NPM educator curriculum philosophy is based on the idea of transformative learning centred on critical reflection, problem-posing and dialogue, as well as attention to praxis (reflection/action/dialectic). The teaching learning approaches will integrate adult learning principles, competency-based education, collaborative learning, experiential learning, mastery learning and self-directed learning. Teaching and learning will be led by midwifery educators supported by medical faculty from Obstetrics and Gynecology, Pediatrics and Public Health for collaborative and interdisciplinary learning as required.

The Council believes that the NPM educators involved in training the nurse practitioners in midwifery should be competent in all midwifery skills (knowledge, attitude and practice), well qualified to lead by example in the clinical field and support the management and implementation of the NPM training across the country.

The Council also believes that a variety of innovative educational strategies can be used in the clinical settings to provide best clinical learning experiences. It is hoped to facilitate developing policies towards creation of cadre positions for appropriate placement of these NPMs to function in midwifery lead care units.

2.2 Vision

The program aims to prepare midwifery educators who are able to engage students in transformative education, with a vision for midwifery and midwifery education for India, who meet the WHO competencies for midwifery educators, and lead development of the midwifery practice and scholarship, through education and research.

3. AIM & OBJECTIVES

3.1 Aim

The aim of this educational program is to prepare competent NPM educators to function in the capacity of educators and trainers for nurse practitioners in midwifery, to provide quality and compassionate care to woman, newborn, and family, manage and supervise care of woman and newborn at all the three levels of care, teach NPMs in areas related to woman and newborn care using latest educational technology and prepare them to conduct or participate in research areas of woman and newborn care.

3.2 Objectives

The program prepares NPM educators to -

1. Develop and provide transformational education and leadership.
2. Demonstrate achievement of the WHO Midwifery Educator Competencies (2013a).
3. Demonstrate achievement of the ICM Essential Competencies for Midwifery Practice and practice midwifery as per the Council regulations and MoHFW guidelines.
4. Role model skilled, woman-centered, compassionate, respectful midwifery care that meets the needs of women, their newborns and families, and the communities they live in.
5. Demonstrate the ability to use experiential learning methodologies to teach NPMs that prepare NPMs who will practice autonomously within the scope of practice in designated midwife-led services in India.
6. Show a commitment to humanization, professional development, lifelong learning, and leadership in the practice of midwifery.

4. CURRICULUM CONCEPTUAL MODEL

The conceptual model places relationships (woman/newborn, educator/student) at the heart of the midwifery educator curriculum as the program seeks to equip educators who will drive the aspirations for a positive childbirth experience in India. The curriculum will reinforce or model woman-centered care by also placing the student at the center of learning. A transformative, competency-based experiential learning approach will equip midwives to become educators who will promote quality midwifery care to address the needs of women in India. Quality midwifery care and transformative midwifery education are underpinned by ICM essential midwifery competencies (ICM, 2019) and WHO Midwifery educator competencies (WHO, 2013).

The content, values and philosophy that form this program are informed by current pedagogical best practice. Advancements in learning and teaching show that student learning is enhanced when students are immersed in an intensive experience based on experiential/theoretical learning, with support for professional and personal self-reflection. It is essential that ***NPM educator receive and provide respectful education, including role modeling respectful behavior while educating and communicating with students in both classroom and clinical practice settings, in order to teach respectful maternity care attitudes.*** The model is illustrated in Figure 1 below:

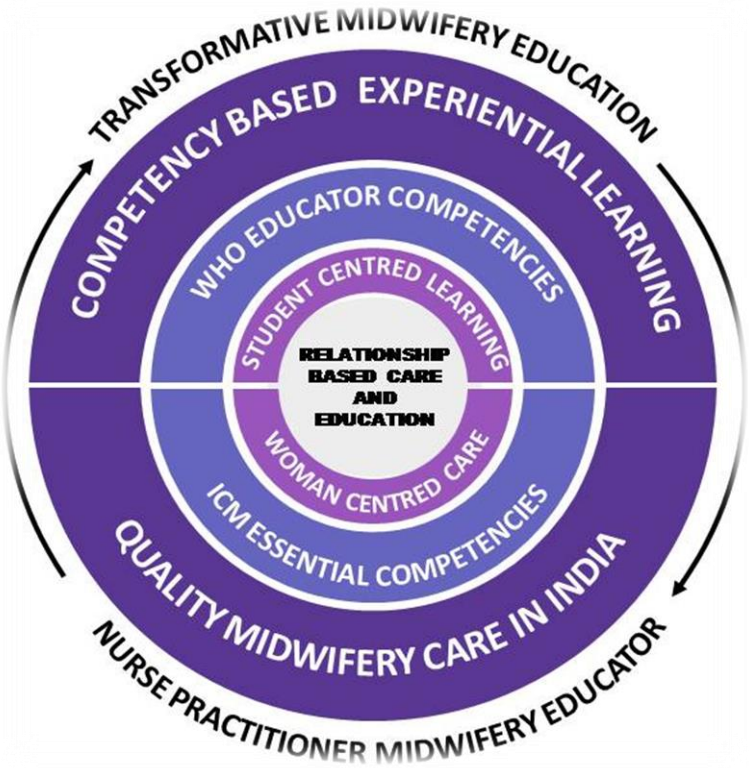


Figure 1. Curriculum Conceptual Model

The curriculum focuses on preparing Midwifery Educators attuned to the core values, integrated concepts and maternity care priorities weaved into the curriculum for Nurse Practitioners in Midwifery so that the educators are empowered and capable of providing the transformational education to the upcoming Midwives. The core values, integrated concepts and maternity care priorities weaved into the NPM Educator and NPM curriculums are outlined below:

4.1 Core Values

The core values provide a foundation to develop midwives who are committed to promoting a positive childbirth experience for all women and were derived from core government, WHO and ICM documents. These values include: **(i) compassion, (ii) respect, (iii) woman, baby and family-centredness, (iv) equity and rights, (v) collaboration and teamwork, (vi) ethical practice, (vii) moral courage.**

4.2 Integrated Concepts

Within the curriculum there are seven concepts which represent key approaches that inform contemporary midwifery practice. These concepts include: (**i) social inequities and midwives as primary health practitioners, (ii) evidence-based midwifery practice, (iii) cultural competence, (iv) quality maternity and newborn care, (v) continuity of midwifery care, (vi) midwifery as a relationship between a woman, baby, family and a midwife, (vii) optimizing physiological birth, (viii) community knowledge.**

4..3 Maternity Care Priorities

The program provides a strong focus on identified maternity care needs and priorities which are addressed across the curriculum, e.g., **(i) improving maternity and newborn care for vulnerable and hard to reach women, (ii) reducing maternal and newborn mortality and morbidity, (iii) effective management of emergency care, (iv) Human rights and gender-based violence, (v) strengthening midwifery-led care, (vi) humanising and de-medicalising birth.**

5. QUALITIES OF NPM EDUCATOR

The NPM Educator graduating from this program will be an educator, leader and practitioner of midwifery, with an in-depth understanding of midwifery, its role in primary health care, how midwifery could/should evolve in India, the impact on midwifery on women and their families, and how education will enable this. **The values of woman-centered care, student-centered teaching, equity and justice, human and reproductive rights, and compassion for others, will be foundational for practice.** Midwife educators for the future of India will have vision, leadership qualities, the courage to question, and the ability to form collaborative working relationships to achieve change particularly in changing the existing paradigm of physician led midwifery care to a new paradigm of midwife led care.

6. SCOPE OF PRACTICE

On completion of the educational program, the NPM educator will be certified by the Examination Boards approved by the Council and get registered as additional qualification at the SNRC. The NPM educators will ensure the implementation of Nurse Practitioner in Midwifery (NPM) program and provide education and training to those who enroll for the course at the State Midwifery Training Institutes. The NPM educator will also practice midwifery in all settings including hospitals and health centers particularly in midwife led care units (MLCUs), utilizing the knowledge and clinical competencies acquired during the training, alongside mentorship support in strengthening the clinical midwifery competencies. The NPM educator will be able to perform full scope of practice as per education and training and the Council regulations and MoHFW guidelines **(Annexure-VIII).**

The specific roles of the NPM educator and midwifery practitioner are listed in the **Annexure-I.**

7. COMPETENCIES

The Council adapts WHO Core Competencies for Midwifery Educators (WHO, 2013) in educating and training midwifery educators for India with minor modifications in the competencies relevant to NPM program and the framework is given below: It also adapts ICM Essential competencies for midwifery practice (2019) found in **Annexure-II.**

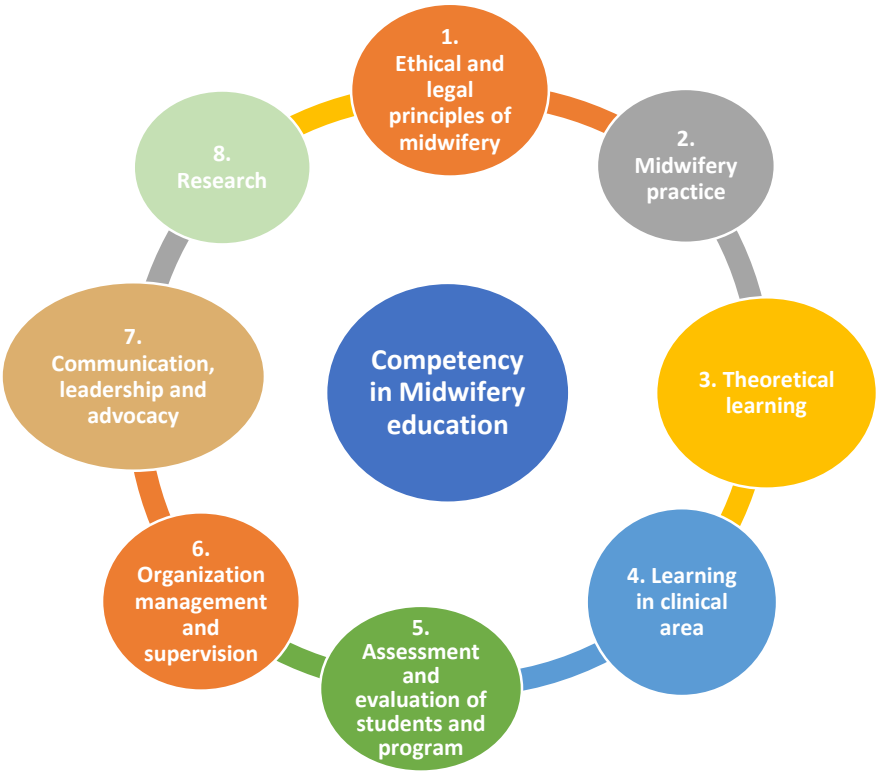


Figure 2. NPM Educator Competencies

The competencies are organized under 8 competency domains with a total of 28 competencies for all the domains.

Competency Domain 1: Ethical and legal principles of midwifery

Midwifery educators incorporate and promote ethical and legal aspects of midwifery care in teaching/ learning activities and by consistent role modelling.

Competencies:

1.1 Demonstrate professional accountability for the delivery of midwifery care as per the Council standards that are consistent with moral, altruistic and humanistic principles in midwifery practice.
1.2 Demonstrate understanding of the legal and regulatory principles in midwifery practice within the legal framework of India.
1.3 Demonstrate understanding of midwifery philosophy of care focused on respectful maternity care placing the woman's sexual and reproductive health rights at the center of the care process.

Competency Domain 2: Midwifery practice

Midwifery educators maintain current knowledge and skills in midwifery theory and practice based on the best evidence available.

Competencies:

2.1 Demonstrate knowledge, attitude and skills as per the ICM competencies adopted by the Council to practice midwifery.
2.2 Provide care for normal birth and pregnancy.
2.3 Demonstrate skills in providing safe, competent and effective midwifery care to women and their neonates.
2.4 Practice midwifery that reflects evidence based and up-to-date knowledge.
2.5 Demonstrate respect and empathy towards mother, family and society at all levels of care.

Competency Domain 3: Theoretical learning

Midwifery educators create an environment that facilitates learning.

Competencies:

3.1 Incorporate educational strategies to enhance active learning to develop students' critical thinking, critical reasoning skills and innovative thinking.
3.2 Select and use effective and appropriate teaching and learning resources.
3.3 Demonstrate skill in providing competency-based skill training using simulation for the students of the NPM course.
3.4 Recognize and support the learning styles and unique learning needs of NPM students.

Competency Domain 4: Learning in clinical area

Midwifery educators maintain an environment for effective clinical teaching of midwifery care.

Competencies:

4.1 Facilitate a safe and effective clinical learning environment.
4.2 Promote individualized experiential learning.
4.3 Demonstrate skills in clinical education and training.

Competency Domain 5: Assessment and evaluation of students and program

Midwifery educators conduct regular monitoring and evaluation of students and programs.

Competencies:

5.1 Assess student competency using various assessment strategies, tools and maintain accurate records.
5.2 Monitor, assess and evaluate the effectiveness of the NPM program.

Competency Domain 6: Organization, management and supervision

Midwifery educators organize and implement the NPM curriculum effectively.

Competencies:

6.1 Participate actively in planning and organizing the NPM curriculum.
6.2 Implement the NPM curriculum effectively and provide feedback for quality improvement.
6.3 Provide facility-based mentoring for the NPM's after placement.

Competency Domain 7: Communication, leadership and advocacy

Midwifery educators communicate effectively and function as advocates, change agents and leaders.

Competencies:

7.1 Demonstrate effective communication using variety of methods in diverse care delivery settings.
7.2 Demonstrate cultural competence in course design and development and teaching and midwifery practice.
7.3 Function as leaders and change agents to improve midwifery education and practice.
7.4 Use a variety of advocacy strategies to promote midwifery education and practice.
7.5 Participate in professional development activities relevant to midwifery education.

Competency Domain 8: Research

Midwifery educators promote the use of research and use it to inform midwifery education and practice.

Competencies:

8.1 Use research and inform teaching and practice.
8.2 Cultivate a culture supporting critical inquiry and evidence-based practice.
8.3 Train NPM's to develop skills to conduct, communicate and utilize research.

8. PROGRAM DETAILS

8.1 Program Description

The NPM educator training is a **six month's residency program** with a main focus on competency-based training facilitated by mastery and experiential learning centered around transformational and relationship-based teaching and learning. The curriculum comprises of four course modules, MODULE 1: Preparing midwives for relationship based and transformative midwifery care, MODULE II: Preparing midwives for care during pregnancy, birth and puerperium, MODULE III: Preparing midwives to lead, manage and supervise quality midwifery care, MODULE IV: Preparing midwives for evidence-based midwifery practices. The curriculum encompasses hands on skill training and orientation to the treatment protocols and drugs permitted for use by NPMs trained to function in various health care settings.

This will be followed by a 12-month structured mentorship program where the NPM educators would teach the NPM students as well as practice midwifery simultaneously. The NPM educators maintain the logbooks, keep their portfolio and reflect on experience during the interaction with the mentor individually or in groups, face to face or online. Peer support alongside mentor support is essential component of the mentorship program. A balance of clinical and classroom teaching using a variety of teaching methods will be maintained.

As the program sets the standard of midwifery education in India, it is important that these students engage with a program that models contemporary experiential learning. As such the curriculum will be taught incorporating experiential and scenario-based learning approaches (Chorazy M. and Klinedinst K. 2019; Smith et al. 2018; Kolb 1984; Dewey 1938). The curriculum will also utilize a competency-based approach drawing on the eight competency domains from the WHO Midwifery Educator Core Competencies (2013a) and 28 competency statements formulated under these domains. It is expected that, upon completion of the course the midwifery educators of this program will incorporate the same approaches when they begin teaching the new generation of midwives through the 18-month NPM training.

8.2 Program Structure

Course Modules	Theory (Hours)	Practicum (Hours)	
		Skills Lab (Hours)	Clinical (Hours)
MODULE I: Preparing midwives for relationship based and transformative midwifery care	30	5	10
MODULE II: Preparing midwives for care during pregnancy, birth & puerperium	80	35	790
MODULE III: Preparing midwives to lead, manage and supervise quality midwifery care	15		20
MODULE IV: Preparing midwives for evidence-based midwifery practices	15		20
Total Hours	**140 hours**	**40 hours**	**840 hours**

8.3 Guidelines for Starting the Nurse Practitioner in Midwifery Educator Program

8.3.1 Staffing

1. **Faculty Trainer (Teacher):** M.Sc. OBG/Pediatrics/Community Health Nursing with minimum 2 years of clinical maternity experience and 5 years of teaching experience. (International Midwifery Educators would be engaged along with Indian midwifery faculty trainers for training initial batches).

2. **Medical Preceptors:** Medical faculty from Obstetrics and Gynecology, Pediatrics and Public Health with 3 years post PG experience/as a consultant.
3. **Guest Faculty:** NHM/MoHFW officials/Experts from other fields.
   Faculty student ratio: 1:5
   Preceptor student ratio: 1:5
   No. of seats: Maximum 30 per batch

8.3.2 Physical Facilities

1. Classroom - 1
2. Skills/simulation lab - 1 with necessary equipment and supplies **(Annexure-III)**
3. Library - Current nursing textbooks including midwifery, maternal, neonatal & journal (National and International publications), relevant GoI guidelines/modules
4. Teaching Aids
   - LCD projector
   - Screen for projection
   - Computer
   - Laptop
   - Tablet for IT applications (For ex. Safe Delivery App, e-Partograph and other apps)
   - Connectors to project tab screens to external screen
   - 4 Mbps internet leased line
   - Midwifery related equipment such as Gym balls, Floor mats, Rebose cloth etc.
5. Office facilities for educators

8.3.3 Clinical Facilities

Minimum Bed strength and other Clinical Facilities:

- 100-200 bedded Parent Hospital having minimum 50 maternity beds or 50 bedded maternity hospital with an established MLCU
- Labour room as per the LaQshya guidelines of Government of India
- Minimum 6 labour rooms/spaces
- Maternal and neonatal units
- Case load of minimum 6000 deliveries per year
- Maternity OT and Obstetric HDU/ICU
- Separate Kangaroo Mother Care Unit
- 8-10 level II neonatal beds
- Affiliated Heath Sub-Centre, Community Health Centre and Primary Health Centre
- Referral links to tertiary care hospital
- Affiliation to Tertiary Hospital - Medical College Hospital
- Affiliation with level III neonatal beds

8.4 Admission Requirements

8.4.1 Eligibility for Admission

The candidate seeking admission to this program should have the following qualifications:

- Be a registered nurse and registered midwife (RN&RM).
- M.Sc. Nursing with specialty in Obstetrics and Gynaecology, Pediatrics or community health with minimum 2 years of clinical maternity working experience.
- B.Sc. Nursing with Nurse Practitioner in Midwifery with 2 years of clinical experience.
- Inservice candidates are also eligible for admission and will be receiving their regular salary. Being a residency program, the other students undergoing the program will be given salary/stipend equivalent to their counterparts in the respective organization.

Note:

- In the initial batches, any M.Sc./B.Sc. Nursing candidate with a minimum of 5 years of clinical maternity working experience, with passion towards midwifery, clinical/hands on experience of conducting deliveries and willingness to continue clinical practice and conduct deliveries. Candidates with teaching experience in OBG nursing will be given preference. Research experience is an added advantage.
- The candidate in order to be trained and practicing in midwifery has to obtain registration to practice (RN&RM) in the State where enrolled in the NPM educator program.

8.4.2 Selection Process

Selection Criteria and Process Overview for Recruitment of Midwifery Educators is outlined below:

- The entrance will be conducted in two parts with certain percentage weightage for each component. The overall score for entrance examination is 100 marks (60 for written test & OSCE and 40 for interview).

- **Part 1**: **Written Test and OSCE**
  - **Written Test (40%)**: Multiple Choice Questions and two short essays (2 hours duration) covering the areas of antenatal, intrapartum, postnatal, complication management and neonatal care. Short essays will be screened for technical proficiency as well as fluency in written English. Some weightage should be given for proficiency in written English.
  - **OSCE - Objectively Structured Clinical Examination (20%):** An OSCE bank based on current protocols under LaQshya is annexed for reference.

- **Part 2: Interview (40%)**

  Successful candidates who clear the written test and OSCE will be screened for the following at the interview:

  1) Motivational Screening (20%)

  Based on the information provided in the personal statement of the candidate:

  a) Passion for woman's health - to provide respectful care for a positive birthing experience.
  b) Willingness to undergo the 6-month residential course at the designated NMTI in a different State and 12 months mentorship at their home State in the designated training centre.
  c) Willingness to serve as individual practitioners of midwifery care - low-risk pregnancies and normal births as posted after the training.
  d) Willingness to continue with her clinical practice throughout her career, though the distribution between teaching and clinical practice may vary depending on the stage of her career.
  e) Commitment to program goals and GoI's vision of providing quality of care around the time of birth. Candidates should have clear understanding of the 18-month training and midwifery-led-model of care.

  2) Aptitude Assessment (20%) will be a part of interview process to ascertain spoken English language proficiency and communication, technical knowledge, leadership and advocacy for client's rights, and team spirit.

8.5 Organization of the Program

8.5.1 Distribution of the program in weeks (26 weeks):

1.	Teaching: Theory & Clinical Residency	23 weeks
2.	Examination (including preparation)	1 weeks
3.	AL + CL + Public holidays	2 weeks
		26 weeks

8.5.2 Distribution of the courses for teaching: 23 weeks = 1020 hours

Block Classes (Theory & Skill Lab): 3 weeks = 3 × 40 = 120 hours
Clinical Residency (Clinical Practice, Theory & Skill Lab): 20 weeks = 20 × 45 = 900 hours

Details
Full Theory Block Classes: 3 weeks × 40 hours per week = 120 hours (Theory 100 hours + Skill Lab 20 hours)
Clinical Residency (20 weeks): 20 weeks × 45 hours per week = 900 hours (Theory 40 hours + Skills Lab 20 hours + Clinical 840 hours) • 40 hours of theory and 20 hours of skills lab to be integrated during clinical experience. They can be covered in the form of skill lab learning, faculty lecture, clinical rounds, clinical presentations, drug presentations etc. (**3-4 hours per week for 18 weeks**: First 10 weeks - 2 hours per week × 10 weeks = 20 hours for skill lab and 2 hours per week × 10 weeks = 20 hours of theory and Next 8 weeks - 3 hours per week × 8 weeks = 24 hours of theory). • The NPM educators would be posted in different shifts as per the duty roster of the clinical facility in maternity service areas only (ANC clinic, Triage, Labour room, Antenatal/postnatal ward, SNCU etc.). • Minimum 45 hours per week and on call duties every fortnight should be given.
Total = 140 hours (theory) + 40 hours (skills lab) + 840 hours (clinical practice) = 1020 hours

8.6 Course of Instruction

S.No.	Courses	Theory	Practicum (Skills Lab + Clinical)	Areas of Clinical Postings
I	**MODULE I: Preparing midwives for relationship-based and transformative midwifery care**	**30**	**SL-5 CL-10**	
	Section 1: Relational education: preparing midwives for relationship-based midwifery care	15	SL-2 CL-5	Integrated clinical practices
	Unit1: Introduction	1		
	Unit 2: Introduction to Midwifery and what women want	4		
	Unit 3: Universal rights of childbearing women	1		
	Unit 4: Respectful relationship-based care	5	SL-1	
	Unit 5: Maternal and newborn health scenarios	2	SL-1	
	Unit 6: Chain of Referral system	2	CL-5	
	Section 2: Transformative education: preparing midwives for transformative midwifery care (Teaching and Learning Approaches)	15	SL-3 CL-5	Integrated clinical practices
	Unit 1: Developing knowledge for practice and putting knowledge into practice	2		
	Unit 2: How we learn to be competent - knowledge, skills and behaviour for practice	2		
	Unit 3: Experiential and scenario-based learning for practice	2		
	Unit 4: Develop educational approaches based on principles of adult learning	3		
	Unit 5: Teaching and clinical training skills	3	CL-3 SL-3	
	Unit 6: Assessment/Evaluation Methods	3	CL-2	
II.	**MODULE II: Preparing midwives for care during Pregnancy, Birth & Puerperium**	**80**	**SL-35 CL-790**	
	Section 1: Maternal, Fetal and Newborn Physiology	6	SL-3	
	Unit 1: Review of anatomy and physiology	2	SL-2	
	Unit 2: Embryology and Fetal growth and development	2	SL-1	
	Unit 3: Physiological changes in pregnancy	2		Antenatal OPD/ward
	Section 2: Normal Pregnancy, Birth and Puerperium	22	SL-12 CL-450	
	Unit 1: Beginning the pregnancy journey	2		
	Unit 2: Pregnancy assessment and midwifery care during 1st Trimester	3	SL-1 CL-40	Antenatal OPD/ward
	Unit 3: Midwifery care during 2nd trimester of pregnancy	1	SL-1 CL-40	Antenatal OPD/ward
	Unit 4: Midwifery care during 3rd trimester of pregnancy	1	SL-1 CL-40	Antenatal OPD/ward
	Unit 5: Midwifery care during 1st stage of labour	4	SL-3 CL-70	Labour room/casualty
	Unit 6: Midwifery care during 2nd stage of labour	2	SL-3 CL-40	Labour room

S.No.	Courses	Theory	Practicum (Skills Lab + Clinical)	Areas of Clinical Postings
	Unit 7: Midwifery care during 3rd stage of labour	2	SL-2 CL-70	Labour room
	Unit 8: Midwifery care during 4th stage of labour	2	SL-1 CL-70	Labour room
	Unit 9: Postnatal midwifery care	5	CL-80	Postnatal ward/OPD
	Section 3: Care of the Newborn	6	SL-2 CL-40	
	Unit 1: Family centered care	1		Postnatal ward
	Unit 2: Ongoing care of newborn	1	CL-10	Postnatal ward/OPD
	Unit 3: Risk identification and referral of newborn	2	CL-15	SNCU/NICU/Postnatal ward/OPD
	Unit 4: Nutritional needs of the newborn and establishing breastfeeding	1	SL-2 CL-10	Postnatal ward/OPD
	Unit 5: Disease prevention and immunization	1	CL-5	Postnatal OPD/Family Planning ward/ Immunization OPD
	Section 4: Complex Care of the Women and Newborn, Healthy Families and Communities	22	SL-16 CL-300	
	Unit 1: Recognition and management of problems during pregnancy	6	SL-2 CL-70	ANC OPD/ANC Ward/ Obstetric HDU
	Unit 2: Recognition of deviations from the normal and management during labour	6	SL-4 CL-70	Labour ward/Obstetric HDU/Maternity OT
	Unit 3: Recognition and Management of postnatal problems	4	SL-4 CL-70	Postnatal Ward/ Obstetric HDU
	Unit 4: Recognition and Management of neonatal problems	4	SL-3 CL-50	SNCU/NICU
	Unit 5: Healthy families and communities	2	SL-3 CL-40	Postnatal ward/ Family Planning ward
	Section 5: Pharmacology, Infection Control & Legal and Ethical Issues	24	SL-2	
	Unit 1: Applied pharmacology and fundamentals of prescribing	20		
	Unit 2: Infection Control	2	SL-2	Integrated clinical practice
	Unit 3: Legal and ethical issue	2		
III.	**MODULE III: Preparing midwives to lead, manage and supervise quality midwifery care**	**15**	**CL-20**	
	Unit 1: Midwifery leadership	4	CL-5	All maternity areas/ MH/DH/CHC
	Unit 2: Change theories and transformative practice	4	CL-5	
	Unit 3: Management of MLCU's	4	CL-5	
	Unit 4: Records and reports	3	CL-5	
IV.	**MODULE IV: Preparing midwives for evidence-based midwifery practices**	**15**	**CL-20**	
	Unit 1: Knowledge and utilization - research and evidence	15	CL-20	
	Total = 1020 hours	**140 hours**	**40+840 hours**	

9. TEACHING AND LEARNING

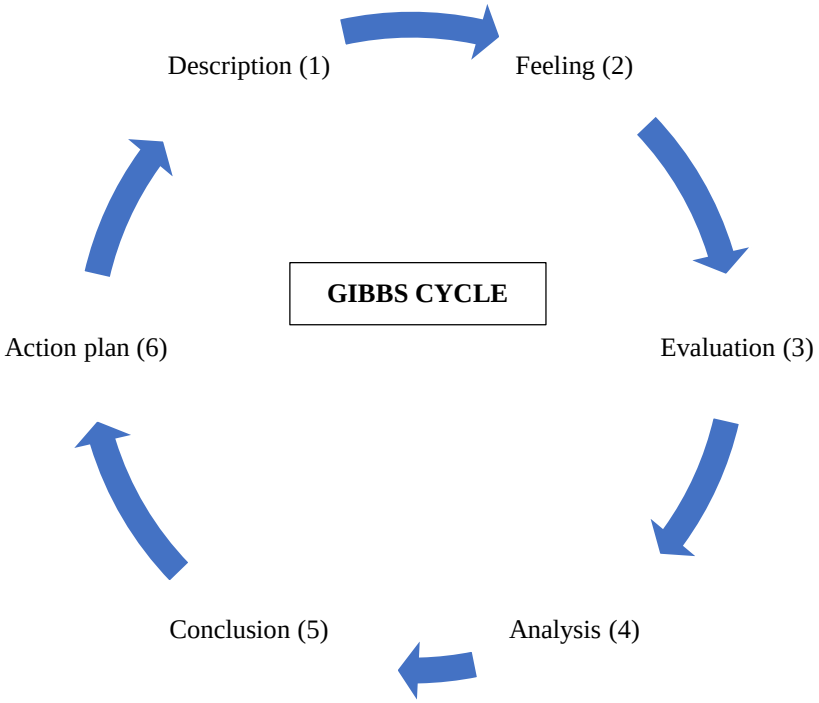
Teaching learning within the NPM Educator curriculum draws on Experiential Learning theories. Experiential learning recognizes that learning is an active process that occurs as students interact with authentic activities, experiences and social encounters. The educational process is underpinned by respect, with educators modelling the respectful care and communication that these graduates will engage in with women. The student is intentionally situated at the center of learning and becomes directly involved in the process of constructing knowledge. As such, experiential learning relies on experience, as the source material and thoughtful reflection to facilitate learning. Providing 'real world' context to activities and experiences aligns students learning to the types of practice and complexities they might encounter as midwifery graduates. Motivation and engagement increase as students work with real-life situations that require decision-making that reflect the nature of maternity care environments and promote autonomous roles that need to be assumed upon completion of the program and called to lead midwifery care in MLCUs.

Experiential learning is also committed to minimizing the theory-practice gap that has been recognized as a challenge in contemporary tertiary health care education. Experiential learning integrates practice with theory, avoiding teaching and learning which occurs in silos. As part of the experiential learning pedagogy students will engage in significant practice experience through midwifery practicums. Practicums will be organized to reflect a diversity of clinical settings across the continuum of childbirth, pre-conception to postpartum and will include hospital and community settings. Students will also be required to engage in defined continuity of care experiences where they follow women through their pregnancy, labour, birth and puerperium.

Complementing experiential learning in this program is scenario-based learning (SBL) and reflective practice. SBL uses scenarios which reflect realistic situations, for example they may be based on case studies, critical incidents or narratives, which provide contextual material and/or learning triggers and provide an ideal environment for exploring practice, complexities and encourage critical thinking, problem solving and decision-making skills. The learning processes in SBL moves through phases that requires students to engage in the scenario, analyze the situation, identify learning needs, construct knowledge, reflect and apply learning. Scenario based learning is best provided through tutorials and flipped classroom, where students can access pre-tutorial readings and recorded lectures to support the interactive nature of the learning.

A dedicated simulated environment will be developed to provide a safe learning environment where students will have the opportunity through simulation workshops to develop midwifery skills, work in teams, explore scenarios and problems, and practice clinical decision-making. Carefully designed simulation activities will also provide the opportunity to develop communication skills relevant to the women's needs and health problems, including interacting with scenarios representing families from different demographic and cultural backgrounds, which is vital considering India's cultural and demographic diversity. Interprofessional learning may also be fostered through implementing team simulation scenarios.

Reflective practice assists students to learn from experience, both positive and negative and to gain new insights about themselves and practice. **Gibbs cyclic model provides a six-stage approach to systematically reflect on an experience or activity; including description, feelings, evaluation, analysis, conclusion and an action plan.**



Experiential learning supported by scenario based learning and reflective practice will be integrated throughout the curriculum in both theoretical and practice components. Teaching and learning arrangements will be organized to encourage collaboration and interaction, examples of teaching modes include tutorials and group work, online resources and lectures, smart classrooms, personal research and reflection, experiential workshops, journal club, post clinical reviews.

9.1 Teaching and Learning Methods

Classroom	Skills Lab	Clinical
• Tutorials and workshops • Lecture cum Discussion • Experiential learning • Self-directed learning (Learning resources - **Annexure-IV**) • Problem based learning • Practice teaching • Micro teaching • Audio-video assisted teaching • Virtual learning - virtual classroom • *****Safe Delivery App/any other apps as self-directed learning	• Skill demonstration • Simulation • Scenario-based reflective learning • OSCE (plan and conduction) • Role play • Drills • Microteaching - skill demonstrations • Videos	• Clinical practice under supervision • Independent clinical practice • Bed side clinics • Reflective learning • Experiential learning • Case presentation • Case studies/discussions • Health talk • Clinical rounds/conference • Drug discussion and presentation • Microteaching - theory/skill demonstrations • Field visit/report • Logbook **(Annexure-III)**
**Example: ***ETech based learning may be incorporated throughout the curriculum by integration of Safe Delivery App into the various teaching methodologies. The Safe Delivery App is a smartphone application that provides direct and instant access to evidence-based and up-to-date clinical guidelines on BEmONC. The SDA can be used as a teaching and learning tool that covers 11 modules: Infection Prevention, Post Abortion Care, Hypertension, Active Management of Third Stage Labour, Prolonged Labour, Post Partum Haemorrhage, Manual Removal of Placenta, Maternal Sepsis, Neonatal Resuscitation, Newborn Management, Low Birth Weight.		

9.2 Assessment Methods

Continuous formative assessments

- Self-assessment through reflective learning, as well as peer review
- Group work
- Objective Structured Clinical Examinations (OSCEs)
- Essays, case discussions, literature review, written assignments
- Written examinations
- Practical assessments - teaching activities, simulation
- Teaching observation assessment - direct observation of teaching practice (practice teaching)
- Competency assessment
- Clinical practice evaluation

10. EXAMINATION REGULATIONS

EXAMINING AUTHORITY: Examination boards approved by the Council.

The candidates are expected to undergo six months intensive residential training at the National Midwifery Training Institute. During the training, i.e., at the end of three months of training, the educators would be expected to undergo a competency-based examination. However, if the educator does not clear the examination, he/she would be given one chance to reappear for the examination failed either in theory or practical only within 2-4 weeks and if failed again and found unsuitable would be discontinued from the program. The educators who clear the examination at the end of three months would be re-assessed at the end of six months of training followed by final assessment at the end of 18 months. The examination pattern for the 3-month exam would be similar to the examination pattern for the final examination at the end of 18 months. (The examination guidelines are detailed and given separately in **Annexure-VII**.)

10.1 Eligibility for Admission to Examination

- Percentage of attendance in theory and practical before appearing for final examination should be 90%.
- Candidate who successfully completes all the requirements such as logbook and clinical requirements is eligible and can appear for the final exam.

- Completion of 12-month mentorship experience is mandatory requirement for admission to final examination.
- The details of eligibility to appear for first assessment after 3 months and second assessment after 6 months are outlined in the exam guidelines.

10.2 Supplementary Examination

- Failed candidates can appear for the supplementary examination after 6 weeks in the final exam failed either theory or practical only.
- Number of attempts - 3

10.3 Examination Pattern (One theory paper and one practical examination)

	Internal (formative assessment)	External (summative assessment)
Theory	25 marks (tests, assignments, presentations)	75 marks (10 marks - MCQ, 30 marks - short answers, 35 marks - essay/scenario)
Practical	50 marks (10 for clinical performance + 10 for clinical assignments + 10 for OSCE + 20 for DOP)	50 marks (20 in OCSE + 30 in DOP

10.4 Practical Examination

- A panel of three examiners - Faculty trainer - 2 (one internal and one external) and medical preceptor – 1 (the examiners as well as the medical preceptor who are involved in teaching the program and are familiar with the curriculum)

10.5 Qualification of Examiner

- M.Sc. Nursing, OBG specialty with 5 years of teaching or clinical experience after PG with a dual role/M.Sc. OBG nursing with 5 years of experience as faculty with a minimum of 2 years midwifery clinical working experience.
- Medical faculty from Obstetrics and Gynecology, Pediatrics and Public Health with 3 years post PG experience/consultant.

11. CERTIFICATION

A. Title - Nurse Practitioner in Midwifery (NPM) Educator

B. The title is awarded upon successful completion of the prescribed study program, which will state that the candidate
   i. Has completed the prescribed course of Nurse Practitioner in Midwifery (NPM) Educator.
   ii. Has attended 90% of the theoretical and 100% of the practical instruction hours before awarding the certificate.
   iii. Has passed (70% marks both internal and external together) in the prescribed theory and practical examination.

C. Certification will be done by the Examination Boards approved by the Council. The SNRC will be registering NPM Educator as an additional qualification.

Midwifery Educators, who clear the examinations at the end of six months, should be posted at State Midwifery Training Institutes for training of Nurse Practitioners in Midwifery (NPMs). Six Month training of Midwifery Educators would be followed by one year of onsite mentorship to ensure proficiency of Midwifery Educators. The Examination Boards approved by the Council would provide a provisional certificate to the candidates who have successfully completed six months of training and would further provide a final certification after they have completed the 12 months of mentorship.

12. COURSE MODULES

COURSE MODULE I
PREPARING MIDWIVES FOR RELATIONSHIP BASED AND TRANSFORMATIVE MIDWIFERY CARE

Theory (T): 30 hours

Practicum: Skills Lab (SL): 5 hours, **Clinical (CL):** 10 hours

Course Aim

This course prepares the students to understand their role as an educator by building on their understanding of midwifery in Indian and global context, thus prepares future NPMs for relationship-based and transformative midwifery care. It aims to prepare educators who have imbibed the principles of midwifery philosophy and practice and are competent and skilled in the art of transformative teaching and learning practices.

Course Description

Central to this course are the dual concepts of woman-centered care and student-centered learning. The philosophy of midwifery practice based on the scope of practice, code of ethics, and essential competencies by the Council/ICM for the midwife will be explored. This will also enable the NPM educator to gain knowledge on adult learning principles and to develop the skills and attitude in effectively teaching and training nurse practitioners in midwifery.

Course Objectives

1. Explore the midwifery educator's competencies in tangent with the ICM midwives' competencies in Indian context.
2. Demonstrate an understanding of the midwifery curriculum and key national & international documents and guidelines for midwifery and midwifery education.
3. Demonstrate skills in effective communication and providing respectful maternity and newborn care.
4. Describe current educational theories including experiential and scenario-based learning principles to create an environment to facilitate learning.
5. Identify own learning needs and apply student-directed study goals.
6. Describe group dynamics and the importance of peer review and self-reflection.
7. Develop effective learning, teaching practices and resources based on evidence.
8. Apply competency-based education in the context of midwifery practice across the continuum and the ICM essential competencies.
9. Demonstrate current midwifery knowledge and skills and recognize the role of continuing professional development.

Competencies (WHO educator competencies)

1. Demonstrate professional accountability for the delivery of midwifery care as per the Council standards that are consistent with moral, altruistic and humanistic principles in midwifery practice. (1.1)
2. Demonstrate understanding of midwifery philosophy of care focused on respectful maternity care placing the woman's sexual and reproductive health rights at the center of the care process. (1.3)
3. Incorporate educational strategies to enhance active learning to develop students' critical thinking, critical reasoning skills and innovative thinking. (3.1)
4. Select and use effective and appropriate teaching and learning resources. (3.2)
5. Demonstrate skill in providing competency-based skill training using simulation for the students of the NPM course. (3.3)
6. Recognize and support the learning styles and unique learning needs of NPM students. (3.4)
7. Facilitate a safe and effective clinical learning environment. (4.1)
8. Promote individualized experiential learning. (4.2)
9. Demonstrate skills in clinical evaluation and training. (4.3)
10. Assess student competency using various assessment strategies, tools and maintain accurate records. (5.1)
11. Monitor, assess and evaluate the effectiveness of the NPM program. (5.2)
12. Participate actively in planning and organizing the NPM curriculum. (6.1)
13. Implement the NPM curriculum effectively and provide feedback for quality improvement. (6.2)
14. Demonstrate effective communication using variety of methods in diverse care delivery settings. (7.1)

The Course Module I is sub-divided into two Sections:

Section 1 – Theory (T): 15 hours, **Skill Lab (SL):** 1 hour and **Clinical (CL):** 5 hours

Section 2 – Theory (T): 15 hours**, Skill Lab (SL):** 4 hours and **Clinical (CL):** 5 hours

Section 1: Relational education: preparing midwives for relationship-based midwifery care

Drawing on the WHO educator competencies and ICM midwifery philosophy and core documents, this this section will introduce students to their role as an educator by building on their understanding of midwifery in a global context and situating it within the new midwifery initiative for India. Central to this are the dual concepts of woman-centred care and student-centred learning.

Philosophy of midwifery practice based on the ICM definition of a midwife, scope of practice, code of ethics, and essential competencies for the midwife; LaQshya guidelines; WHO guidelines and recommendations on antenatal, intrapartum and postnatal care; mother, baby and family attachment and psychology; literature, frameworks and guidelines around humanizing birth, cultural competence, respectful care, sexual health and reproductive rights, gender-based violence and the ethical and legal aspects of the Council will be explored and applied to teaching and clinical practice. This section will introduce the WHO Midwifery educator core competencies in conjunction with the new guidelines for midwifery-led care and the curriculum for the NPM in

India; introduction to learning and teaching pedagogy. There will be a specific focus on the role of the educator, positive human relationships, respectful compassionate communication, development of confident active listening and communication skills. Students will start to use group work, peer support and reflective practice and to incorporate these into their teaching practice; development of lifelong learning skills, including critical thinking skills, reflective practice and evidence-based policy and practice.

SECTION 1: CONTENT OUTLINE

Theory (T): 15 hours**, Skill Lab (SL):** 1 hour and **Clinical (CL):** 5 hours

Unit	Hours	Learning Outcomes	Content	Teaching Learning Activities	Assignments	Methods of Assessment
I	T-1	Build rapport with other students and educator Identify previous experience of student peers working in groups Confidently begin journey as midwife educator student Articulate understanding of becoming a midwifery educator	**Introduction** • Vision of the midwifery educators training program • Overview of courses and expectations • Studying for success • Accessing resources (online) • Seminar and tutorial expectations and working in groups • Role of self-directed learning • Overview of course assessments, academic policies and procedures, group norms • WHO educator competencies • Developing your portfolio	• Icebreakers and 'getting to know you' activities	• Development of self-portfolio	• Assessment of portfolio
II	T-4	Describe current scenario and status of midwifery in India and its future Describe the philosophy of midwifery practice and ethics Apply the midwifery model of care in clinical practice Discuss autonomy and accountability within the context of midwife led care and	**Current scenario and status of midwifery in India and its future** • Current scenario and status of midwifery in India and its future • History of midwifery • Current scenario: Midwifery in India • Introduction to philosophy of midwifery practice • The Council/ICM code of ethics • Models of midwifery care - including distinction between midwives and other providers with midwifery skills • Midwife led care and continuity of care (MLCC) • Autonomy and accountability within the context of midwife	• Seminars (student led) • Self-directed learning • Talking with a pregnant woman/new mother about her experience	• Journal reference and presentation	• MCQ • Long Essays

Unit	Hours	Learning Outcomes	Content	Teaching Learning Activities	Assignments	Methods of Assessment
		continuity of care Contextualize ICM midwifery practice standards Describe the concept of woman, newborn and family centred care Describe relational education and relationship-based midwifery	led care and continuity of care • Essential competencies for basic midwifery practice (ICM) • The Council practice standards • ICM global standards for midwifery practice • Trends in midwifery • Midwifery associations and its role • Philosophy and practice of woman, newborn and family centred care for India • 'What women want' - the expectations and experience of care • Building positive relationships • Key challenges in midwifery practice in India and influence of midwifery education for transformation • Roles and scope of NPMs in India • Relational education and relationship-based midwifery			
III	T-1	Describe universal rights of childbearing women and how they might be applied in India? Explain how these might be applied in practice	**Universal rights of childbearing women** • Universal rights of childbearing women and how they can be applied in India? • International studies of human rights violations and their effects	• Lectures, tutorials and seminars • Observation in practice	• Develop a scenario to illuminate universal rights in practice	• Assignment on scenario
IV	T-5	Describe the importance of RMNC	**Respectful relationship-based care: Respectful maternity and newborn care (RMNC)** • What is RMNC? • The nature of respectful care • Type of care expected from women and family • Importance of RMNC in improving quality of care	• Discussion and experiential learning • Video - RMNC • Integrated clinical practice in maternity ward • Clinical scenarios and role plays - e.g., domestic/ sexual abuse - students respond and bring in the	• Writing role play script • Explore key challenges in midwifery practice in implementing RMNC during antenatal care, intra-natal care and postnatal care	• Essay, short answers and MCQ • Assessment of clinical performance with rating scale • Feedback form from mothers (Particularly designed for

Unit	Hours	Learning Outcomes	Content	Teaching Learning Activities	Assignments	Methods of Assessment
			• Clients' rights for health care and examples of social accountability practices • Behavior change strategy for RMC services • Creating Social and Cultural Barrier Free Environment • RMC for women in MLCU's • RMC at all phases o Preconception o During ANC o During labour o During delivery o During postpartum period • Newborn care integrated into RMC • Client privacy • Respectful communication: bereavement, maternal death, newborn death, IUD, still birth • RMC in complication • RMC during psychological morbidity of women postpartum • RMC for differently-abled woman • Effect of non-respectful care • Role of NPM in assuring RMNC in MNH service • Model respectful relationships in practice and in education	evidence • Encourage respectful educator/ student relationship • *Exercise:* Build positive relationships within the clinical environment and sensitize everyone to the new role of the midwife practitioner • Explore studies of relationship-based continuity of care	• Prepare a role play	assessing delivery of respectful care) • Assessment of the scenario on implementing RMNC during antenatal care, intra-natal care and postnatal care
		Link the practice of women centered care to the provision of respectful maternity care Develop strategies to promote respectful and compassionate care				
V	T-2 SL-1	Describe the epidemiology of maternal and neonatal health in India	**Maternal and newborn health scenario in India** • Public health for midwives (Self Learning) • Epidemiological aspects and magnitude of maternal and neonatal health in India (Self Learning) • Issues of maternal and neonatal health: age, gender, sexuality, psycho socio-cultural factors, gender	• Discussion and experiential learning scenarios • Self-directed learning • Supervised practice in HSC, PHC, CHC	• Preparation & presentation of vital statistics records/Fact sheet • Literature search on MNH care	• Essay, short answers and MCQ • Assessment of visit report

Unit	Hours	Learning Outcomes	Content	Teaching Learning Activities	Assignments	Methods of Assessment
		Discuss various national RMNCH programs including new midwifery service initiatives	disparities and women empowerment • Health care delivery system: National, State, District, and Village level with reference to MCH • National health programs related to RMNCH • Quality of care in MNH			
VI	T-2 CL-5	Identify and implement the chain of referral system Identify and apply policies and protocols required to stabilize women for referral	**Chain of Referral system** • Limitations and possibilities of other health care providers • Policy and protocols for referral; range of strategies (Conditions requiring referral, when, where and how to refer for what condition) • Transport arrangements: community resources, advice to families and referral note • Follow up: feedback on cases referred • Records and reports on referrals	• Discussion and experiential learning • Supervised clinical practice	• Writing referral slip/ note • Safe Delivery App (SDA)	• Essay, short answers and MCQ

Section 2: Transformative education: preparing midwives for transformative midwifery care (Teaching and Learning Approaches)

Section 2 will introduce educational theories such as experiential and scenario-based learning and competency-based education in the context of midwifery practice across the continuum and in primary health care settings.

Students will be taught the skills to create an environment that facilitates learning in both theoretic and clinical environments. It will also draw on the student's midwifery knowledge and clinical experience across the continuum of pregnancy, birth and postpartum care of women and newborns. Use of evidence in facilitating informed decision-making, risk management/wellbeing support, working in community and primary health settings, midwifery education for women and role in public health. Highlight the need for continuing professional competence; the role of clinical supervision; provide opportunity to develop teaching materials and resources; introduce experiential and scenario-based learning, simulation technologies, consolidate learning and teaching approaches.

SECTION 2: CONTENT OUTLINE

Theory (T): 15 hours**, Skill Lab (SL):** 4 hours and **Clinical (CL):** 5 hours

Unit	Hours	Learning Outcomes	Content	Teaching Learning Activities	Assignments	Methods of Assessment
I	T-2	Assessment of own knowledge base and areas for development Demonstrate understanding of ICM	**Developing knowledge for practice and putting knowledge into practice** • Power in education and in practice	• Lecture, tutorial, student led seminar • Self-directed study • Development of a scenario using	• Prepare assignment on application of knowledge into practice, e.g., RMC in	• Development of portfolio and log-book with plan for individual learning

Unit	Hours	Learning Outcomes	Content	Teaching Learning Activities	Assignments	Methods of Assessment
		competencies and assess against these Describe reflective practice and how this might be used to develop learning and knowledge	• What are competencies, and different methods of learning, teaching? • Creating experience for developing these • What is unique about midwifery knowledge, reflective practice and different approaches?	ICM competencies	intra-natal care	
II	T-2	Demonstrate understanding of educational theories including but not limited to experiential learning, skill learning, scenario-based learning, practice-based education	**Educational theories applicable to midwifery education** • Experiential learning, scenario-based learning, learning skills, teaching and assessment in practice, conceptual learning	• Develop educational design, teaching approaches and lesson plans based on some of the ICM competencies and WHO midwifery educator competency domains	• Prepare Lesson Plan based on ICM competencies in any area	• Development of portfolio • Assessment of the Lesson Plan
III	T-2	Develop a scenario from practice as a basis for learning ICM competencies and WHO educators' competencies	**Experiential and scenario-based learning for midwifery practice** • Scenario-based learning, how to develop a scenario from practice, reading or online resources • Practice based education including clinical decision making, using evidence in practice • Shaping education for practice in the clinical area • Using simulation	• Intensive workshops developing different scenarios, based on ICM competencies and integrating part of the range of WHO educator competencies • The class will cover the whole range of WHO competencies	• Written scenario and using that scenario for teaching in the class • Development of portfolio	• Assessment of the scenario based on ICM competencies
IV	T-3	Demonstrate understanding and application of the educational approaches for transformational and relationship-based midwifery care	**Educational approaches** • Relational education - Preparing midwives for relationship-based midwifery care (student/teacher/ women/families)	• *Exercise:* Build positive relationship between the student and teacher • Role play: Scenario based learning	• Written script for role play	

Unit	Hours	Learning Outcomes	Content	Teaching Learning Activities	Assignments	Methods of Assessment
			• Transformative education - Preparing midwives for transformative midwifery care • Student centered learning • Competency based education/training			

V	T-3
	SL-2
	CL-5
		Describe principles of teaching and clinical training and strategies/ skills
		
		Utilize different teaching methodologies focusing on student centered and relationship-based learning
		
		Participate in peer review and self-reflection activities
		
		Promote interpersonal communication
		
		Identify communication skills required to establish successful midwife-woman partnership
			Teaching and clinical training skills
			• Teaching-learning process
			• Adult learning principles
			• Methods of teaching - simulation, projects, problem-based learning, drills
			• Reflective learning
			• Microteaching
			• Preparation of lesson plans and skill checklist
			• Preparation of AV aids
			• Preparation of case studies, case/simulation scenarios
			• Preparation of master and clinical rotation plan
			• Clinical teaching methods - rounds and reports, bedside clinic, conferences
			• Clinical preceptorship, mentoring and role modeling
			• Peer-review, self-reflection
			• Interpersonal communication
			  ○ Communication
			  ○ Team communication
			  ○ Conflict management
			• Effective and respectful communication
				• Discussion and experiential learning
				• Practice teaching: theory and skill demonstration
				• Practice reflective learning
				• Role play
					• Practice teaching: theory and skill demonstration using various teaching methodologies
					• Preparation of lesson plan, checklists, AV aids
					• Preparation of case studies, case/ simulation scenarios
					• Microteaching
						• Essay, short answers and MCQ
						• Practice teaching sessions/ micro-teaching

Unit	Hours	Learning Outcomes	Content	Teaching Learning Activities	Assignments	Methods of Assessment
		Recognize challenges to effective communication within diverse cultural communities	between midwife and woman • Communication within diverse cultural communities • Guidance and counseling			
VI	T-3 SL-2	Explain various methods of knowledge and skills assessment Develop assessment tools Participate in self-assessment/ appraisal	**Assessment/ Evaluation Methods** • **Assessment of knowledge:** Preparation of o Essay o Short answers o MCQs • **Assessment of skills** o Assignments o Observation checklist o OSCE/OSPE o Practical examination o Viva voce • **Assessment of attitude: Attitude scales**	• Discussion and experiential learning • Self-directed learning • Simulation	• Preparation of knowledge assessment test • Setting up of OSCE stations and simulation areas • Prepare checklists for evaluation	• Essay, short answers and MCQ • OSCE

COURSE MODULE II
PREPARING MIDWIVES FOR CARE DURING PREGNANCY, BIRTH AND PUERPERIUM

Theory (T): 80 hours

Practicum: Skills Lab (SL): 35 hours, **Clinical (CL):** 790 hours

The Course Module II is sub-divided into five Sections:

Section 1 – Theory (T): 6 hours and **Skill Lab (SL):** 3 hours
Section 2 - Theory (T): 22 hours, **Skill Lab (SL):** 12 hours and **Clinical (CL):** 450 hours
Section 3 - Theory (T): 6 hours, **Skill Lab (SL):** 2 hours and **Clinical (CL):** 40 hours
Section 4 - Theory (T): 22 hours, **Skill Lab (SL):** 16 hours and **Clinical (CL):** 300 hours
Section 5 - Theory (T): 24 hours and **Skill Lab (SL):** 2 hours

Course Aim

This course will equip the NPM educators to upscale their knowledge, clinical skill and competencies and lead by example to prepare competent NPMs to deliver skilled, knowledgeable, compassionate and respectful midwifery care across the continuum of childbirth.

Course Description

This module is designed to enable the NPM educators to review the principles of related biological and behavioral sciences and midwifery to promote physiological birth and provide respectful quality care. The course comprises of review of anatomy and physiology, pre pregnancy care, antenatal care, intrapartum care, postpartum care and care of newborn and applied pharmacology including fundamentals of prescribing, legal & ethical issues, and infection control. It also includes recognition and management of problems/complications during pregnancy, labour, and postnatal period, and neonatal problems.

Course Objectives

1. Discuss the anatomy and physiology of the female reproductive system and conception.
2. Assess and provide pre pregnancy care including counseling.

3. Assess and provide care for women in the antenatal, intra-natal and postnatal period including conduction of normal deliveries.
4. Assess and provide care for neonates.
5. Identify deviations from normalcy, stabilize and transport women and neonates to the higher health centers.
6. Demonstrate sound knowledge of applied pharmacology and principles of prescribing.
7. Identify and use medicines appropriately in midwifery, obstetric emergencies and complex situations as per GoI guidelines.
8. Demonstrate professional accountability for the delivery of midwifery care as per the Council standards that are consistent with moral, altruistic, legal and ethical and regulatory and humanistic principles in midwifery practice.
9. Implement infection control practices in maternal and newborn care facilities.
10. Collaborate with the health care team in providing midwifery care to women and their neonates.
11. Promote health of families and communities and provide family welfare services.

Competencies (ICM)

1. Adhere to jurisdictional laws, regulatory requirements, code of conduct for midwifery practice. (1f)
2. Provide pre-pregnancy and antenatal care. (2a)
3. Determine health status of women. (2b)
4. Assess the fetal wellbeing. (2c)
5. Monitor the progression of pregnancy. (2d)
6. Promote and support health behaviors that improve their wellbeing. (2e)
7. Provide anticipatory guidance related to pregnancy, birth, breastfeeding, parenthood, and change in the family. (2f)
8. Detect, manage, and refer women with complicated pregnancies. (2g)
9. Assist the woman and her family to plan for an appropriate place of birth. (2h)
10. Provide care to women with unintended or mistimed pregnancy. (2i)
11. Promote physiologic labour and birth. (3a)
12. Manage a safe spontaneous vaginal birth and prevent complications. (3b)
13. Provide care of the newborn immediately after birth. (3c)
14. Provide postnatal care for the healthy woman. (4a)
15. Provide care to healthy newborn infant. (4b)
16. Promote and support breast feeding. (4c)
17. Detect and treat or refer postnatal complications in woman. (4d)
18. Detect and manage health problems in newborn infant. (4e)
19. Provide family planning services. (4f)

Section 1: Maternal, Fetal and Newborn Physiology

This section will review the students' knowledge of anatomy and physiology of reproduction and fetal development in order to support the facilitation of normal physiological birth.

This section will include but not be limited to anatomy and physiology of reproductive system, conception, menstruation and ovulatory cycle; anatomy of maternal pelvis and fetal skull. It will provide an in-depth study of the normal physiological changes that occur in pregnancy. It will review placental physiology and fetal growth and development, fetal circulation. Content will be sequentially aligned with the normal pregnancy, providing the bio-science to support midwifery knowledge and application of practice skills.

SECTION 1: CONTENT OUTLINE

Theory (T): 6 hours and **Skills Lab (SL)**: 3 hours

Unit	Hours	Learning Outcomes	Content	Teaching Learning Activities	Assignments	Methods of Assessment
I	T-2 SL-2	Review the reproductive system Understand the female hormonal cycle (ovarian and uterine)	**Review of anatomy and physiology of human reproductive system** • Female pelvis and Fetal skull (with feto-pelvic relationships) • Hormonal cycles	• Self-directing learning • Discussion and experiential learning	• Presentations/ seminars • Demonstration - female pelvis and fetal skull	• Essay, short answers and MCQ

II	T-2 SL-1	Understand the process of fertilization and conception Understand placental development and function Demonstrate knowledge of fetal growth & development in early pregnancy Understand the role of the placenta in fetal wellbeing and nutrition	**Embryology and fetal growth and development** • Fertilization and conception • Implantation • Embryological development • Placental development • Placental function; blood brain barrier • Fetal growth and development • Fetal circulation • Fetal nutrition	• Tutorial • Group work • Online lecture • Self-directed learning	• Foetal circulation - schematic representation	• Evaluation of the assignment
III	T-2	Recognize physiological changes in early pregnancy across the body systems Understand the interaction of pregnancy hormones	**Physiological changes in early pregnancy** • Cardiovascular, hematological, endocrine, digestive, respiratory, uterine, renal, immune system musculoskeletal, integumentary changes • Hormones of pregnancy • Ongoing signs of pregnancy	• Tutorial • Group work • Online lecture • Self-directed learning		• Formative quiz (final course exam) • Educational resource development

Section 2: Normal Pregnancy, Birth and Puerperium

This section will prepare the student to provide skilled, knowledgeable, compassionate and respectful midwifery care across the continuum of childbirth in both community and institution.

It will include knowledge and skills to promote physiological birth and provide respectful quality maternal and newborn care. This will include but not limited to **Antenatal care:** assessment of pregnancy, comprehensive health history, physical assessment, screening, managing existing disease/pathology, support for pregnancy discomforts, assessment of fetal growth and wellbeing, health information and informed consent, antenatal education; **Intrapartum care:** 1st, 2nd, 3rd and 4th stage of labour, which includes the assessment of progress of labour, partograph, vaginal examination, observations and documentation, supporting women in labour and birth, promotion of physiological birth, non-pharmacological and pharmacological pain relief, assessment of perineal trauma, perineal suturing, observation and bleeding assessment, timely referral; **Postnatal care:** maternal care, transition to parenthood - mother, father and family, promoting attachment, skin-to-skin contact, establishing breastfeeding, managing breastfeeding challenges, documentation, reporting etc. Compassionate, woman centred midwifery care during normal pregnancy, labour, birth and postnatal period alongside evidence-based quality, holistic and continuity of midwifery care utilizing cultural competence and sensitivity are highly emphasized throughout.

SECTION 2: CONTENT OUTLINE

Theory (T): 22 hours, **Skills Lab (SL)**: 12 hours and **Clinical (CL)**: 450 hours

Unit	Hours	Learning Outcomes	Content	Teaching Learning Activities	Assignments	Methods of Assessment
I	T-2	Facilitate a	**Beginning the pregnancy journey**	• Discussion and experiential	• Pre-conception	• Evaluation of skills

Unit	Hours	Learning Outcomes	Content	Teaching Learning Activities	Assignments	Methods of Assessment
		partnership[3] with women through continuity of care Explain the significance of pre pregnancy care Recognize birth as a normal life event for women and their families Provide preconception care for eligible couples Provide information and develop skills to enable shared decision making in midwifery practice Understand and advocate for planned parenthood	**Pre-pregnancy Care** • Review of sexual development (Self Learning) • Socio-cultural aspects of human sexuality (Self Learning) • Evidence based screening for health problems such as diabetes, hypertension, thyroid conditions, and chronic infections that impact pregnancy • Pre-conception counseling (including awareness regarding normal births) • Genetic counseling (Self Learning) • Assess and confirm pregnancy • Shared decision making in midwifery practice • Planned parenthood	learning • Demonstration • Role play - counselling • Tutorial, group work • Case study	counseling • History taking and assessment of health status of women • Assessment of nutritional status and screening of women	using checklist • Assessment of clinical performance with using checklist • Evidence based essay
II	T-3 SL-1 CL-40	Respond effectively to women's individuality, and lack of knowledge about their social and cultural contexts Explain the significance of antenatal care for the women and family Demonstrate skills in providing antenatal care, health education for pregnant women and continuity of care • Promote equity	**Pregnancy assessment and midwifery care during 1st trimester** Review of • Normal pregnancy • Maternal nutrition and malnutrition • Diagnosis of pregnancy - signs and symptoms, differential diagnosis, confirmatory tests • Definition, nature, objectives and importance of antenatal care ○ Building partnership with women following RMC protocol • Antenatal assessment: History taking,	• Discussion and experiential learning • Demonstrations • Bed side clinics • Case discussions • Seminar • Nursing rounds • Supervised clinical practice in antenatal OPD and ward • Self-directed learning • Skilled Birth Attendant module • Online lecture • Scenario-based learning	• Health education • Case presentation • Bed side clinic • Clinical Conference • Antenatal history taking and assessment • Draw a micro-birth plan • Laboratory investigations: perform and interpret - UPT, Hb estimation, HIV/Syphilis testing; urine analysis for albumin and	• Essay, short answers and MCQ • Assess clinical skills using procedure checklists • Assess clinical performance using rating scale • OSCE/ OSPE

[3]Note that in a partnership relationship between a midwife and a woman, both make equally essential (but different) contributions. The woman defines who her family are and how they will be involved. Information is shared, decisions are negotiated, and the woman makes decisions that are right for her. The midwife upholds the woman's decisions. See chapter on partnership in practice in Pairman et al textbook.

Unit	Hours	Learning Outcomes	Content	Teaching Learning Activities	Assignments	Methods of Assessment
		and access to care during pregnancy • Recognize birth as a normal life event for women and their families • Describe the need for documentation and record keeping	physical examination, breast examination, obstetrical and pelvic examination (Leopold's maneuvers), laboratory investigation • Identification and management of minor discomforts of pregnancy • Antenatal care and counseling (lifestyles in pregnancy, nutrition, shared decision making, risky behavior in pregnancy, counseling regarding sexual life during pregnancy etc.) • Screening for antenatal anxiety • Screening for family violence o Point of Care and One Stop Service during ANC • Danger signs during pregnancy • Birth preparedness and complication readiness (including promoting "Normalcy during pregnancy") • Childbirth preparation • Respectful care and compassionate communication • Recording and reporting o Clinical procedures as per the GoI guidelines • Various models of ANC and their evolution • GoI current model of ANC provision • Role of Doula/ ASHA's		sugar • Assessment of fetal well-being • Antenatal counselling	
III	T-1 SL-1 CL-40	Demonstrate knowledge of midwifery practice throughout the 2nd	**Midwifery care during 2nd trimester of pregnancy** • Education and management of	• Tutorial • Group work • Online lecture • Scenario based learning		• Quiz, (end of course exam) • Competency based assessment

Unit	Hours	Learning Outcomes	Content	Teaching Learning Activities	Assignments	Methods of Assessment
		trimester Maintain woman centered relationship-based care Assess fetal growth and development Discuss management for existing disease or pathology Facilitate ethical midwifery practice promoting maternal autonomy and choice	physiological changes and discomforts of 2nd trimester • Rh negative and prophylactic anti D • Second trimester tests and health education o Interpreting screening results o Health education on IFA, calcium and vitamin D supplementation, glucose tolerance test, immunization etc. • Informed decision making • Antenatal assessment: abdominal palpation, fetal assessment, auscultate fetal heart rate - Doppler and Pinnards • Assessment of fetal well-being: fetal pattern, DFMC, biophysical profile, non-stress test, cardiotocography, USG, vibro-acoustic stimulation • 2nd trimester antenatal care o Women centered care o Respectful care and compassionate communication o Referral and collaboration, empowerment o Ongoing risk assessment o Maternal Mental Health o Role of Doula/ ASHA's	• Case study • Simulation workshop		• OSCE
IV	T-1 SL-1 CL-40	Demonstrate knowledge of midwifery practice throughout the 3rd trimester Maintain woman centered relationship-based	**Midwifery care during 3rd trimester of pregnancy** • Physiological discomforts during 3rd trimester • Third trimester tests and screening • Fetal engagement in late pregnancy	• Tutorial • Group work • Online lecture • Scenario based learning • Case study • Simulation workshop • Demonstration of birthing position		• Quiz, (end of course exam) • Competency based assessment

Unit	Hours	Learning Outcomes	Content	Teaching Learning Activities	Assignments	Methods of Assessment
		care to develop birth plan Provide antenatal care related to preparation for birth and breastfeeding education to build each woman's confidence	• 3rd trimester antenatal education classes • Birth preparedness and complication readiness • Health education on exclusive breastfeeding • Danger signs of pregnancy - recognition of ruptured membranes • Ongoing risk assessment • Cultural needs • Women centered care • Respectful and compassionate communication • Alternative birthing positions - women's preferred choices • Role of Doula/ ASHA's			
V	T-4 SL-3 CL-70	Apply the physiology of labour Describe how a midwife builds a woman's confidence and provides respectful care for the women during labour Encourage the role of birth companion during labour Discuss the effect of the midwife's (and other team members) language on the woman's emotional well-being Discuss how to maintain an environment for labour in which the woman feels safe	**Midwifery care during 1st stage of labour** Review of • Normal labour and birth • Onset of birth/labour • Per vaginal examination (if necessary) • Stages of labour • Organization of labor room - Triage, preparation for birth • Positive birth environment • Respectful care and communication **1st Stage** • Physiology of normal labour • Monitoring progress of labour • Using Partograph • Pain relief in labour (non-pharmacological and pharmacological) • Assessing and monitoring fetal well being • Psychological support - managing fear	• Discussion and experiential learning • Bed side clinics • Case discussions • Seminar • Simulation • Video • Demonstrations • Supervised clinical practice in labour ward • SBA, IMNCI, NSSK modules • LaQshya guidelines	• Bed side clinic • Health education • Case presentation • Clinical Conference • Case study • Plotting and interpretation of partograph • Supervised clinical practice	• Essay, short answers and MCQ • OSCE/ OSPE • Assessment of skills using procedure checklist • Assess clinical performance with rating scale

Unit	Hours	Learning Outcomes	Content	Teaching Learning Activities	Assignments	Methods of Assessment
		Work effectively with pain during labour	• Activity and positioning for labour • Nutrition during labour • Care during 1st stage of normal labour o Positive childbirth experience for women o Birth companion for labour o Safe environment for mother and newborn to promote bonding o Role of Doula/ ASHA's o Evidence based theories (e.g., becoming a mother) and practice in relation to labour interventions			
VI	T-2 SL-3 CL-40	Apply knowledge of the physiology of birth to midwifery care Discuss how the midwife provides care and support for the women during birth to enhance physiology and promote normal birth	**Midwifery care during 2nd stage of labour** Self-directed learning • Physiology (mechanism of labour) • Signs of imminent labour • Intrapartum monitoring • Birth position of choice • Warm compresses • Vaginal examination (if necessary) • Management - preparation and supporting birth • Psychological support • Non-directive coaching • Role of Doula/ ASHA's			
VII	T-2 SL-2 CL-70	Assessment and care of the newborn immediately following birth	**Care during 3rd stage of labour** • Physiology - placental separation and expulsion, homeostasis • Physiological management of third stage of labour	• Tutorial • Group work • Online lecture • Scenario based learning	• Case study • Simulation	• Quiz (end of course exam)

Unit	Hours	Learning Outcomes	Content	Teaching Learning Activities	Assignments	Methods of Assessment
			• Active management of third stage of labour • Examination of placenta, membranes and vessels • Assess perineal, vaginal tear/injuries and suture if required • Immediate perineal care • Assessment and care of the newborn immediately following birth • Essential newborn care (ENBC) • Initiation of breast feeding • Skin to skin contact • Vitamin K prophylaxis • Newborn resuscitation			
VIII	T-2 SL-1 CL-70	Discuss the impact of labour and birth as a transitional event in the woman's life Ensure initiation of breast feeding and adequate latching	**Care during 4th stage of labour** ***Observation, Critical Analysis and Management of mother and newborn*** • Maternal assessment, observation of fundal height, urine output, blood loss • Documentation and Record of birth • Breastfeeding and latching • Managing uterine cramp • Alternative/ complementary therapies • Role of Doula/ ASHA's • Various childbirth practices • Safe environment for mother and newborn to promote bonding	• Tutorial • Group work • Online lecture • Scenario based learning • Case study • Simulation Workshop		• Quiz (end of course exam) • Competency based assessment
IX	T-5 CL-80	Demonstrate integration of the role of midwife in the care of woman Explore the	**Postpartum care/ Ongoing care of women** Review of • Normal postpartum period	• Discussion and experiential learning • Demonstration • Simulations • Bedside rounds/ clinics	• Seminar • Case studies • Clinical presentation • Counseling mothers for breast feeding	• Essay, short answers and MCQ • Assessment of skills with procedure check list

Unit	Hours	Learning Outcomes	Content	Teaching Learning Activities	Assignments	Methods of Assessment

		maternal physiological changes following birth
		
		Understand the physiology of lactation and composition of breast milk
		
		Demonstrate skill in caring for postnatal women
		
		Understand homeostasis and nutritional requirements of the newborn
			• Physiology of puerperium
			• Post-natal assessment and care - facility and home-based care
			• Perineal hygiene and care
			• Bladder and bowel function
			• Minor disorders of puerperium and its management
			• Physiology of lactation and lactation management
			• Postnatal counseling and psychological support
			• Normal postnatal baby blues and recognition of postnatal depression
			• Transition to parenthood
			• Care for the mother from 72 hours to 6 weeks after the delivery
			  ○ Cultural competence (Taboos related to postnatal diet and practices)
			  ○ Evidence based practice in relation to postnatal and newborn care
			• Knowledge on postpartum family planning methods
			• Follow-up
				• Case discussion
				• Role play
				• Safe Delivery App video on feeding
					- techniques and position
					• Health talk
					• Postnatal assessment
					• Supervised clinical practice in postnatal ward and OPD
						• OSCE/ OSPE

Section 3: Care of the Newborn

This section will prepare the student to provide skilled, knowledgeable, respectful and compassionate midwifery care to the newborn in both community and institution.

It will address the knowledge and skills required to provide quality care for the newborn and promote a healthy transition to life. This will include but not limited to: supporting the transition to extra uterine life; immediate care of the newborn, Apgar score, newborn assessment, essential newborn care; complete physical examination; newborn health needs; nutritional needs of the newborn, skin to skin contact; breastfeeding; maternal newborn bonding; growth and development of the infant; prophylactic measures; involve partner/support person; screening and immunization; provide evidence based information to parents; consideration of cultural norms; respectful care. It further equips the students to distinguish variations in normal development of the newborn and refer to the inter professional team.

SECTION 3: CONTENT OUTLINE

Theory (T): 6 hours, **Skills Lab (SL)**: 2 hours and **Clinical (CL)**: 40 hours

Unit	Hours	Learning Outcomes	Content	Teaching Learning Activities	Assignments	Methods of Assessment
I	T-1	Discuss the need for compassionate, family centered midwifery care of the newborn and how this is provided Discuss how the woman and family's views and beliefs are respected Understand that actions and interventions carried out on baby need to be fully explained and informed consent obtained	**Family centered care** • Concept of family centered care • Partnership and cultural competency • Respectful care and communication • Informed consent and shared decision making	• Tutorials and group work • Scenarios		• Formative assessment, competency based
II	T-1 CL-10	Discuss preparation for newborn at birth Explain the midwife's role in observing and assessing the newborn immediately after birth Explore the physiological adaptions that the newborn undergoes following birth Demonstrate skills in caring for normal newborns in the presence of mother	**Assessment and ongoing care of normal neonates** Review of • Normal neonate - physiological adaptation • Newborn assessment and care • Screening for congenital anomalies • Care of newborn from 72 hours to 6 weeks after the delivery (routine care of newborn) • Skin to skin contact • Thermoregulation • Infection prevention (asepsis and hand washing)	• Discussion and experiential learning • Demonstrations • Self-directed learning • Seminar • Case discussion • Safe Delivery App module on newborn management and risk management • Supervised clinical practice in postnatal ward/NICU/ Nursery	• Case presentation/ Case discussion • Health talk • Newborn assessment	• Essay, short answers and MCQ • OSCE/OSPE
III	T-2 CL-15	Identify the newborn at risk and give relevant immediate care Understand the process to refer unwell newborns Educate the mother and family on prevention, recognition, and management of common newborn problems	**Risk identification and referral** • Risk Identification and referrals • Minor disorders of newborn and their management • Newborn screening • Signs of distress and risk assessment • Identification of complications, management and referral as per IMNCI protocol • Documentation and record	• Tutorials and group work • Scenarios • Simulation • Workshops • Online lecture		• Case study

Unit	Hours	Learning Outcomes	Content	Teaching Learning Activities	Assignments	Methods of Assessment
			• Health education to the mother and family about the management of common newborn problems			
IV	T-1 SL-2 CL-10	Discuss the benefits of breastfeeding for the baby and mother Understand the composition of breast milk Discuss the recommendation of exclusive breastfeeding for six months Explain how to help a mother succeed with the first breastfeeding and recognize if the baby is breastfeeding well Explain and demonstrate how to express breast milk and storage Understand the BFHI	**Nutritional needs of the newborn and establishing breastfeeding** • Breastfeeding • Breast milk composition • Benefits of breastfeeding for the newborn and mother • Lactation management: Breast feeding techniques and positions, rest and nutrition for mother during breastfeeding • Exclusive breastfeeding • Expression and storage of breast milk • Signs of hunger • Supportive environment for breastfeeding • Baby Friendly Hospital Initiative (BFHI) guidelines • Health education to mother and family on breastfeeding	• Tutorials and group work • Scenarios • Simulation • Workshops • Online lecture		• Formative quiz • Competency based OSCE • Summative exam
V	T-1 CL-5	Understand the midwife's role in immunization Demonstrate skill in immunization of the newborn	**Disease prevention and immunization** • Immunization • Importance of immunization • Health education to family on current immunization schedule	• Tutorials and group work • Scenarios • Simulation • Workshops • Online lecture • Self-directed learning		• Formative quiz • Summative exam

Section 4: Complex Care of the Women and Newborn, Healthy Families and Communities

This section will develop students' knowledge and skills in providing woman and family-centred, evidence-based midwifery care for women with complex needs across pregnancy, labour and birth and the puerperium, management of the compromised newborn. It further will provide student with a sound understanding of the midwifery role in primary health and optimising positive outcomes for the woman and her family.

This will include but not limited to: assessment of risk; triaging, midwifery management and care of medical and obstetric complications and emergencies, provision of midwifery care in the event of poor maternal and/or neonatal outcomes or demise; law and ethics in relation to complex care; effective communication, collaboration,

team work and referral; application and use of technology during complications of pregnancy, childbirth and the postpartum period, malpositions and abnormal presentations, cephalo-pelvic disproportion (CPD), preterm labour, disorders of uterine action; **complications of third stage:** obstetric emergencies, obstetric procedures induction of labour, basic life-saving skills - adult CPR; recognition and management of postnatal problems; identification of deviation from normal, puerperal pyrexia, puerperal sepsis, urinary complications, secondary postpartum haemorrhage, vulval haematoma, breast engorgement including mastitis/breast abscess, thrombophlebitis, DVT, uterine subinvolution, Vesico Vaginal Fistula (VVF), recto vaginal fistula (RVF), decision making about management and referral.

Content on complex care of newborn will include but not limited to: Newborn mortality and major causes in India, care planning and midwifery management of the neonate with complex needs, use of technology; incorporation of family-focused care in the management of the compromised neonate; care in stillbirth and neonatal death, Models of newborn care in India - NBCC, SNCUs, NICU. Management of conditions include: prematurity, birth asphyxia, newborn sepsis, hypothermia, respiratory distress, hypoxia and asphyxia, jaundice, neonatal infections, high fever, convulsion neonatorum tetanus, low birth weight, congenital anomalies, haemorrahagic diseases, birth injuries, home based newborn care program - community facility integration in newborn care, calculation of fluid requirements, EBM/formula feeds/tube feeding, care of bereaved families, shared decision making about management and referral, Integrated Management of Neonatal Childhood Illnesses (IMNCI).

This section will also include: health promotion; disease prevention; family planning and family planning counselling using Balanced Counselling Strategy (BCS), cultural norms and cultural competence; community knowledge and understanding; men's engagement in maternity care; reproductive health and rights; adolescent pregnancy; unintended pregnancy; post-abortion care; ICM Bill of rights for women and midwives. Care includes: impact of early/frequent childbearing, MTP Act, methods of MTP, post abortion family planning methods, collaboration with other health workers, social welfare schemes of GoI.

SECTION 4: CONTENT OUTLINE

Theory (T): 22 hours, **Skills Lab (SL):** 16 hours and **Clinical (CL):** 300 hours

Unit	Hours	Learning Outcomes	Content	Teaching Learning Activities	Assignments	Methods of Assessment
I	T-6 SL-2 CL-70	Identify, provide initial management and refer women with problems during pregnancy within the scope of midwifery practice Support women with complicated pregnancy and facilitate safe and positive birthing outcome	**Recognition and Management of problems during Pregnancy** Review of • High-risk pregnancy • Triaging and risk stratification • Performing and interpreting fetal surveillance (CTG/NST) • Review of complications during pregnancy (definition, causes, signs and symptoms, diagnosis, management and complications) ○ Bleeding in early pregnancy: ✓ Abortion ✓ Ectopic pregnancy ✓ Hydatidiform mole ○ Bleeding in late pregnancy: ✓ Antepartum haemorrhage - placenta previa, abruption placenta ○ Hyperemesis gravidarum ○ Pregnancy induced hypertension	• Discussion and experiential learning • Bedside clinics • Demonstration • Case presentation and discussion • Simulation • Safe Delivery App modules on post abortion care and hypertension • Supervised clinical practice in antenatal ward/ OPD/Obstetric IUC	• Write on health assessment, screening and management of high-risk mothers • Health education plan • Case study plan and report	• Essay, short answers and MCQ • OSCE • Evaluation of case study/case presentation

Unit	Hours	Learning Outcomes	Content	Teaching Learning Activities	Assignments	Methods of Assessment
			✓ Pre-eclampsia ✓ Eclampsia o Multiple pregnancy o Oligohydramnios o Polyhydramnios o Medical conditions in pregnancy ✓ Anemia in pregnancy ✓ Gestational diabetes mellitus ✓ Cardiac disease ✓ Pulmonary disease ✓ Thyrotoxicosis ✓ Sexually transmitted diseases ✓ HIV/AIDS ✓ Rh incompatibility o Infections in pregnancy - urinary tract infection, bacterial, viral, protozoal, fungal o Intrauterine growth restriction o Intrauterine fetal death o Gynecological disorders complicating pregnancy o Adolescent pregnancy o Elderly primi gravida and grand multipara • Management of conditions as per the protocol • Decision making for management and referral • Policy for the referral services • Role of NPM in management of the problems during pregnancy			
II	T-6 SL-4 CL-70	Identify, provide initial management and refer women with problems during labour within the scope of midwifery practice Facilitate communication link between the midwife, women and	**Recognition of deviations from the normal and management during labour** Review of • Preterm labour: Prevention and management of preterm labour (use of antenatal corticosteroids in preterm labour) • Premature rupture of membranes • Malposition's and abnormal presentations (breech, brow, face) • Cephalo Pelvic	• Discussion and experiential learning • Bed side clinics • Demonstration • Self-directed learning • Seminar • Case discussion	• Case Presentation plan and report • Simulations • Safe Delivery App modules on PPH, Manual removal of Placenta and prolonged labour • Supervised clinical practice in labour room/	• Essay, short answers and MCQ • Assessment of skills using procedure check list • OSCE/ OSPE • Assessment of case study

Unit	Hours	Learning Outcomes	Content	Teaching Learning Activities	Assignments	Methods of Assessment
		families Collaborate with the obstetricians in the management of obstetric emergencies and complications	Disproportion (CPD) • Disorders of uterine action o Prolonged labour o Precipitate labour o Dysfunctional labour • Complications of 3rd stage: o Retained placenta o Injuries to birth canal o Postpartum hemorrhage (bimanual compression of the uterus, aortic compression, uterine balloon tamponade) • Obstetric emergencies o Ruptured uterus o Obstetrical shock o Amniotic fluid embolism o Foetal distress o Cord prolapses o Shoulder dystocia o Uterine inversion o Vasa previa • Episiotomy and suturing with informed consent (types, indication etc.) • Obstetric procedures o Forceps delivery o Vacuum delivery • Manual removal of the placenta • Induction of labour • Caesarean section: indications & preparation		obstetric casualty/ Obstetric IUC, operation theatre • Scenario based learning	
III	T-4 SL-4 CL-70	Identify, provide initial management and refer women with postnatal problems within the scope of midwifery practice. Develop rapport with the women and families for continuity of care	**Recognition and Management of postnatal problems** Review of • Physical examination, identification of deviation from normal • Review of puerperal complications and its management o Puerperal pyrexia o Puerperal sepsis o Urinary complications o Secondary Postpartum hemorrhage o Vulval hematoma o Breast engorgement including mastitis/ breast abscess, feeding problem o Thrombophlebitis o DVT	• Discussion and experiential learning • Bedside clinics	• Preparation of health talk • Clinical presentation - plan & report • Self-directed learning • Seminar • Case discussion • Supervised clinical practice in postnatal ward/ postnatal OPD/ obstetric casualty/ operation theatre • Safe Delivery	• Essay, short answers and MCQ • Assessment of skills with procedure check list

Unit	Hours	Learning Outcomes	Content	Teaching Learning Activities	Assignments	Methods of Assessment
			○ Uterine subinvolution ○ Vesico vaginal fistula (VVF) ○ Recto vaginal fistula (RVF) ○ Postpartum blues/ psychosis • Decision making about management and referral • Clinical procedures as per the guidelines		App module on Sepsis • Discussion on variety of case studies/ simulation scenarios to practice decision making	
IV	T-4 SL-3 CL-50	Identify, manage and refer high-risk newborn Encourage mother-infant bonding Counsel women and families with situations requiring grief counseling	**Recognition and Management of neonatal problems** • Newborn mortality and major causes in India • Models of newborn care in India - NBCC; SNCUs • Screening of high-risk newborn • Review of conditions affecting newborns and their consequences • Prematurity • Low birth weight ○ Kangaroo Mother Care • Birth asphyxia/Hypoxic encephalopathy • Newborn sepsis • Hypothermia • Respiratory distress • Jaundice • Neonatal infections • High fever • Convulsions • Neonatorum tetanus • Congenital anomalies • Hemorrhagic diseases • Birth injuries • SIDS (sudden infant death syndrome) prevention, Compassionate care • Calculation of fluid requirements, EBM/ formula feeds/tube feeding • Home based newborn care program - community facility integration in newborn care • Decision making about management and referral • Integrated Management of Neonatal Childhood Illnesses (IMNCI)	• Discussion and experiential learning • Demonstration • Self-directed learning • Seminar ▪ Case discussion ▪ Safe Delivery App video on newborn resuscitation, newborn management and low birth weight module ▪ Supervised clinical practice in NICU/PN ward/well baby clinic ▪ Role play	• Newborn assessment report	• Essay, short answers and MCQ • Assessment of skills with procedure check list • Assessment of clinical performance with rating scale ▪ OSCE/ OSPE

Unit	Hours	Learning Outcomes	Content	Teaching Learning Activities	Assignments	Methods of Assessment
			• Bereavement counseling			
V	T-2 SL-3 CL-40	Explain various family welfare services available to couples and families Counsel couples and provide family welfare services Support the women with abortion and provide post abortion care	**Healthy families and communities** • Health promotion & disease prevention • Social and cultural norms and competence • Father's engagement in maternity care • **Family Welfare Services** o Planned Parenthood o Impact of early/ frequent childbearing o Comprehensive range of family planning methods ✓ Action, effectiveness, advantages, disadvantages, myths, misconception and medical eligibility criteria (MEC) for use of various family planning methods o Emergency contraceptives o Family planning counseling using Balanced Counseling Strategy (BCS) o Importance of follow up and recommended timing o Unintended or mistimed pregnancy o Post abortion counseling o Collaboration with other health workers (especially ASHAs and ANMs) o Role of NPM in family planning program/ family welfare services	• Discussion and experiential learning • Demonstration • Role plays • Self-directed learning • Seminar • Supervised clinical practice in PN ward/PN OPD/FP ward/ PHC/CHC/HSC	• FP counseling report preparation • Demonstration • Role plays • Self-directed learning • Seminar • Supervised clinical practice in PN ward/PN OPD/FP ward/ PHC/CHC/ HSC • Counselling on Family planning management to the couple	• Essay, short answers and MCQ • OSCE

Section 5: Pharmacology, Infection Control & Legal and Ethical Issues

This section will deepen students' knowledge and understanding of pharmacology to ensure safe practice for the woman, fetus and newborn.

The content will include but not be limited to: pharmacokinetics; pharmacodynamics; quality use of medicines, medication therapy in emergency and complex care; drug classification and legislation as well as environmental hazards and teratogens. Complementary therapies and supplementation. The legal, regulatory and ethical frameworks and requirements of midwifery practice, including code of ethic and professional conduct, jurisdictional laws (incl. legislation regarding abortion), local policy and guidelines, respectful behaviour, human rights, humanizing birth, autonomy and shared decision making, confidentiality and privacy. It will also support students to develop skills on infection prevention and control measures in maternal and newborn care facilities.

SECTION 5: CONTENT OUTLINE

Theory (T): 24 hours and **Skills Lab (SL):** 2 hours

Unit	Hours	Learning Outcomes	Content	Teaching Learning Activities	Assignments	Methods of Assessment

I	T-20	Describe the pharmacology of drugs to be used in obstetrics for mothers and neonates
		
		Identify challenges and promote collaboration
		
		Identify teratogenicity and its prevention
		
		Prescribe permitted drugs for women as per the protocols
			Applied pharmacology and fundamentals of prescribing
			• Drugs used in obstetrics for mothers and neonates
			• Classification
			• Mechanism of action
			• Dosage
			• Uses
			• Side effects
			• Role of NPMs - Advice to women and family (including special precautions while taking medicines)
			• Teratogenic effect of drugs
			• Classification of drugs as pregnancy risk category
			• Documentation: accurate and complete records
			• Fundamentals of prescribing
			  ○ Principles of prescribing and factors influencing it
			  ○ Process and steps of prescribing
			  ○ Prescribing competencies
			• Prescriptive role of Nurse Practitioners (National & International)
			• Professional, legal and ethical issues relevant to prescribing practice
			• Implications of wrong practices related to prescribing (using case studies)
			• Prescription of medicines as per protocols (national guidelines & regulations - the Council/MoHFW)
			• List of drugs that can be administered by nurse practitioner as approved by GoI
				▪ Lecture
				• Discussion and experiential learning
				• Self-directed learning
				• Review of literature - laws and regulations, trends of nurse prescribing practice
				• Integrated Clinical practice in maternal-neonatal areas
				• Writing prescription
					• Drug dosage calculation
					• Drug study/ presentation
					• Writing prescription
					• Case study analysis and discussion
						• MCQs
						• Short answers and essay
						• Case study analysis
						• Drug presentation & Case reports

II	T-2
	SL-2
		Explain the infection control policies
		
		Demonstrate skills in infection control practices
			Infection Control
			• National guidelines and institutional policy
			• Principles of prevention of infection
			• Standard precautions for prevention of infections
			  ○ Hand washing
			  ○ Use of protective attire
			  ○ Processing of used items/equipment
			  ○ Proper handling and disposal of sharps
				• Discussion and experiential learning
				• Games
				• Demonstration using IP materials
				• Skill demonstrations - infection practices to reach expert level in IP
				• Videos
				• Clinical practice
					• Review notes on national guidelines
					• Draw from clinical experience and write infection control related practice standards
						• OSCE/ OSPE

		Explore and reflect on the role of NPM and health team in infection prevention	○ Maintaining a clean environment ○ Biomedical waste disposal • National infection control guidelines • Role of NPM and health team in infection prevention/ control	• Self-directed learning • Safe Delivery App module on IP		
III	T-2	Explain the code of ethics and legal implications of various aspects of midwifery practice Identify key legislation governing the practice of midwives Reflect on the nature of ethics and diverse moral and ethical outlooks of people	**Legal and ethical issues** • National legal framework for Medical Practice including National Health Policy 2017 • IMNC Act • The Council/ICM Code of ethics and its implications • Practice standards for midwifery and its rationale ○ Policies and procedures ○ Establishing standing orders and protocols ○ Informed consent • Legal framework for midwifery practice and its implications • Ethical issues in maternal and neonatal care • Adoption laws, MTP Act, Pre-Natal Diagnostic Test (PNDT) Act, Surrogate mothers • Scope and specifics of national MNH Guidelines of the MoHFW	• Discussion and experiential learning • Scenarios	• Presentation - ethical and legal issues in midwifery	• Essay, short answers and MCQ

COURSE MODULE III
PREPARING MIDWIVES TO LEAD, MANAGE AND SUPERVISE QUALITY MIDWIFERY CARE

Theory (T): 15 hours; **Clinical (CL)**: 20 hours

Course Aim

The NPM educator will demonstrate skills of leadership, supervision and management for provision of quality midwifery education and practice.

Course Description

This module is designed to enable the NPM educators to develop an understanding of the principles of leadership, supervision and management. It also focuses on management of MLCUs, quality assurance of MNH services and continued professional development.

Course Objectives

1. Describe the importance of leadership, supervision, management and advocacy for midwifery.
2. Demonstrate current midwifery knowledge and skills and recognize the role of continuing professional development.

Competencies (WHO educator competencies)

1. Provide facility-based mentoring for the NPM's after placement. (6.3)
2. Demonstrate effective communication using variety of methods in diverse care delivery settings. (7.1)
3. Demonstrate cultural competence in course design and development and teaching and midwifery practice. (7.2)
4. Function as leaders and change agents to improve midwifery education and practice. (7.3)
5. Use a variety of advocacy strategies to promote midwifery education and practice. (7.4)

6. Participate in professional development activities relevant to midwifery education. (7.5)

CONTENT OUTLINE
Theory (T): 15 hours and **Clinical (CL):** 20 hours

Unit	Hours	Learning Outcomes	Content	Teaching Learning Activities	Assignments	Methods of Assessment
I	T-4 CL-5	Demonstrate an understanding of contemporary leadership Identify elements underpinning effective team building and negotiation skills Identify strategies to respond to community needs	**Midwifery leadership** • Leadership and styles (transformational leadership) • Personality styles • Myer Briggs personality style • Team building, Negotiation • Conflict resolution • Respectful communication • Emergency response, community development	• Tutorial, group work • Scenario-based learning • Online resources • Personality quiz		• Summative continuous assessment - community development plan
II	T-4 CL-5	Identify key theories of change Describe transformative midwifery practice	**Change theories and transformative practice** • Change theories • Agents of change • Transformative care • Innovation	• Tutorial, group work • Scenario-based learning • Online resources		• Summative report on leadership styles
III	T-4 CL-5	Describe role of NPM in management and supervision of maternal and neonatal care in various health care settings including MLCUs Utilize advocacy skills and cultural competence for promoting midwifery education and MLCC	**Management including management of MLCU's** • Management ○ Definition, principles and elements ○ Management of (time, material and personnel) MLCU ○ Team management ○ Material management - equipment and supplies • Supervision ○ Definition, objectives and types of supervision ○ Mentoring - facility based mentoring for NPMs • Quality Assurance ○ Nursing and midwifery audit ○ Quality assurance of MNH services • Quality assurance of midwifery training • Advocacy ○ Definition, principles, type/level of advocacy, advocacy skills for midwives	• Discussion and experiential learning • Scenarios • Case studies • Role play • Observation	• Exercises/ case studies	• Essay, short answers and MCQ

Unit	Hours	Learning Outcomes	Content	Teaching Learning Activities	Assignments	Methods of Assessment
IV	T-3 CL-5	Describe and utilize the different types of records and reports in midwifery care and their importance Perform clinical audits based on the role of nurse midwives	**Records and Reports** • Importance of records keeping • Various records and reporting formats to be maintained in MLCU • Record storage systems • Retrieval of records • E-records • Role of nurse midwives in clinical audits - MPDSR; Newborn death audit; Caesarean audits; maternal and newborn service audits • Practical utility of regular records and reporting • MoHFW Clinical Case Sheets for MNH including safe childbirth checklist • Role of NPM in reviewing and reporting the data in terms of indicators and discussion how that impacts care being provided	• Discussion and experiential learning • Seminar • Orientation on various records and reporting formats in MNH area • Supervised clinical practice in PHC/CHC/ HSC/DH/ MCH	• List of records and reports in MLCU	• Essay, short answers and MCQ

COURSE MODULE IV
PREPARING MIDWIVES FOR EVIDENCE-BASED MIDWIFERY PRACTICES

Theory (T): 15 hours, **Clinical (CL):** 20 hours

Course Aim

The NPM educator will identify and utilize evidence in the practice of midwifery.

Course Description

This module is designed to enable the NPM educators to develop an understanding of research process and utilization of evidence in daily midwifery practice.

Course Objectives

1. Develop effective learning and teaching practice and resources based on evidence.
2. Utilize the assessment and evaluation data to critically analyze and enhance midwifery practice.
3. Demonstrate an understanding of quality indicators in education and as they relate to midwifery practice.

Competencies (WHO educator competencies)

1. Use research and inform teaching and practice (8.1)
2. Cultivate a culture supporting critical inquiry and evidence-based practice. (8.2)
3. Train NPM's to develop skills to conduct, communicate and utilize research. (8.3)

CONTENT OUTLINE

Theory (T): 15 hours and **Clinical (CL):** 20 hours

Unit	Hours	Learning Outcomes	Content	Teaching Learning Activities	Assignments	Methods of Assessment
I	T-15 CL-20		**Knowledge and utilization of research and evidence** **Qualitative & Quantitative**	• Discussion and experiential learning	• Literature search on MNH care	• Essay/short answers and MCQ

Unit	Hours	Learning Outcomes	Content	Teaching Learning Activities	Assignments	Methods of Assessment
		Describe the research process, quantitative and qualitative methods Discuss the value of evidence in the context of best practices in maternity care Demonstrate application of academic integrity principles and correct use of referencing Identify and utilize evidence through review of literature and valid recommendations for midwifery practice Identify and select relevant literature Analyze and synthesise research literature Demonstrate understanding of different levels of evidence Describe the use of evidence in practice	**Research** • Overview of qualitative and quantitative research paradigms • Research questions in quantitative and qualitative research • Research approaches and designs • Methodology o Sampling o Data collection - tools and techniques • Analysis and interpretation of data • Communication, dissemination and utilization of research - academic integrity, correct referencing • Research critique • Literature search strategies - selection of relevant literature • Critical appraisal, analysis and synthesis • Writing literature review • Statistics • Sources and presentation of data • Statistical packages and its application • Preparing research proposal **Evidence based midwifery practice (EBMP)** • Recommended sources of data/evidence - Facility/District/State - available registers, HMIS, DLHS, Indian - NFHS, RHS, SRS, HMIS, DLHS, AHS, Census, MoHFW GoI guidelines • Global standards – WHO recommendations; ICM recommendations; CONCHRANE; State of Worlds Midwifery • Research priorities in midwifery • Utilization of facility data for improvement in health services; health outcomes	• Portfolio, reflection activities and planned modules • A research study based on area of work (e.g., WHO Intrapartum recommendations or LAQSHYA indicators) • EBMP - Journal club (discussion of evidence on midwifery practices)	• Research report	• Assessment of assignments • Assessment of completed research study - presentation and report

13. STRUCTURED MENTORSHIP

The clinical residency program is of 6 months duration to develop educational abilities as well as to ensure clinical skills are up to date. This can be made more effective by integrating the 12-month mentorship and a portfolio approach, which is seen as an extension of the residency program.

A portfolio is a collection of experiences and reflections which the student gathers across the mentorship period and includes continuity of care experiences and provides a competency-based approach to learning and assessment. The portfolio provides evidence of learning and competence, contextualizing the learning and linking it with theory and practice. Students are required to develop their learning plan having identified learning needs and objectives for their clinical practice experience. The portfolio helps the student develop self-directed learning and critical reflection. It provides personal and professional evidence of the student's learning and is used as a means to promote interactions between students and preceptors, mentors and/or teachers. Students receive feedback based on competencies achieved and documented reflective practice. The portfolio will be paper based initially but with the development of an e-portfolio anticipated. The structure may include a title page (giving student's name, year of training and name of the mentor), contents page, a list of learning objectives, clinical experience records and a short reflection on each experience. A competency assessment will be collected during clinical placements and specific skills will be assessed for competency according to the ICM essential competencies. A final reflective overview will summarize the learning that has taken place since the last portfolio review.

Preceptorship and mentoring are crucial for competency-based learning and assessment, as it enhances the feedback process and stimulates students' reflections in relation to the ICM competencies. Students will have individual mentors allocated for their mentorship experience. The aims of mentoring are to: provide feedback; stimulate reflection; support students in compiling the portfolio; monitor students' competency development; support students in developing a better awareness and understanding of their strengths and weaknesses; support students in creating a learning plan for the placement; and motivate/inspire students. The mentors will be required to complete a competency assessment of general and specific practice skills.

If the organisation and logistics permit students should be brought together for at least 1, 2 or 3 workshop intensives in which they share experience, what went well, what was difficult, with tutor support. The students will bring with them teaching material they have prepared. They will use their log books, keep their portfolio, and reflect on experience.

During this period students should be encouraged to have peer support of each other.

Mentorship Plan

Month - 1
Objective: *Onsite orientation of local stakeholders, gap analysis and support for initiating midwifery service*
• Baseline assessment - Training infrastructure, clinical practice site and midwifery services. • Unlearning of practices and encompassing the normal physiological aspects of births. • Clinical mentoring - Focus on organizing ANC clinic, triaging area, childbirth education area, labor room. • Clinical mentoring - Support in running antenatal clinic, triaging area and childbirth education area. • Handholding support for antepartum and intrapartum care. • Clinical mentoring - Support in running antenatal clinic, triaging area and childbirth education area. • Handholding support for antepartum and intrapartum care. • Reflections with educators.
Month - 2
Objective: *Clinical handholding, competency assessment and training on PPH*
• Reflections with educators, NPM trainees and obstetric champions to identify challenges. • Clinical mentoring - Support in running antenatal clinic, triaging area and childbirth education area. • Handholding support for antepartum and intrapartum care. • Competency assessment for antenatal health education, abdominal examination, vaginal examination. • Obstetric emergency drill - PPH. • Clinical Mentoring - Support in running antenatal clinic, triaging area and childbirth education area.
Month - 3
Objective: *Clinical handholding, clinical training on CTG, Pre-eclampsia and eclampsia identification and management, competency assessments*

- Clinical teaching on CTG monitoring and interpretation.
- Obstetric emergency drill - Pre-Eclampsia/Eclampsia.
- Competency assessment - Management of first stage of labor, care of 2nd Stage, physiological third stage of labour and AMTSL.
- Clinical Mentoring - Support in running antenatal clinic, triaging area and childbirth education area.

Month - 4

Objective: *Clinical handholding, clinical training on induction of labor, NBR and competency assessments*

- Clinical teaching on induction of labor.
- Obstetric emergency drill – NBR.
- Competency assessment of clinical skills - CTG monitoring, new born care and assessment, post-natal care.
- Clinical Mentoring- Support in running antenatal clinic, triaging area and childbirth education area.

Month - 5

Objective: *Clinical handholding, clinical training, family planning and competency assessments*

- Reflections with educators, NPM trainees and obstetric champions to identify challenges.
- Clinical teaching - Family planning counselling and IUCD insertion (Interval and PPIUCD).
- Competency assessment of clinical skills - Episiotomy, perineal assessment and suturing.
- Clinical Mentoring - Support in running antenatal clinic, triaging area and childbirth education area.
- Handholding support for antepartum and intrapartum care.

Month - 6

Objective: *Clinical handholding and clinical teaching on Midwifery care - abortion related services*

- Competency assessment - consolidating skills.
- Clinical teaching - Midwifery care - abortion related services (Bereavement counselling, advice in terms of safe abortion).
- Clinical Mentoring - Support in organizing competency assessments for NPM trainees.

Month - 7

Objective: *Clinical handholding, competency assessments and support for preparation of research protocol*

- Competency assessment - Consolidating skills.
- Teaching - Research proposal development.

Month - 8

Objective: *Clinical handholding, competency assessments and review on IMNCI protocols*

- Competency assessment - consolidating skills.
- Teaching - IMNCI protocols.

Month - 9

Objective: *Clinical handholding, competency assessments and review on Facility Based New-born Care protocols*

- Competency assessment - consolidating skills.
- Teaching - Facility Based New-born Care protocols.

Month - 10

Objective: *Clinical handholding, competency assessments*

Month - 11

Objective: *Clinical handholding, competency assessments*

Month - 12

Objective: *Competency based assessments of midwifery educators and appraisal of research study*

14. ANNEXURES

ANNEXURE-I
ROLES AND RESPONSIBILITIES OF THE NPM EDUCATOR

The NPM Educator will ensure the implementation of Nurse Practitioner in Midwifery (NPM) program and train those who enroll for the course at the State Midwifery Training Institutes.

- The NPM Educator will ensure that trainee NPM's who enroll for NPM course are adequately exposed to theory and practice during the entire program.
- The NPM Educator will follow the curriculum prescribed by the Council to provide details of content in theory, practice, and internship along with lesson plans for standardized training.
- The NPM Educator will also be in charge of keeping a record for every NPM student (logbook). A copy of the same will remain with the NPM student as well. This will be managed as a joint responsibility to ensure participatory learning.
- The NPM Educator would be required to continuously update their knowledge and participate in professional development activities relevant to midwifery education.
- To maintain competency, the NPM Educator will also practice in the clinical facility of the training institute and provide comprehensive midwifery care to the women under her care. He/She would focus on the care of women with low-risk pregnancies for whom he/she provides antenatal care and offers support to women during labour and childbirth. After birth he/she focuses on ensuring that the mother and baby are well, develops close bonding and makes sure that the baby has the best start in life. He/She also utilizes her knowledge and competencies to identify deviations from normal pregnancy, labour and postpartum care, provide initial management and obtain appropriate medical help as indicated.

ANNEXURE-II
ICM ESSENTIAL COMPETENCIES FOR MIDWIFERY PRACTICE (2019)

COMPETENCY CATEGORY I: GENERAL COMPETENCIES

NPMs demonstrate professional accountability as an autonomous practitioner in the delivery of midwifery care as per ICM standards adopted by the Council that are consistent with moral, altruistic and humanistic principles in midwifery practice.

Competencies

1a. Assume responsibility for own decisions and actions as an autonomous practitioner.
1b. Assume responsibility for self-care including personal safety and self-development as a midwife.
1c. Appropriately delegate aspects of care and provide supervision.
1d. Utilize research to informed practice.
1e. Uphold the fundamental human rights of individuals when providing midwifery care.
1f. Adhere to jurisdictional laws, ethical, regulatory requirements, codes of conduct for midwifery practice.
1g. Facilitate women to make individual choices about care.
1h. Demonstrate effective interpersonal communication with women and families, health care teams, and community groups.
1i. Facilitate normal birth processes in institutional and community settings, including women's homes.
1j. Assess the health status, screen for health risks, and promote general health and well-being of women and infants.
1k. Prevent and treat common health problems related to reproduction and early life.
1l. Recognize conditions outside midwifery scope of practice and refer appropriately.
1m. Care for women who experience physical and sexual violence and abuse.

COMPETENCY CATEGORY II: PRE-PREGNANCY AND ANTENATAL

NPMs perform health assessment of woman and fetus, promote their health and well-being, detect complications during pregnancy, and provide care to women with unexpected pregnancy.

Competencies

2a. Provide pre-pregnancy and antenatal care.
2b. Determine health status of women.
2c. Assess the fetal wellbeing.
2d. Monitor the progression of pregnancy.
2e. Promote and support health behaviors that improve their wellbeing.
2f. Provide anticipatory guidance related to pregnancy, birth, breastfeeding, parenthood, and change in the family.
2g. Detect, manage, and refer women with complicated pregnancies.
2h. Assist the woman and her family to plan for an appropriate place of birth.
2i. Provide care to women with unintended or mistimed pregnancy.

COMPETENCY CATEGORY III: CARE DURING LABOUR AND CHILDBIRTH

The NPMs continue to monitor and provide care to woman during labour that facilitates physiological processes and a safe birth, immediate care to newborn infant and detect complications in mother and infant.

Competencies

3a. Promote physiologic labour and birth.
3b. Manage a safe spontaneous vaginal birth and prevent complications.
3c. Provide care of the newborn immediately after birth.

COMPETENCY CATEGORY IV: ONGOING CARE OF WOMEN AND NEWBORNS

The NPMs continue to perform health assessment of mother and infant, provide health education and support for breast feeding, detect complications, and initiate family planning services.

Competencies

4a. Provide postnatal care for the healthy woman.
4b. Provide care to healthy newborn infant.
4c. Promote and support breast feeding.
4d. Detect and treat or refer postnatal complications in woman.
4e. Detect and manage health problems in newborn infant.
4f. Provide family planning services.

ANNEXURE-III
CLINICAL LOGBOOK FOR NPM EDUCATORS (PROCEDURAL COMPETENCIES/SKILLS)

S.No.	Specific Procedural Competencies/Skills	Performs independently/ Performs collaboratively with doctor/Assists in procedures (P/PC/A) *	Date & Signature of the Faculty
1	**ANTENATAL CARE**		
1.1	**Health assessment of antenatal woman:** History taking, physical examination and obstetrical examination	**P**	
1.2	Urine pregnancy test	**P**	
1.3	Estimation of hemoglobin using Sahli's hemoglobinometer/ true Hb-P	**P**	
1.4	Preparation of peripheral smear for malaria	**P**	
1.5	Urine testing for albumin and sugar	**P**	
1.6	Point of care HIV test	**P**	
1.7	Point of care syphilis test	**P**	
1.8	Preparation of mother for USG	**P**	
1.9	Perform USG	**PC**	
1.10	Fetal patterns/Kick chart/DFMC (Daily Fetal Movement Count)	**P**	
1.11	Preparation and recording of Cardiotocography (CTG)/ Non-Stress Test (NST)/Contraction Stress Test (CST)	**P**	
1.12	Preparation/assisting woman for antenatal investigations - amniocentesis, cordocentesis, chorionic villus sampling	**A**	
1.13	Antenatal counseling - diet & exercise	**P**	
1.14	Administration of TT/Td-P	**P**	
1.15	Prescription of iron and folic acid tablets		
1.16	Prenatal counseling and care of general and vulnerable groups such as adolescent pregnant mothers	**P**	
2	**INTRANATAL CARE**		
2.1	Identification, assessment and admission of woman in labour	**P**	
2.2	Perform CTG	**PC**	
2.3	Vaginal examination during labour including clinical pelvimetry	**P**	

S.No.	Specific Procedural Competencies/Skills	Performs independently/ Performs collaboratively with doctor/Assists in procedures (P/PC/A) *	Date & Signature of the Faculty
2.4	Plotting and interpretation of partograph	**P**	
2.5	Preparation for birthing - physical and psychological	**P**	
2.6	Setting up of the birthing room/unit	**P**	
2.7	Pain management during labour - non-pharmacological	**P**	
2.8	Supporting normal births	**P**	
2.9	Episiotomy only if required and repair	**P**	
2.10	Essential newborn care	**P**	
2.11	Active management of third stage of labour	**P**	
2.12	Examination of placenta	**P**	
2.13	Care during fourth stage of labour	**P**	
2.14	Initiation of breast feeding and lactation management	**P**	
2.15	Assessment and weighing of newborn	**P**	
2.16	Administration of Vitamin K	**P**	
3	**POSTNATAL CARE**		
3.1	Postnatal assessment and care	**P**	
3.2	Perineal/episiotomy care	**P**	
3.3	Breast care	**P**	
3.4	Postnatal counseling - diet, exercise & breast feeding	**P**	
3.5	Postpartum family planning	**P**	
4	**NEWBORN CARE**		
4.1	Assessment of newborn including gestational age	**P**	
4.2	Baby bath	**P**	
4.3	Kangaroo Mother Care	**P**	
4.4	Identification of minor disorders of newborn and their management	**P**	
4.5	Neonatal immunization - Administration of BCG, Hepatitis B vaccine	**P**	
5	**CARE OF WOMAN WITH COMPLICATIONS/HIGH RISK MOTHER**		
5.1	Identification of antenatal complications - pre-eclampsia, anemia, antepartum hemorrhage	**P**	
5.2	Glucose challenge test/Glucose Tolerance test	**P**	
5.3	Administration of $MgSO_4$	**P**	
5.4	Identification of fetal distress and its management	**P**	
5.5	Preparation of woman for emergency/elective caesarean section and assisting in caesarean	**A**	
5.6	Prepare the mother and perform vacuum delivery when favourable	**P&PC**	
5.7	Diagnosis of malpresentations and malpositions	**P**	
5.8	Diagnosis and management of cord presentation/cord prolapse	**P & PC**	
5.9	Early diagnosis of preterm labor	**P**	
5.10	Prepare, assess suitability and support the mother during breech delivery when favorable	**P**	
5.11	Conduct Breech delivery	**PC**	
5.12	Infection prevention during labor and newborn care	**P**	
5.13	Diagnosis and management of prolonged labour	**P**	
5.14	Prepare and perform low forceps operation	**A**	

S.No.	Specific Procedural Competencies/Skills	Performs independently/ Performs collaboratively with doctor/Assists in procedures (P/PC/A) *	Date & Signature of the Faculty
5.15	Manual removal of the placenta	**PC**	
5.16	Diagnosis and initial management of PPH • Bimanual compression of uterus • Balloon tamponade for atonic uterus • Aortic compression for PPH • Prescription and administration of fluids and electrolytes through intravenous	**P & PC**	
5.17	Repair of perineal and vaginal tears (upto II degree)	**P**	
5.18	Repair of perineal and vaginal tears (above II degree)	**PC**	
5.19	Identification and first aid management of obstetric shock	**P**	
5.20	Manage obstetric shock	**PC**	
5.21	Diagnosis and management of puerperal sepsis	**P & PC**	
5.22	Management of breast engorgement	**P**	
5.23	Management of thrombophlebitis	**P & PC**	
6	**HIGH RISK NEWBORN**		
6.1	Identification of high-risk newborn	**P**	
6.2	Neonatal resuscitation	**P**	
6.3	Assisting in neonatal diagnostic procedures	**A**	
6.4	Feeding of high-risk newborn - EBM (spoon/paladai)	**P**	
6.5	Insertion/removal/feeding - Naso/orogastric tube	**P**	
6.6	Administration of medication - oral/parenteral	**PC**	
6.7	Neonatal drug calculation	**P**	
6.8	Oxygen administration	**P**	
6.9	Care of neonate in incubator/warmer/ventilator	**P**	
6.10	Neonatal intubation/ventilator	**PC**	
6.11	Care of neonate on phototherapy	**P**	
6.12	Assist in exchange transfusion	**A**	
6.13	Organizes different levels of neonatal care	**P**	
6.14	Transportation of high-risk newborn	**P**	
7	**FAMILY WELFARE**		
7.1	Family planning counseling	**P**	
7.2	Distribution of temporary contraceptives - condoms, OCP's, emergency contraception	**P**	
7.3	Insertion and removal of Interval IUCD	**P**	
7.4	Insertion and removal of PPIUCD/PAIUCD	**P**	
7.5	Counselling of the woman for Postpartum sterilization	**P**	
7.6	Prepare and assist in tubectomy	**A**	
8	**OTHER PROCEDURES**		
8.1	Prepare and assist for D&C/D&E operations	**A**	
8.2	Perform Manual Vacuum Aspiration	**P & PC**	
8.3	Post abortion care	**P**	
8.4	Post abortion family planning services	**P**	
8.5	Post abortion counseling	**P**	
8.6	Pre-conception nutritional assessment, screening HIV, Cervical cancer	**P**	
8.7	Preconception counseling and care	**P**	

S.No.	Specific Procedural Competencies/Skills	Performs independently/ Performs collaboratively with doctor/Assists in procedures (P/PC/A) *	Date & Signature of the Faculty
8.8	Pap smear	**P**	
8.9	Visual inspection with acetic acid/iodine	**P**	
8.10	Counseling on breast self-examination	**P**	
8.11	Conduction of maternal and perinatal death audit	**PC**	
8.12	Maintenance of registers	**P**	
8.13	Maintenance of records	**P**	

* When the learner is found competent to perform the skill, the faculty/trainer will sign it.

Learners: are expected to perform the listed skills/competencies many times until they reach level 3 competency, after which the faculty signs against each competency.

Faculty/Trainers: Must ensure that the signature is given for each competency only after they reach level 3.

- Level 3: competency denotes that the leaner is able to perform that competency without supervision
- Level 2: Competency denotes that the learner is able to perform each competency with supervision
- Level 1: competency denotes that the learner is not able to perform that competency/skill even with supervision

PORTFOLIO

The skills that require collaborative performance and that are only assisted can be followed up even during mentorship and maintained through portfolio. However, the skills that need to be performed independently and the learners are able to reach level 3 performance have to be completed before appearing for the final examination at the end of 6 months.

ANNEXURE-IV
NPM EDUCATOR TRAINING PROGRAM: CLINICAL REQUIREMENTS

S.No.	Clinical Requirement	Date	Signature of the Faculty/Preceptor
1	Antenatal assessment and care - 40		
2	Postnatal assessment and care - 40		
3	Assessment of labour using partograph - 40		
4	Per vaginal examination - 20		
5	Observing normal births - 5 Facilitating normal births from 1st stage (independent) - 40		
6	Assisting instrumental births - 10		
7	Placental examination - 10		
8	Episiotomy and suturing only if indicated - 10		
9	Insertion of Interval IUCD - 5		
10	Insertion of PPIUCD/PPIUCD - 5		
11	Newborn assessment - 40		
12	ENBC - 40		
13	Newborn Resuscitation - 20		
14	Kangaroo Mother care - 5		
15	Antenatal care study - 2 (normal - 1, high risk - 1) Diagnosis: Intrapartum care study - 2 (normal - 1, high risk - 1)		
16	Postnatal care study - 2 (normal - 1, high risk - 1) Diagnosis:		
17	Newborn care study - 1 Diagnosis:		
18	Clinical presentation - 4		

S.No.	Clinical Requirement	Date	Signature of the Faculty/Preceptor
	• Antenatal: • Intra natal: • Postnatal: • Newborn:		
19	Health talk		
	• Antenatal - Topic:		
	• Postnatal - Topic		
	• Newborn - Topic:		
	• Family Welfare - Topic:		
20	Counseling mothers & family members 1. 2.		
21	Antenatal in-patient reviews - 2 1. 2.		
22	Clinical Seminar/Clinical Conference Topic:		
23	Drug study, presentation and report - 1 Drug:		
24	Visits - report • Peripheral health facility		
25	Project: Evidence based midwifery practice (Individual/Group) - 1 Topic:		
26	Microteaching sessions - Theory - 4 1. 2. 3. 4. Microteaching - Skill demonstration - 4 1. 2. 3. 4.		

Signature of the Program Coordinator

ANNEXURE-V

NPM EDUCATOR TRAINING PROGRAM: CLINICAL EXPERIENCE DETAILS

Area of Posting	Clinical Condition	Number of days care given	Signature of Faculty/Preceptor

Signature of the Program Coordinator

ANNEXURE-VI
LEARNING RESOURCES

List of GoI Guidelines (RMNCH)

- Guideline on Midwifery Services in India (2018)
- LaQshya: Labour Room Quality Improvement Initiative Guideline
- Guidelines for Standardization of Labour Rooms at Delivery Point
- Dakshata: Empowering Providers for Improved MNH Care during Institutional Deliveries
- SBA: Guidelines for Antenatal Care and Skilled Attendance at Birth by ANMs/LHVs/SNs, Handbook and Trainers Guide
- IMNCI Training Modules, Photo and Chart Booklets
- Navjat Shishu Suraksha Karyakram Guidelines
- Routine Immunization Handbook for Health Workers
- Postpartum Family Planning Handbook for Service Providers
- IUCD Reference Manual for Medical Officers and Nursing Personnel
- PPIUCD Reference Manual
- Operational Guidelines: Introduction of Haemophilus influenza b (Hib) as Pentavalent Vaccine in Universal Immunization Program of India
- Use of Antenatal Corticosteroids in preterm Labour
- Facility based IMNCI (F-IMNCI) (Participants Manual and Chart Booklet)
- Guidance Note on use of Uterotonics during labour
- Vitamin K Prophylaxis at Birth (in facilities)
- National Guideline for Calcium Supplementation during Pregnancy
- National Guideline on Management of Hypothyroidism during Pregnancy
- National Guidelines for Diagnosis & Management of Gestational Diabetes Mellitus
- Screening for Syphilis during Pregnancy
- National Guidelines Respectful Newborn Care - Child Health Division, MoHFW
- Guidance for Mentoring and Support Visit - DAKSHATA
- Assessment Guidelines for Selection of NPM Educators - MoHFW Guidelines

Other Resources

- WHO Report on Strengthening Quality Midwifery Care and Midwifery Education
- The Lancet Series 2014, 2018 - Midwifery Quality Maternal and Newborn Care (QMNC) Framework
- ICM Essential Competencies for Midwifery Practice (2018 update) Framework Structure
- WHO Midwifery Educator Competencies
- Safe Delivery App
- Pairman *et al*, Midwifery Preparation for Practice (2019)
- Downe and Byrom, Squaring the Circle (2019)
- Downe and Byrom, ROAR Compassionate Care
- Midwifery Continuity of Care, 2nd Edition
- Caroline Homer, Pat Brodie, Jane Sandall and Nicky Leap
- Empowering Decision-making in Midwifery: A Global Perspective, 1st Edition by Elaine Jefford (Editor), Julie Jomeen (Editor)
- Dahlen H., Schmied V., Hazard B., Birthing Outside the System: The Canary in the Coalmine (2019)
- Visaria L., Midwifery and Maternal Health in India (2010)

- WHO, Midwives Voices, Midwives Realities (2016)
- UNFPA. State of World's Midwifery (2014)

E- Resources

- https://www.who.int/maternal_child_adolescent/topics/quality-of-care/midwifery/strengthening-midwifery-education/en/
- https://www.who.int/hrh/nursing_midwifery/educator_competencies/en/
- https://www.internationalmidwives.org/our-work/policy-and-practice/essential-competencies-for-midwifery-practice.html
- https://www.cochrane.org/CD004667/PREG_midwife-led-continuity-models-care-compared-other-models-care-women-during-pregnancy-birth-and-early
- https://www.whiteribbonalliance.org/wp-content/uploads/2017/11/Final_RMC_Charter.pdf
- https://transform.childbirthconnection.org/reports/physiology/
- https://www.whiteribbonalliance.org/whatwomenwant/

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ANNEXURE-VII
EXAMINATION GUIDELINES FOR
NURSE PRACTITIONER MIDWIFERY EDUCATOR PROGRAM
Indian Nursing Council

INTRODUCTION

The Government of India (GoI) is implementing the 'Midwifery initiative' in India to bring about a transformation in the quality of care given to women and their families during pregnancy, labour, childbirth and postpartum period. This initiative has brought about the setting up of a new cadre of Nurse Practitioners in Midwifery (NPM) who would be functioning under the title 'Nurse Practitioner Midwife' providing compassionate, respectful, competent and women centered midwifery care.

These NPMs are trained by the NPM educators at the State Midwifery Training Institutes (SMTI). The knowledge and skills of the NPM educators are standardized through a specialized NPM educator program which includes 6 months of intensive residential training in the national midwifery training institute (NMTI) followed by onsite mentoring for 12 months. The NPM educators would receive their certification at the end of 18 months on successful completion of the program. This training program is conducted by a group of 6 international trainers and 6 national trainers who are the faculty trainers for this program.

During their training program, the NPM educators undergo 3 assessments/examinations:

(i) First assessment after 3 months of training
(ii) Second assessment after 6 months of residential training for provisional certification
(iii) Final assessment/examination for certification at the end of 18 months, that is after 12 months of onsite training with mentorship.

This document gives a complete description of the preparation and process of conduction of examination and certification.

EXAMINING AUTHORITY

The examining authority for the NPM educator program will be the state examination boards approved by the Council. The examination as per the Council curriculum guidelines, will be designed, conducted and evaluated by the board and certificates would be issued by the same authority. Three examinations/assessments will be conducted at specified intervals for final certification. Registration numbers are allotted to the candidates at the time of admission.

TYPE OF EXAMINATIONS

Considering the transformative nature of the NPM program, the NPM educators should be highly efficient, competent and motivated to teach and train NPMs to bring about change in the delivery of compassionate and respectful midwifery care. The process of evaluation and certification is made robust to meet this demand.

(i) First assessment

At the end of 3 months, the NPM educators will undergo examination in one theory paper and one practical examination to assess the suitability to continue the course. However, if the NPM educator does not clear the examination, she may be given one more chance and if still does not clear, she would be discontinued from the program. (Module 1 and Module 2: Section 1-3 would be covered in this examination.

(ii) Second assessment

At the end of 6 months, the candidates would undergo Second assessment in theory and practical examination. On passing the examination, a provisional certificate of partial completion of the program would be issued. All modules are included for the examination.

(iii) Final assessment

After completion of 12 months onsite mentorship experience, the NPM educators would appear for their final examination in theory and practical conducted at the respective NMTI. All modules are included for the examination. On successful completion, the candidates would be certified as NPM educators.

Note: For all the three examinations, the same pattern of examination will be followed.

ELIGIBILITY FOR ADMISSION TO EXAMINATION

The candidates who fulfill the following criteria only would be eligible to appear for the examinations.

(i) First assessment

- Completion of at least 90% of prescribed attendance (3 months) for both theory and clinical practice.
- Completion of 40% of logbook and clinical requirements.
- Certificate of completion of attendance and requirements by the Principal of College of Nursing/Program coordinator (faculty trainer).

(ii) Second assessment

- Completion of at least 90% of prescribed attendance (6 months) for both theory and clinical practice.
- Completion of 80% of logbook and clinical requirements.
- Certificate of completion of attendance and requirements by the Principal of College of Nursing/Program coordinator (faculty trainer).

(iii) Final examination

- Completion of at least 90% of prescribed attendance (6 months) for both theory and clinical practice.
- Completion of 12 months of mentorship experience in the SMTI according to the plan.
- Completion of 100% of logbook and clinical requirements.
- Certification of completion of logbook and clinical requirements by the principal college of Nursing/Program coordinator (Faculty trainer) based on the records maintained by the respective faculty trainer who mentored the NPM educator during the 12 months of onsite training.
- Successful conduction of trainings for the NPMs in the SMTI.

PASS: 70% both internal and external together in prescribed theory and practical examination

SUPPLEMENTARY EXAMINATION

Candidates who fail in the first assessment would be given one more chance to appear for the examination within 2-4 weeks in the examination failed, either in theory or practical only and if they fail again and are not found suitable, would be discontinued from the program. Candidates who fail in the Second assessment at the end of 6 months, can appear for the examination after 6 weeks in the examination failed, either in theory or practical only. The provisional certificate of partial completion of the program would be given only after passing the Second assessment. However, the candidates can proceed for onsite training under mentorship.

EXAMINATION PATTERN

The pattern of examination is the same for all three assessments/examinations. There will be one theory paper and one practical examination

Theory

	Internal assessment	External examination
Theory Internal (25 marks) + External (75 marks) = 100 marks	Total = 25 marks • *Tests: 3 tests × 5 marks = 15 marks • *Assignments/presentations: 5 × 2 marks = 10 marks	Total = 75 marks; Duration = 3 hours • Multiple choice questions: 10 × 1 = 10 marks • Short answers: 5 × 2 = 10 marks Short notes: 5 × 5 = 25 marks • Essay/Scenario: 30 marks 2 × 15 = 30 marks
Practical Internal (50 marks) + External (50 marks) = 100 marks	Total = 50 marks • Clinical performance = 10 marks • Clinical assignments/presentations = 10 marks • OSCE = 10 marks • Direct observed practical = 20 marks	Total = 50 marks • OSCE (5 stations) = 20 marks • Direct observed practical =30 marks

*Tests should be conducted for 25 marks (MCQ - 3 marks, Short answers - 1 × 2 = 2 marks, Short answers 2 × 5 = 10 marks and essay/scenario type - 10 marks) and converted to 5 marks for consolidation. Assignments/ presentations can be scored for 10 marks and converted to 2 marks for consolidation.

EXAMINERS

Theory

- **Question paper setting** - The board assigns a panel of 2 examiners to set 2 sets of question papers each examiner as per the blue-print **(Annexure-A).** Question papers should be set by the faculty trainers of the NPM educators. Questions from these 4 question papers as per the blue-print and question paper pattern are selected and the final question paper is prepared by the examination board. Confidentiality should be maintained and each faculty who is setting the question paper should sign an undertaking of confidentiality.
- **Invigilation -** The invigilation of the examination should be done by an external faculty appointed by the board. *The Principal of the nursing college/Program coordinator (faculty trainer) in which the NMTI is located will be the chief superintendent of the examination.*
- **Evaluation** - The theory papers should be evaluated at the examination board or the center allotted by the examination board by the faculty trainers under the supervision of the secretary/chairperson of the examination board.
- **Mark sheet –** The sample of the mark sheet is enclosed in **Annexure-B.**

Practical Examination

- Practical examination should be conducted for 2 to 3 days – on day one OSCE is conducted followed by directly observed practical on the subsequent days.
- **OSCE –** For the conduction of OSCE, a team of 5 evaluators for 5 stations should be appointed by the board from the NMTI along with the Principal of the college of nursing/Program coordinator (Faculty trainer) who will be the chief superintendent for the examination. An external examiner (faculty trainer) is appointed by the board to observe and moderate the conduction of the OSCE sessions. List of the OSCE stations for examination is selected by the board and sent to the examination center in a sealed cover – 3 basic skills and 2 advanced skills (List enclosed in **Annexure-D**).
- **Directly Observed Practical** – This is conducted by a team of 3 examiners. 2 faculty trainers - one internal and one external and 1 medical preceptor who were involved in the teaching program of the NPM educators.
- **Qualification of Examiners**: M.Sc. nursing, OBG specialty with 5 years of teaching or clinical experience after PG with a dual role/M.Sc. OBG nursing with 5 years of experience as faculty with a minimum of 2 years midwifery clinical working experience. Medical preceptor should be medical faculty from Obstetrics and Gynecology, Pediatrics and Public Health with 3 years post PG experience/consultant.

CONDUCTION OF EXAMINATION

- The examination schedule for both theory and practical examination is given at least 2 weeks prior to the examination by the board.
- Hall tickets are sent from the examination board to the examination center.
- The center for examination is allotted by the examination board.
- The invigilators and practical examiners are appointed by the examination board.
- Question papers are sealed and sent to the examination center or may be done online. The chief superintendent who is either the principal/program coordinator (faculty trainer) is responsible for the security of the papers.
- The candidates should use only their registration numbers. Names should not be written anywhere in the answer scripts.

Theory

- The examination hall is arranged with adequate lighting and ventilation. Seating is arranged as per the registration number.
- Candidates can be permitted into the hall 15 minutes before commencement of the examination on producing the hall ticket.
- Duration of examination is 3 hours.
- No candidates should enter the examination hall after the expiry of thirty minutes from the commencement of examination and leave the examination hall before the expiry of sixty minutes from the commencement of the examination.
- No electronic devices should be permitted in the examination hall.
- The answer scripts should be signed by the invigilator before commencement of the examination.
- The question paper pack should be opened by the chief superintendent and the invigilators in the presence of the candidates 15 minutes prior to commencement. (If online, downloaded in the same manner)

- A bell should be given every half an hour of the examination to alert the candidates.
- On completion of the examination, the answer scripts are collected in order, packed, sealed, signed by the chief superintendent and sent to the examination board on the day of examination by registered post or speed post.

Practical Examination

(i) Objective Structured Clinical Examination (OSCE)

- OSCE is done on day 1 of the examination.
- The OSCE station list is given by the examination board which can be opened 60 minutes prior to the commencement of the examination. 5 stations are selected - 3 basic skills and 2 advanced skills (list of skills - **Annexure-D**).
- Each station should be set up with the necessary articles and checklist.
- Each candidate can be allowed 10 minutes for each station.
- The time allotted for 1 OSCE session is 50 minutes. There can be a maximum of 6 rounds of OSCE in a day. 30 candidates can be assessed on the same day. The candidates who complete the OSCE should not be allowed to meet the other candidates waiting for the examination. If the number of candidates is more, the examination can be done on the next day with a different set of skill stations.
- The scores for the OSCE are done for each station by the individual evaluators and the final scoring sheet is compiled and consolidated jointly by the external evaluator and chief superintendent. OSCE Score sheet is enclosed in **Annexure-E**.

(ii) Directly Observed Practical (DOP)

- DOP is done on day 2 of the examination.
- Each candidate is allotted a mother for examination - antenatal, intranatal or postnatal by lottery method. They would be given 3-4 hours for assessment and care of the mothers and newborn (if postnatal).
- The care given is evaluated by the internal examiner, external examiner and medical preceptor individually and their scores are combined for the final score. Viva voce is conducted in the bedside/ conference room in the clinical area. The DOP assessment form is enclosed in **Annexure-F**.
- A maximum of 15-20 students can be examined on the same day.
- The score is compiled with the OSCE scores and signed by the examiners and the chief superintendent. The score sheet is sent to the examination board on the day of examination by registered post or speed post.

RESULTS

The results of the examination are declared by the examination board within a period of 15 days up to one month from the conduction of the examinations. The paper evaluation center can be decided by the board. A candidate successfully clears the examination if she has scored at least 70% of marks in both theory and practical papers together which is Pass. Format of mark sheet and certificate (provisional & Final) is enclosed in **Annexure-B & C.**

CERTIFICATION

A. Title - Nurse Practitioner Midwifery Educator (NPM Educator)

B. The title is awarded upon successful completion of the prescribed study program, which will state that the candidate

   i. Has completed the prescribed course of nurse practitioner midwifery educator

   ii. Has attended 90% of the theoretical and 100% of the practical instruction hours before awarding the certificate.

   iii. Has passed (70% marks both internal and external together) in the prescribed theory and practical examination.

C. SNRC will register NPM educator as additional qualification.

On passing the second examination at the end of 6 months, a provisional certificate of partial completion of the program would be issued. On successful completion of the final examination, the candidates would be awarded the certificate of NPM educator. Model of the certificates are enclosed in **Annexure-C**.

SUB-ANNEXURES IN ANNEXURE-VII

ANNEXURE-A: Blueprint of Question Paper

Exam : Preliminary/interim/final examination **Marks :** 75

Date : **Time :** 3 hours

S.No.	Type of questions	**MCQ** 1 mark	**Short answers** 2 marks	**Short notes** 5 marks	**Essay/ Situation** 15 marks	**Marks**	**Percentage**
1	Remembering (knowledge based simple recall questions, facts, terms, concepts, principles, theories, identify, define information)	2	1	1	-	9	12%
2	Understanding (comprehension, understand conceptually, interpret, compare, contrast, explain, paraphrase, interpret information)	3	1	1	1(10)	20	26%
3	Application (use abstract information in concrete situation, apply knowledge to new situation, solve problems)	2	1	1	1(10)	19	25%
4	Analysis and synthesis (classify, compare, contrast, differentiate, organize and integrate new pieces of information)	1	1		1(15)	18	24%
5	Evaluation (appraise, judge, justify the value or worth of a decision or outcome, predict outcomes based on values)	2	1	1	-	9	12%
	TOTAL	10×1=10	5×2=10	4×5=20	2×10+1×15=35	100	100

Question Paper Pattern

Name of the Examination Board: _____

State: _____

Name of the Theory Examination - First/Second/Final Examination

Date: **Maximum marks**: 75 marks

Duration: 3 hours

Answer all the questions in the answer booklet given

I. Multiple choice question: choose the best answer — 10 × 1 = 10 marks
(A question stem with 4 options)

II. Short answers: answer in one or two sentences — 5 × 2 = 10 marks
(definitions, meanings, application, differences, list etc.)

III. Short notes: — 4 × 5 = 20 marks
(analyze, interpret, comprehend, brief, explain)

IV. Essay/situation: — (2 × 10) + (1 × 15) = 35 marks
(Discuss, apply, narrate, evaluate, compare and contrast)

ANNEXURE-B: Sample Mark Statement

NAME OF EXAMINATION BOARD

STATE

EMBLEM

STATEMENT OF MARKS – NPM EDUCATOR PROGRAM

Course	NPM Educator			Registration Number	
Name of the examination	First/Second/final examination				
Name of the candidate					
Month & year					
PAPER	INTERNAL & EXTERNAL	MARKS AWARDED	PASSING MARKS	MAXIMUM MARKS	RESULT
Theory	Internal	XX		25	
	External	XX		75	
	Total	XX		100	
			70		PASS/FAIL
Practical	Internal	XX		50	
	External	XX		50	
	Total	XX		100	
			70		PASS/FAIL

Place:

Date: Seal Board Secretary/Chairperson

ANNXURE-C: Sample Certificates (Provisional & Final)

EMBLEM	NAME OF EXAMINATION BOARD STATE	Photo of candidate (to be attested)

PROVISIONAL CERTIFICATE OF PARTIAL COMPLETION

The _____ Examination Board hereby makes known that _____, born on _____ has been admitted to the Nurse Practitioner Midwifery Educator (NPM Educator) program and having been certified by duly appointed examiners to have qualified to receive the provisional certificate for the partial completion of the same at the examination held on _____ with the registration no. _____.

Seal of the Board

Place:

Date: Registrar Secretary/Chairperson

Sample of Certificate - Final Certificate

EMBLEM

NAME OF EXAMINATION BOARD

STATE

AWARD OF DIPLOMA
Nurse Practitioner Midwifery Educator

Photo of candidate (To be attested)

The _____ Examination Board hereby makes known that _____, born on _____ has been admitted to the Nurse Practitioner Midwifery Educator (NPM Educator) program and having been certified by duly appointed examiners to have qualified at the examination held in _____ to receive the same with the registration no. _____.

Seal of the Board

Place:

Date: Registrar Secretary/Chairperson

ANNEXURE-D: List of Skills for OSCE

Basic Skills	Advanced Skills
1. Antenatal assessment: calculation of EDD	1. Management of antenatal complications: pre-eclampsia and eclampsia
2. Antenatal assessment: detecting pregnancy using pregnancy testing kit	2. Administration of Inj. $MgSO_4$
3. Antenatal examination: measuring blood pressure	3. Identification and management of hemorrhage in pregnancy
4. Antenatal examination: measuring pulse	4. Preparation and recording of Cardiotocography (CTG)/Non-Stress Test (NST)/Contraction Stress Test (CST)
5. Abdominal examination during pregnancy	5. Assessment during first stage of labor: plotting of partograph
6. Laboratory investigation: Testing blood - hemoglobin	6. Intrapartum complications: Identify and manage
7. Laboratory investigation: Testing urine for sugar	7. Newborn resuscitation
8. Laboratory investigation: Testing urine for protein	8. Kangaroo mother care
9. Laboratory investigation: RDT for malaria	9. Prepare and perform low forceps operation
10. Glucose challenge test/Glucose Tolerance test	10. Conduct Breech delivery
11. Antenatal general examination	11. Initial management of PPH: preparation and administration of oxytocin drip
12. Administration of Inj. TT	12. Initial Management of PPH: Bimanual compression of uterus
13. Counseling of antenatal woman	13. Balloon tamponade for atonic uterus
14. Setting up of the birthing room/unit	14. Aortic compression for PPH
15. Assessment during first stage of labor: PV examination including clinical pelvimetry	15. Prescription and administration of fluids and electrolytes through intravenous
16. Pain management during labour - non-pharmacological	16. Manual removal of the placenta
17. Assessment and care during second stage of labor: conducting normal delivery	17. Catheterization - Plain catheter
18. Assessment and care during third stage of labor: active management	18. Catheterization - Indwelling catheter
19. Essential newborn care	19. Starting up of IV line
20. Examination of placenta	20. Repair of perineal and vaginal tears (upto II degree)
21. Assessment and weighing of newborn	21. Identification and first aid management of obstetric shock
22. Neonatal immunization - Administration of BCG, Hepatitis B vaccine	22. Management of postnatal complications
23. Care during fourth stage of labour	23. Oxygen administration
24. Baby bath	24. Care of neonate on phototherapy and ventilator
25. Perineal/episiotomy care	25. Insertion and removal of PPIUCD/PAIUCD
26. Breast care	26. Perform Manual Vacuum Aspiration
27. Counseling postnatal woman	27. Post abortion care
28. Distribution of oral contraceptive pills	28. IUCD insertion - Interval
29. Counseling on postpartum family planning	29. Pap smear
30. Counseling on family planning - method specific	30. Visual inspection with acetic acid/iodine
31. Post abortion counseling	
32. Counseling on breast self-examination	

*A total of 5 skills – 3 basic and 2 advanced skills are selected for each OSCE session.

ANNEXURE-E: OSCE SCORE SHEET
Plan for OSCE Examination and Compilation Sheet
(External Examination)

Name of the Examination Centre :

Name of the Examination : First/Second/Final Examination

Date :

Total Number of Students : 30

Time per Station : 10 minutes

Total duration : 6 hours (4 hours morning, 2 hours evening)

Evaluators : 1.

2.

3.

4.

5.

Moderator :

Chief Superintendent :

S.No.	Station	Category	Skill Assessed	Marks
1	**I**	Basic		20
2	**II**	Advanced		20
3	**III**	Basic		20
4	**IV**	Advanced		20
5	**V**	Basic		20
		Total marks	**100/5 = 20 marks**	

OSCE Compilation sheet

Name of the Examination Center :

Name of the Examination : First/Second/Final Examination

Date :

Roll Number of Students allotted : From _____ to _____

Total Number of Students : Allotted: Attended:

Total Number of OSCE Station : Basic Skills - 03 Advanced Skills - 02

OSCE Score Summary Sheet :

Name of OSCE Station	Stations					Total Marks (out of 100)	Total Marks (out of 20)
Registration Number	1	2	3	4	5		

Signature of Moderator Signature of Chief Superintendent

ANNEXURE-F: Assessment Form for Directly Observed Practical

NAME OF THE EXAMINATION CENTER

NPM Educator Program

Evaluation form for Practical Examination - First/Second/Final Examination

(Same but separate forms for internal examiner, external examiner and medical preceptor)

Examiner: Internal/External/Medical Preceptor

S.No	Registration Number	History collection	General physical examination	Specific/Focused assessment	Plan of care	Goal/objective	Midwifery care provided	Application of scientific principles	Evaluation of care	Communication	Education & Counseling	Mothers feedback	Viva	Total
Max marks		**2**	**2**	**4**	**2**	**2**	**6**	**2**	**2**	**2**	**2**	**2**	**2**	**30**
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														

Signature of the Examiner

External Practical Examination Consolidation Sheet

Name of the Examination Center :

Name of the Examination : First/Second/Final Examination

Dates of the Examination : OSCE - DOP -

Roll Number of Students allotted : From to

Total Number of Students : Allotted: Attended:

S.No	Registration Number	Internal Examiner	External Examiner	Medical Preceptor	Total DOP	Total OSCE	Grand total
Maximum Marks		**30**	**30**	**30**	**90/3=30**	**20**	**50**
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Internal Examiner External Examiner Medical Preceptor

Place:

Date:

Seal:

Signature of Chief Superintendent
(Principal/Program Coordinator/Faculty Trainer)

ANNEXURE-VIII

SCOPE OF PRACTICE

For

Nurse Practitioner in Midwifery (NPM) Educator

&

Nurse Practitioner Midwife

Document Prepared by MoHFW and Indian Nursing Council (June 2021)

Reference: Available at MoHFW and INC websites

Dr. T. Dileep Kumar,
President, Indian Nursing Council

भारत का राजपत्र
असाधारण
भाग III—खण्ड 4
प्राधिकार से प्रकाशित
(राजपत्रित किया जाना है)

भारतीय उपचर्या परिषद्
8वां तल, एनबीसीसी सेंटर, प्लॉट नं. 2, कम्यूनिटी सेंटर,
ओखला फेस—1, नई दिल्ली—110020

दिनांकः....., 2020

अधिसूचना

फा.सं. 11—1/2019—आईएनसीः— समय—समय पर यथासंशोधित भारतीय उपचर्या परिषद् अधिनियम, 1947 (1947 का XLVIII) की धारा 16(1) के अधीन प्रदत्त शक्तियों का प्रयोग करते हुए भारतीय उपचर्या परिषद् बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग में पोस्ट बेसिक डिप्लोमा – आवासीय कार्यक्रम, 2019 हेतु निम्नलिखित विनियम बनाती हैः—

लघु शीर्षक और प्रवर्तन.—

1. ये विनियम **बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग में पोस्ट बेसिक डिप्लोमा – आवासीय कार्यक्रम, 2019** कहलायेंगे।
2. ये विनियम भारत के राजपत्र में इनकी अधिसूचना/प्रकाशन की तारीख से लागू होंगे।

पाठ्यक्रम

बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग में पोस्ट बेसिक डिप्लोमा – आवासीय कार्यक्रम, 2019

I. भूमिका

राष्ट्रीय स्वास्थ्य नीति दस्तावेज (एनएचपी, 2017) में तृतीयक देखभाल सेवाओं का विस्तार करने, विशेषज्ञ नर्स तैयार करने और नर्सों के लिये नैदानिक प्रशिक्षण के मानकीकरण पर जोर दिया गया है। इसके प्रत्युत्तर स्वरूप, भातीय उपचर्या परिषद् ने मौजूदा विशिष्ट नर्सिंग कार्यक्रम को योग्यता पर आधारित प्रशिक्षण दृष्टिकोण अपनाते हुए एक एक—वर्षीय पोस्ट बेसिक डिप्लोमा आवासीय कार्यक्रमों के रूप में परिवर्तित करने की योजना बनाई है। बर्न्स एंड रिकंस्ट्रक्टिव सर्जिकल नर्सिंग कार्यक्रम, संशोधित दिशानिर्देशों का उपयोग करते हुए भारतीय उपचर्या परिषद् द्वारा विकसित किया गया एक ऐसा नया विशिष्ट पाठ्यक्रम है, जिसका उद्देश्य ऐसे विशेषज्ञ नर्स तैयार करना है जो जलने से पीड़ित और पुनर्निर्माण शल्य चिकित्सा पाने वाले रोगियों, जिनकी नैदानिक परीक्षण, उपचार और देखभाल की आवश्यकतायें जटिल और गहन होती हैं, को सक्षम देखभाल प्रदान कर सकें।

'जलना' स्वस्थ व्यक्ति के जीवन में आने वाली सबसे भयंकर पस्थितियों में से एक है। इसके घाव रोगी के जीवन के हर पहलू पर प्रहार करते हुए दिखाई पड़ते हैं। शारीरिक रूप से दृश्य और मनोवैज्ञानिक रूप से अदृश्य घावों के निशान बहुत लंबे समय तक चलने वाले होते हैं और रोगी को अक्सर चिरकालिक विकलांगता की ओर ले चाते हैं। जलने के घाव स्वास्थ्य कर्मियों के लिये विभिन्न प्रकार की विशेष चुनौतियां खड़ी कर देते हैं। जलने से पीड़ित रोगियों की इष्टतम देखभाल के लिये एक बहु—विषयक दृष्टिकोण की आवश्यकता होती है। इससे शरीर के बहुत से भाग प्रभावित होते हैं अतः इनकी जटिलता को देखते हुए जलने से पीड़ित रोगियों को बर्न्स में प्रशिक्षित नर्सों द्वारा गहन विशिष्ट देखभाल की आवश्यकता होती है। सकारात्मक रोगी परिणाम बर्न्स केयर टीम की संरचना, उनकी प्रतिबद्धता, विशिष्ट कौशल और उसके सदस्यों के बीच घनिष्ठ सहयोग पर निर्भर हैं। जलने से पीड़ित रोगियों के उपचार प्रबंधन में नर्सों की एक महत्वपूर्ण भूमिका है।

बर्न्स नर्सिंग अभ्यास में ऊर्जस्वी और अत्यधिक कुशल तथा जटिल देखभाल की आवश्यकता होती है। जलने से पीड़ित रोगियों के साथ—साथ उनके परिवार के सदस्यों को भी काफी चोट पहुंचती है। जलने से पीड़ित रोगियों का स्वास्थ्य लाभ मुख्यतः कुशल नर्सिंग देखभाल पर निर्भर करता है। जलने से पीड़ित रोगियों की देखभाल में विशेषज्ञ नर्सों को संवदेनशील होना चाहिये और रोगी तथा उनके परिवार के सदस्यों के साथ मिलनसार होना चाहिये।

II. दर्शन

भारतीय उपचर्या परिषद् का मानना है कि पंजीकृत नर्सों को अभ्यास के विभिन्न नये विशिष्ट क्षेत्रों में कार्य करने के लिये विशेषज्ञ नर्सों के रूप में आगे प्रशिक्षित होने की आवश्यकता है और यह प्रशिक्षण योग्यता पर आधारित होना चाहिये। विशेषज्ञ नर्सों की जरूरत वाला एक ऐसा क्षेत्र बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी नर्सिंग है। बर्न्स नर्सिंग, रिकंस्ट्रक्टिव सर्जरी तथा तकनीक में हुई प्रगति और नर्सों की बढ़ती भूमिकाओं के मद्देनजर जलने के कारण विभिन्न प्रकार के घावों से पीड़ित रोगियों और साथ ही पुनर्निर्माण शल्य चिकित्सा पाने वाले रोगियों को सक्षम, कुशल और उचित देखभाल प्रदान करने के लिये नर्सों को विशेष कौशल और जानकारी प्रदान करने के लिये अतिरिक्त प्रशिक्षण की आवश्यकता होती है।

III. पाठ्यक्रम संरचना

बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग में पोस्ट बेसिक डिप्लोमा प्रशिक्षण एक–वर्षीय आवासीय कार्यक्रम है और इस पाठ्यक्रम की अवधारणा में अभ्यास के अलावा बुनियादी लघु पाठ्यक्रम और विशिष्ट नर्सिंग अभ्यासों के लिये बृहद विशिष्ट पाठ्यक्रम सम्मिलित किये गये हैं।

व्यावसायिक कुशलता, संवाद और रोगी प्रशिक्षण, नैदानिक नेतृत्व और संसाधन प्रबंधन, तथा साक्ष्य आधारित और अनुप्रयुक्त अनुसंधान, बर्न्स नर्सिंग एंड रिकंस्ट्रक्टिव सर्जिकल नर्सिंग अभ्यास के बुनियादी लघु पाठ्यक्रम हैं, जिनका लक्ष्य छात्रों को जवाबदेह, प्रतिबद्ध, कुशल और सक्षम विशेषज्ञ नर्स की तरह कार्य करने की आवश्यक जानकारी, दृष्टिकोण और दक्षता प्रदान करना है। प्रमुख विशिष्ट पाठ्यक्रमों को बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग–1 और बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग–2 के तहत सुनियोजित किया गया है।

स्पेशियलिटी नर्सिंग–1 में बर्न्स नर्सिंग एंड रिकंस्ट्रक्टिव सर्जरी का संदर्भ/परिचय और बर्न्स एंड रिकंस्ट्रक्टिव सर्जिकल नर्सिंग में प्रयुक्त सामान्य विज्ञान (बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग के अंतर्गत आने वाली नैदानिक परिस्थितियों के निदान, उपचार और देखभाल में सामान्य विज्ञान की जानकारी का उपयोग) शामिल हैं। स्पेशियलिटी नर्सिंग–2 में जलने के कारण विभिन्न प्रकार के घावों और विकृतियों तथा साथ ही पुनर्निर्माण शल्य चिकित्सा पाने वाले रोगियों का नर्सिंग प्रबंधन शामिल है, जिसमें मूल्यांकन, निदान, उपचार और विशिष्ट मध्यवर्तन तथा रोगी की सुरक्षा और गुणवत्ता और साथ ही बीमारी की विशिष्ट क्षतिपूर्ति सम्मिलित हैं। बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग आवासीय कार्यक्रम के पाठ्यक्रम की रूपरेखा निम्नलिखित चित्र–1 में दर्शाई गई है।

बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग में पोस्ट बेसिक डिप्लोमा – आवासीय कार्यक्रम

बर्न्स नर्सिंग पाठ्यक्रम के मूल **स्पेशियलिटी (बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी) नर्सिंग पाठ्यक्रम**

चित्र–1. बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग – आवासीय कार्यक्रम की पाठ्यक्रम संरचना

पंजीकृत नर्सों एवं दाईयों के लिये एक–वर्षीय आवासीय कार्यक्रम
10 प्रतिशत सैद्धांतिक एवं 90 प्रतिशत अभ्यास (कौशल प्रयोगशाला + नैदानिक)

IV. उद्देश्य/अभिप्राय और कार्यनिर्वाह क्षमतायें

उद्देश्य

इस कार्यक्रम को विशेष कौशल, जानकारी और प्रवृत्ति वाले ऐसे नर्स तैयार करने के लिये बनाया गया है जो जलने से पीड़ित और पुनर्निर्माण शल्य चिकित्सा पाने वाले रोगियों को अस्पताल में भर्ती से पूर्व एवं भर्ती के बाद तथा स्वास्थ्य लाभ (पुनर्वास) के दौरान देखभाल प्रदान कर सकें। इसका उद्देश्य तकनीकी रूप से योग्य और प्रशिक्षित ऐसे विशेषज्ञ नर्स तैयार करना है, जो तृतीयक और चतुर्थक अस्पतालों की बर्न्स इकाईयों में उच्च स्तर की देखभाल प्रदान कर सफलतापूर्वक इष्टतम कार्य कर सकें।

कार्यनिर्वाह क्षमतायें

कार्यक्रम के पूरा होने पर, बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिस्ट नर्स निम्नांकित कार्य करने में सक्षम होंगेः–

1. भारतीय उपचर्या परिषद् के सदाचारी, परोपकारी, कानूनी, नैतिक, विनियामक और मानवतावादी सिद्धांतों के अनुरूप मानकों के अनुसार अभ्यास में नर्सिंग देखभाल प्रदान करने में पेशेवर जवाबदेही प्रदर्शित करना।
2. रोगियों, परिवारीजनों और व्यावसायिक सहयोगियों के साथ प्रभावी ढंग से बातचीत करना जिससे आपस में सम्मान की भावना को बढ़ावा मिले और स्वास्थ्य परिणामों में सुधार लाने के साझा निर्णय लिये जा सके।
3. उपचार और देखभाल में रोगियों और परिवारीजनों की प्रभावी रूप से भागीदारी सुनिश्चित करने के लिये उन्हें प्रशिक्षित करना और परामर्श देना और संकट तथा वियोग की स्थिति में उनकी मुकाबला करने की क्षमता में वृद्धि करना।
4. नैदानिक नेतृत्व और संसाधन प्रबंधन रणनीतियों की समझ का प्रदर्शन करना और सहयोगी तथा प्रभावी टीम वर्क को बढ़ावा देने के लिये उनका बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी देखभाल परिस्थितियों में उपयोग करना।
5. बर्न्स एंड रिकंस्ट्रक्टिव सर्जिकल नर्सिंग अभ्यास में व्यावहारिक निर्णय लेने के लिये नैदानिक विशेषज्ञता और रोगी की वरीयताओं के लिहाज से, अनुभव और मूल्यों के साथ बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी देखभाल और उपचार में सामयिक सर्वोत्तम प्रमाणों की पहचान, मूल्यांकन और उपयोग करना।
6. बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी में ऐसे वैज्ञानिक कार्यक्रमों का उत्तरदायित्व लेना, जो शोध प्रक्रिया की बुनियादी समझ के साथ साक्ष्य–आधारित बर्न्स नर्सिंग देखभाल में योगदान देते हैं।
7. जलने से पीड़ित और पुनर्निर्माण शल्य चिकित्सा पाने वाले रोगियों और उनके परिवारीजनों की दैहिक, शारीरिक, मनोवैज्ञानिक, सामाजिक और आध्यात्मिक समस्याओं के आंकलन, निदान और उपचार में सामान्य विज्ञान को अपनाना।
8. बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी नर्सिंग की अवधारणा और सिद्धांतों को अपनाना।
9. जलने से पीड़ित रोगियों की अस्पताल में भर्ती से पूर्व देखभाल और अस्पताल तक ले जाने में समझबूझ का प्रदर्शन करना।
10. जलने पर अस्पताल में सुरक्षित सक्षम देखभाल, आपातिक देखभाल और तीव्र देखभाल प्रदान करना।
11. जलने से पीड़ित और पुनर्निर्माण शल्य चिकित्सा पाने वाले रोगियों की देखभाल में नर्सिंग प्रक्रिया को अपनाना।
12. तरलीय पुनर्जीवन प्रदान करने से प्रासंगिक जलने से पीड़ित रोगियों, जलने के घावों के इलाज और पुनर्निर्माण शल्य चिकित्सा पाने वाले रोगियों की देखभाल में विशिष्ट देखभाल दक्षता/कौशल का प्रदर्शन करना।
13. संक्रमण नियंत्रण और रोगी सुरक्षा प्रोटोकॉल अपनाना।
14. बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी उपचार और देखभाल क्षेत्र में हाल में हुई प्रगति की समझ का प्रदर्शन करना।
15. जलने पर प्रभावी मनोसामाजिक देखभाल और पुनर्वास प्रदान करना।
16. बर्न्स इकाई और रिकंस्ट्रक्टिव सर्जिकल इकाई में नैदानिक आकलन करना और गुणवत्ता आश्वासन गतिविधियों में भाग लेना।
17. नर्सिंग कर्मियों की विभिन्न श्रेणियों के लिये प्रशिक्षण कार्यक्रम आयोजित करना।

V. कार्यक्रम का विवरण और अभ्यास का क्षेत्र

बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशलिटी नर्सिंग में पोस्ट बेसिक डिप्लोमा एक वर्षीय आवासीय कार्यक्रम है, जिसका मुख्य फोकस योग्यता आधारित प्रशिक्षण रखा गया है। पाठ्यक्रम की अवधारणा में अभ्यास के अलावा बुनियादी पाठ्यक्रम और विशिष्ट पाठ्यक्रम सम्मिलित किये गये हैं। इसका 10 प्रतिशत भाग सैद्धांतिक और 90 प्रतिशत भाग नैदानिक और प्रयोगशाला अभ्यास है।

कार्यक्रम के पूरा होने पर प्रमाणपत्र मिलने और संबंधित राज्य उपचर्या परिषद् में अतिरिक्त योग्यता के रूप में पंजीकृत होने पर, ऐसे विशेषज्ञ नर्सों को केवल बर्न्स/रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी अस्पतालों/विभागों/इकाईयों में विशेषज्ञ नर्स के रूप में नियुक्त किया जाना चाहिये। वे कार्यक्रम के दौरान प्रशिक्षित दक्षताओं, विशेष रूप से भारतीय उपचर्या परिषद् द्वारा निर्धारित पाठ्यक्रम की लॉगबुक में निर्धारित प्रक्रियात्मक दक्षताओं/नैदानिक कौशल के अनुसार अभ्यास करने में सक्षम होंगे। विशेषज्ञ नर्सों को संबंधित संस्थानों द्वारा संस्थागत प्रोटोकॉल के अनुसार उन विशिष्ट प्रक्रियात्मक दक्षताओं का अभ्यास करने का विशेषाधिकार दिया जा सकता है। विशेषज्ञ नर्स संवर्ग/पदों का सृजन सरकारी/सार्वजनिक और निजी दोनों क्षेत्रों में किया जाना चाहिये। यह डिप्लोमा भारतीय उपचर्या परिषद् द्वारा अनुमोदित संबंधित परीक्षा बोर्ड/राज्य उपचर्या परिषद्/विश्वविद्यालय द्वारा प्रदान किया जायेगा।

VI. बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग में पोस्ट बेसिक डिप्लोमा – आवासीय कार्यक्रम प्रारंभ करने के लिये न्यूनतम अर्हतायें/दिशानिर्देश

कार्यक्रम का संचालन कहां–कहां किया जा जा सकता है –

1. नर्सिंग में डिग्री कार्यक्रम का संचालन करने वाले नर्सिंग कॉलेज जो स्वयं के अपने 200 बिस्तर वाले अपने स्वयं के ऐसे विशिष्ट अस्पताल/तृतीयक अस्पताल से संबद्ध हों जिनमें विशेष नर्सिंग देखभाल सुविधाओं के साथ नैदानिक, चिकित्सीय और अत्याधुनिक बर्न्स देखभाल इकाई, बर्न्स आईसीयू, और रिकंस्ट्रक्टिव सर्जरी इकाई/विभाग उपलब्ध हों।

अथवा

200 बिस्तर वाले बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी में डीएनबी/फेलोशिप कार्यक्रम की पेशकश करने वाले अस्पताल जिनमें शीघ्र उन्मूलन, त्वचा ग्राफ्टिंग, त्वचा बैंकिंग और त्वचा पुनर्जनन प्रयोगशाला तथा विशेष नर्सिंग देखभाल सुविधाओं वाली नैदानिक, चिकित्सीय और समर्पित बर्न्स आईसीयू के साथ अत्याधुनिक बर्न्स देखभाल इकाई और रिकंस्ट्रक्टिव सर्जरी इकाई/विभाग उपलब्ध हों।

2. उपरोक्त पात्र संस्थान को संबंधित राज्य उपचर्या परिषद् से विशेष शैक्षणिक वर्ष के लिये बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग में पोस्ट बेसिक डिप्लोमा कार्यक्रम प्रारंभ करने के लिये मान्यता लेनी होगी। जोकि एक अनिवार्य आवश्यकता है।

3. भारतीय उपचर्या परिषद् द्वारा उपरोक्त दस्तावेजों/प्रस्तावों की प्राप्ति के पश्चात मान्यता प्राप्त नर्सिंग प्रशिक्षण संस्थान का भारतीय उपचर्या परिषद् अधिनियम, 1947 के प्रावधानों के तहत बनाये गये विनियमों के अनुरूप अध्यापन संकाय और नैदानिक एवं मूलभूत सुविधाओं की उपलब्धता के संबंध में उपयुक्तता का आकलन करने के लिये भारतीय उपचर्या परिषद् अधिनियम, 1947 की धारा 13 के तहत वैधानिक निरीक्षण किया जायेगा।

1. नर्सिंग शिक्षण संकाय

क) 1 : 10 के अनुपात में पूर्णकालिक शिक्षण संकाय।

ख) शिक्षण संकाय में कम से कम दो (2) सदस्य होने चाहिये।

ग) <u>योग्यता एवं संख्या:</u>

1. मेडिकल सर्जिकल नर्सिंग/बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग में एम.एससी. – 1
2. बी.एससी. (नर्सिंग)/पी.बी.बी.एससी. (नर्सिंग) के साथ बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग में पोस्ट बेसिक डिप्लोमा – 1

घ) <u>अनुभव:</u> बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग में कम से कम तीन (3) वर्ष का नैदानिक अनुभव।

ङ) <u>अतिथि संकाय:</u> संबंधित विशिष्टताओं में बहु–विषयक।

च) <u>प्रीसेप्टर:</u>

- <u>नर्सिंग प्रीसेप्टर:</u> पूर्णकालिक जी.एन.एम. के साथ विशिष्ट नर्सिंग (बर्न्स/रिकंस्ट्रक्टिव सर्जरी नर्सिंग) में छः (6) वर्ष, या बी.एससी. (नर्सिंग) के साथ विशिष्ट नर्सिंग में दो (2) वर्ष, या एम.एससी. (नर्सिंग) के साथ विशिष्ट नर्सिंग में एक (1) वर्ष का विशिष्ट देखभाल केंद्र में कार्य करने का अनुभव।
- <u>मेडिकल प्रीसेप्टर:</u> स्नातकोत्तर योग्यता प्राप्त विशेषज्ञ (बर्न्स/रिकंस्ट्रक्टिव सर्जरी विशेषज्ञ) डॉक्टर (स्नातकोत्तर योग्यता प्राप्त करने के बाद तीन (3) वर्ष का अनुभव/संकाय स्तर अथवा सलाहकार स्तर वालों को वरीयता दी जायेगी)।
- <u>प्रीसेप्टर छात्र अनुपात:</u> **नर्सिंग** में 1 : 10, **मेडिकल** में 1 : 10 (प्रत्येक छात्र एक मेडिकल प्रीसेप्टर और एक नर्सिंग प्रीसेप्टर से संबद्ध होना चाहिये)।

2. बजटः

संस्थान के कुल बजट में इस कार्यक्रम के लिये आवश्यक कर्मचारियों के वेतन, अतिथि संकाय और अंशकालिक शिक्षकों के लिये मानदेय, लिपिकीय सहायता, पुस्तकालयी और आकस्मिक व्यय के लिये प्रावधान होना चाहिये।

3. अस्पताल/कॉलेज में भौतिक और शिक्षण सुविधायें:

क) नैदानिक क्षेत्र में एक अध्ययन कक्ष/सम्मेलन कक्ष।

ख) अस्पताल/कॉलेज में कृत्रिम अध्ययन (सिम्युलेटेड लर्निंग) के लिये कौशल प्रयोगशाला। **कौशल प्रयोगशाला हेतु आवश्यक वस्तुओं की सूची परिशिष्ट–1 में दी गई है।**

ग) ऑनलाइन पत्रिकाओं तक पहुंच के साथ पुस्तकालय और कंप्यूटर सुविधायें:

1. कॉलेज में बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग, नर्सिंग प्रशासन, नर्सिंग शिक्षा, नर्सिंग अनुसंधान और सांख्यिकी से संबंधित वर्तमान पुस्तकों, जर्नल और पत्रिकाओं से सुसज्जित पुस्तकालय होना चाहिये।

   अथवा

   बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग, नर्सिंग प्रशासन, नर्सिंग शिक्षा, नर्सिंग अनुसंधान और सांख्यिकी से संबंधित वर्तमान पुस्तकों, जर्नल और पत्रिकाओं के लिये मेडिकल कॉलेज/अस्पताल के पुस्तकालय का उपयोग करने की अनुमति होनी चाहिये।
2. इंटरनेट की सुविधा के साथ कंप्यूटर।

घ) ई–लर्निंग सुविधायें

ङ) शिक्षण संसाधन – उपयोग करने हेतु निम्नांकित सुविधायें उपलब्ध होनी चाहिये:

1. ओवरहेड प्रोजेक्टर,
2. वीडियो देखने की सुविधा,
3. एलसीडी प्रोजेक्टर,
4. सीडी, डीवीडी और डीवीडी प्लेयर,

5. कौशल अध्ययन के लिये उपयुक्त उपकरण, मैनीकिंस और सिमुलेटर्स।

च) कार्यालयी सुविधायें:
   1. लिपिक, चपरासी, सफाई कर्मचारी की सेवायें।
   2. कार्यालय, उपकरण और आपूर्ति की सुविधा, जैसे
      - स्टेशनरी,
      - प्रिंटर के साथ कंप्यूटर,
      - जीरोक्स मशीन,
      - टेलीफोन एवं फैक्स

4. नैदानिक सुविधायें

क) कम से कम 200 बिस्तर वाले अपने स्वयं के स्पेशियलिटी अस्पताल/तृतीयक अस्पताल जिनमें विशेष नर्सिंग देखभाल सुविधाओं के साथ उन्नत नैदानिक, चिकित्सीय और अत्याधुनिक बर्न्स देखभाल इकाई, बर्न्स आईसीयू, और रिकंस्ट्रक्टिव सर्जरी इकाई/विभाग उपलब्ध हों।

ख) 200 वाले क्षेत्रीय केंद्र या बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी अस्पताल जिनमें विशेष नर्सिंग देखभाल सुविधाओं के साथ उन्नत नैदानिक, चिकित्सीय और अत्याधुनिक बर्न्स देखभाल इकाई, बर्न्स आईसीयू, और रिकंस्ट्रक्टिव सर्जरी इकाई/विभाग उपलब्ध हों।

ग) अस्पताल में उन्नत नैदानिक, चिकित्सीय और देखभाल सुविधाओं वाले कम से कम 30 बिस्तर होने चाहिये।

घ) इकाइयों में भारतीय उपचर्या परिषद् मानदंडों के अनुसार नर्स स्टाफ उपलब्ध होना चाहिये।

ङ) छात्र रोगी अनुपात 1 : 3 होना चाहिये।

5. प्रवेश हेतु नियम व शर्तें/प्रविष्टि अर्हतायें

इस कार्यक्रम में प्रवेश पाने वाले छात्र को,

क) एनयूआईडी नंबर के साथ किसी एक राज्य उपचर्या पंजीकरण परिषद् (एसएनआरसी) में एक पंजीकृत नर्स (आर.एन. एंड आर.एम.) या समकक्ष होना चाहिये।

ख) नामांकन से पहले अधिमानतः बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी इकाई में स्टाफ नर्स के पद पर कम से कम एक वर्ष का नैदानिक अनुभव होना चाहिये।

ग) शारीरिक रूप से स्वस्थ होना चाहिये।

घ) आयोजित प्रवेश परीक्षा और सक्षम अधिकारी द्वारा साक्षात्कार की योग्यता के आधार पर चयन किया जाना चाहिये।

ङ) अन्य देशों के नर्सों को प्रवेश से पहले भारतीय उपचर्या परिषद् से समतुल्यता प्रमाण पत्र प्राप्त करना होगा।

6. सीटों की संख्या

200 बिस्तर तथा 30 विशिष्ट बिस्तर वाले अस्पताल के लिये सीटों की संख्या = 10 और 500 बिस्तर व 60 विशिष्ट बिस्तर वाले अस्पताल के लिये सीटों की संख्या = 20

7. अभ्यर्थियों की संख्या

3 विशिष्ट बिस्तरों के लिये 1 अभ्यर्थी।

8. वेतन

क). सेवारत अभ्यर्थियों को नियमित वेतन मिलता रहेगा।

ख) अन्य अभ्यर्थियों को कार्यक्रम का संचालन करने वाले अस्पताल की वेतन संरचना के अनुसार वजीफा/वेतन मिलेगा।

VII. परीक्षा विनियम एवं प्रमाणीकरण

परीक्षा विनियम

परीक्षा संचालन एवं डिप्लोमा प्रदान करने वाले प्राधिकरणः भारतीय उपचर्या परिषद् द्वारा अनुमोदित संबंधित परीक्षा बोर्ड/राज्य उपचर्या परिषद्/विश्वविद्यालय।

1. परीक्षा में बैठने हेतु पात्रता

क) उपस्थितिः सैद्धांतिक एवं प्रायोगिक – 80 प्रतिशत। परन्तु प्रमाणपत्र मिलने से पहले 100 प्रतिशत नैदानिक उपस्थिति होना अनिवार्य है।

ख) लॉगबुक और नैदानिक आवश्यकताओं जैसी जरूरी आवश्यकताओं को सफलतापूर्वक पूरा करने वाले अभ्यर्थी परीक्षा में बैठने हेतु पात्र होंगे और अंतिम परीक्षा में बैठ सकते हैं।

2. प्रायोगिक परीक्षा

क) वस्तुनिष्ठ संरचित नैदानिक परीक्षा (ओएससीई): आंतरिक और अंतिम परीक्षा दोनों में मौखिक परीक्षा के साथ–साथ वस्तुनिष्ठ संरचित नैदानिक परीक्षा (ओएससीई) आयोजित की जायेगी। विस्तृत दिशानिर्देश मार्गदर्शन पुस्तिका में दिये गये हैं।

ख) प्रायोगिक/नैदानिक अवलोकनः अंतिम आंतरिक और बाह्य परीक्षा में मौखिक परीक्षा के साथ–साथ वास्तविक परिस्थितियों में नैदानिक प्रदर्शन का आंकलन और 3–4 घंटे का लघु नैदानिक मूल्यांकन अभ्यास (नर्सिंग प्रक्रिया आवेदन और कार्यविधिक दक्षता का प्रत्यक्ष अवलोकन) भी शामिल होगा। नैदानिक क्षेत्र में आंकलन की न्यूनतम अवधि 5–6 घंटे होगी। मूल्यांकन दिशानिर्देश मार्गदर्शन पुस्तिका में दिये गये हैं।

ग) प्रति दिन छात्रों की अधिकतम संख्या = 10 छात्र।

घ) परीक्षा केवल नैदानिक क्षेत्र में ही आयोजित की जानी चाहिये।

ङ) प्रायोगिक परीक्षक दल में, एक आंतरिक परीक्षक – संबंधित विशिष्ट कार्यक्रम में शिक्षण के दो (2) वर्ष के अनुभव के साथ एम.एससी./स्नातकोत्तर परीक्षा उत्तीर्ण करने के पश्चात पांच (5) वर्ष के अनुभव के साथ एम.एससी. (मेडिकल सर्जिकल नर्सिंग) अर्हता धारक नर्सिंग संकाय, एक बाह्य परीक्षक – उपरोक्त अनुभव एवं अर्हता धारक नर्सिंग संकाय, और एक चिकित्सीय आंतरिक परीक्षक जो विशिष्ट कार्यक्रम के लिये प्रीसेप्टर होना चाहिये, शामिल होंगे।

च) प्रायोगिक परीक्षक और सैद्धांतिक परीक्षक एक ही नर्सिंग संकाय होने चाहिये।

3. उत्तीर्णता मानक

क) प्रत्येक अभ्यर्थी को उत्तीर्ण होने के लिये सैद्धांतिक और प्रायोगिक परीक्षा के आंतरिक आंकलन और बाह्य परीक्षा दोनों में मिलाकर कम से कम कुल 60 प्रतिशत अंक प्राप्त करना अनिवार्य है। 60 प्रतिशत से कम अंक प्राप्त करने पर अनुत्तीर्ण माना जायेगा।

ख) छात्र को उत्तीर्ण होने के लिये अधिकतम तीन (3) अवसर प्रदान किये जायेंगे।

ग) यदि छात्र सैद्धांतिक अथवा प्रायोगिक परीक्षा में से किसी एक में अनुत्तीर्ण हो जाता है, तो उसे सैद्धांतिक अथवा प्रायोगिक परीक्षा में से जिस में अनुत्तीर्ण हुआ है केवल वही परीक्षा पुनः देनी होंगी।

प्रमाणीकरण

क) **शीर्षक** – बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग में पोस्ट बेसिक डिप्लोमा

ख) निर्धारित अध्ययन पाठ्यक्रम के सफल समापन पर, भारतीय उपचर्या परिषद् द्वारा अनुमोदित परीक्षा बोर्डों/राज्य उपचर्या परिषद्/विश्वविद्यालय द्वारा एक डिप्लोमा से सम्मानित किया जायेगा, जिसमें लिखा होगा कि,

1. अभ्यर्थी ने बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग में पोस्ट बेसिक डिप्लोमा कार्यक्रम के तहत पाठ्यक्रम के सभी पहलुओं का अध्ययन पूरा कर लिया है।
2. अभ्यर्थी ने सैद्धांतिक में 80 प्रतिशत और नैदानिक में 100 प्रतिशत आवश्यकतायें पूरी कर ली हैं।
3. अभ्यर्थी ने निर्धारित परीक्षा उत्तीर्ण कर ली है।

VIII. परीक्षा प्रणाली

पाठ्यक्रम	आंतरिक आंकलन अंक	बाह्य आंकलन अंक	कुल अंक	परीक्षा अवधि घंटे (बाह्य)
सैद्धांतिक (अनुभविक/आवासीय अध्ययन) बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग (भाग–1 व भाग–2) (भाग–1 – बुनियादी नर्सिंग के साथ बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग–1, भाग–2 – बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग–2)	25 (10+15)	75 (35+40)	100	3
प्रायोगिक (बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग) • वस्तुनिष्ठ संरचित नैदानिक परीक्षा (ओएससीई) • पर्यवेक्षित प्रायोगिक/नैदानिक अवलोकनः मौखिक परीक्षा के साथ–साथ वास्तविक परिस्थितियों में प्रत्यक्ष अवलोकन – 3–4 घंटे का लघु नैदानिक मूल्यांकन अभ्यास (नर्सिंग प्रक्रिया आवेदन व कार्यविधिक दक्षता का प्रत्यक्ष अवलोकन)	75 (25+50) (ओएससीई–25 एवं प्रायोगिक अवलोकन–50)	150 (50+100) (ओएससीई–50 एवं प्रायोगिक अवलोकन–100)	225	नैदानिक क्षेत्र में कम से कम 5–6 घंटे
कुल योग	**100**	**225**	**325**	

IX. कार्यक्रम की बनावट/संरचना

1. अनुदेश पाठ–योजना
2. पाठ्यक्रम का कार्यान्वयन
3. नैदानिक अभ्यास (आवासीय पदस्थापन)
4. प्रशिक्षण विधियां
5. मूल्यांकन विधियां
6. लॉग बुक और नैदानिक आवश्यकतायें

1. अध्ययन निपुणता (कौशल प्रयोगशाला अभ्यास) और नैदानिक अभ्यास सहित अनुभवात्मक अधिगम दृष्टिकोण अपनाते हुए अनुदेश पाठ–योजना

		सैद्धांतिक (घंटे)	प्रयोगशाला / कौशल प्रयोगशाला (घंटे)	नैदानिक (घंटे)
1.	**बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग अभ्यास के मूल** 1. व्यावसायिक कुशलता 2. विशिष्ट नर्सिंग कार्यक्रम में संवाद, रोगी शिक्षा और परामर्श 3. विशेष देखभाल परिस्थितियों में नैदानिक नेतृत्व और संसाधन प्रबंधन	40		
2.	4. विशिष्ट नर्सिंग कार्यक्रम में साक्ष्य आधारित और अनुप्रयुक्त अनुसंधान **बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग पाठ्यक्रम** **बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग–1** 1. विशिष्ट नर्सिंग का संदर्भ / परिचय 2. विशेष देखभाल में प्रयुक्त सामान्य विज्ञान – एनाटॉमी व फिजियोलॉजी, माइक्रोबायोलॉजी, फार्माकोलॉजी व पैथोफिजियोलॉजी जैसी नैदानिक स्थितियों का निदान और उपचार **बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग–2** 1. मूल्यांकन, निदान, उपचार और विशेष मध्यवर्तन के साथ नैदानिक परिस्थितियों में नर्सिंग प्रबंधन 2. रोगी सुरक्षा और गुणवत्ता 3. विशिष्ट / बीमारी विशिष्ट विवेचन (सहयोगी देखभाल / प्रशामक देखभाल / पुनर्वास, व्यक्ति, परिवार और समुदाय पर बीमारी का प्रभाव)	40 120	10 30	1730
कुल योग = 1970 घंटे		**200 (5 सप्ताह)**	**40 (1 सप्ताह)**	**1730 (38 सप्ताह)**

एक वर्ष में उपलब्ध कुल सप्ताह – 52 सप्ताह (सैद्धांतिकः 10 प्रतिशत एवं कौशल प्रयोगशाला + नैदानिकः 90 प्रतिशत)

- वार्षिक अवकाश + आकस्मिक अवकाश + अस्वस्थता अवकाश + सार्वजनिक अवकाश = 6 सप्ताह
- परीक्षा की तैयारी और परीक्षा = 2 सप्ताह
- सैद्धांतिक और प्रायोगिक = 44 सप्ताह

2. पाठ्यक्रम का कार्यान्वयन

ब्लॉक कक्षायें – 2 सप्ताह × 40 घंटे = 80 घंटे;
आवासीय – 42 सप्ताह × 45 घंटे प्रति सप्ताह = 1890 घंटे
कुल = 1970 घंटे

- ब्लॉक कक्षायें (सैद्धांतिक और कौशल प्रयोगशाला अनुभव = 2 सप्ताह × 40 घंटे प्रति सप्ताह (80 घंटे) (सैद्धांतिक = 74 घंटे, कौशल प्रयोगशाला = 6 घंटे, कुल = 80 घंटे)
- सैद्धांतिक और कौशल प्रयोगशाला सहित नैदानिक अभ्यास = 42 सप्ताह × 45 घंटे प्रति सप्ताह (1890 घंटे) (सैद्धांतिक = 126 घंटे, कौशल प्रयोगशाला = 34 घंटे, नैदानिक = 1730 घंटे, कुल = 1890 घंटे)

सैद्धांतिक = 200 (74+126) घंटे, कौशल प्रयोगशाला = 40 (6+34) घंटे, नैदानिक = 1730 घंटे

नैदानिक अनुभव के दौरान सैद्धांतिक के 126 घंटे और कौशल प्रयोगशाला अध्ययन के 34 घंटे को एकीकृत किया जा सकता है। संपूर्ण कार्यक्रम के दौरान छात्रों को प्रशिक्षित करने में निपुण अध्ययन और अनुभवात्मक अध्ययन दृष्टिकोण का उपयोग किया जाना है। कौशल प्रयोगशाला अर्हताओं के लिये परिशिष्ट–1 देखें।

3. नैदानिक अभ्यास

आवासीय नैदानिक अनुभवः– हालांकि न्यूनतम 45 घंटे प्रति सप्ताह निर्धारित है, लेकिन अलग–अलग पारियों और प्रत्येक सप्ताह या पखवाड़े ऑन कॉल ड्यूटी करने पर परिस्थिति अनुसार होगा।

नैदानिक पदस्थापनः– प्रशिक्षण अवधि के दौरान छात्रों का निम्नांकित नैदानिक क्षेत्रों में पदस्थापन किया जायेगाः–

क्र.सं.	नैदानिक क्षेत्र	सप्ताह
1	बर्न्स बाह्य रोगी विभाग (ओपीडी) एंड रिकंस्ट्रक्टिव सर्जरी / प्लास्टिक सर्जरी बाह्य रोगी विभाग	2
2	बर्न्स आपातकालीन और बर्न्स पट्टी कक्ष (बर्न्स केजुअल्टी एंड बर्न्स ड्रेसिंग रूम)	2

3	बर्न्स वार्ड	22
4	बर्न्स आईसीयू	8
5	रिकंस्ट्रक्टिव सर्जरी वार्ड	4
6	बर्न्स/रिकंस्ट्रक्टिव सर्जरी ऑपरेशन थिएटर	2
7	पुनर्वास/फिजियोथेरेपी/ऑक्यूपेशनल थेरेपी	1
8	क्षेत्रीय दौरे (फील्ड ट्रिप)	1
	कुल योग	**42**

आवासीय छात्र अलग–अलग पारियों में स्टाफ नर्स/नर्सिंग अधिकारियों की कार्य सूची का ही पालन करेंगे। इसके अलावा, 40 सप्ताह तक प्रत्येक सप्ताह 4 घंटे उनके अध्ययन के लिये होंगे (जैसे – संकाय व्याख्यान – 1 घंटा, नर्सिंग और अंतःविषयक संवाद – 1 घंटा, नैदानिक प्रस्तुतियां, केस स्टडी रिपोर्ट और नैदानिक कार्य – 1 घंटा और कौशल प्रयोगशाला अभ्यास – 1 घंटा), इस प्रकार कुल 126 घंटे सैद्धांतिक और 34 घंटे कौशल प्रयोगशाला अभ्यास के लिये होंगे। नैदानिक पदस्थापन के दौरान शोध प्रक्रिया के सोपानों पर आधारित एक लघु सामूहिक अनुसंधान परियोजना आयोजित की जा सकती है जिसकी लिखित रिपोर्ट प्रस्तुत की जानी होगी।

4. शिक्षण विधियां

सैद्धांतिक, कौशल प्रयोगशाला और नैदानिक शिक्षण निम्नलिखित पद्धतियों द्वारा किये जा सकते हैं और नैदानिक पदस्थापन के दौरान एकीकृत किये जा सकते हैं:–

- केस/नैदानिक प्रस्तुति और केस स्टडी रिपोर्ट
- ड्रग स्टडी और प्रस्तुति
- बेडसाइड क्लिनिक/नर्सिंग राउंड्स/इंटरडिसिप्लिनरी राउंड
- जर्नल क्लब/नैदानिक संगोष्ठी
- नैदानिक क्षेत्र में शिक्षकों के व्याख्यान और परिचर्चा
- कौशल प्रयोगशाला में और बेडसाइड पर अभिव्यक्ति और कौशल प्रशिक्षण
- निर्देशित पढ़न/स्व–अध्ययन
- रोल प्ले
- संगोष्ठी/सामूहिक प्रस्तुति
- सामूहिक अनुसंधान परियोजना
- नैदानिक कार्य
- रोगी की वचनवद्धता शिक्षा (सूचना प्रौद्योगिकी का उपयोग कर स्वास्थ्य परिणामों को सुधारने में सुधार लाने के लिये सावधानीपूर्वक निर्णय लेने हेतु छुट्टी देने की योजना और अनुवर्ती कार्रवाई आदि में रोगियों को साझी बनाना)।
- राष्ट्रीय/क्षेत्रीय बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी केंद्र के शैक्षिक दौरे।

5. मूल्यांकन विधियां

- लिखित परीक्षा
- प्रायोगिक परीक्षा – ओएससीई और प्रायोगिक अवलोकन (वास्तविक परिस्थितियों में नैदानिक प्रदर्शन का प्रत्यक्ष अवलोकन)
- लिखित कार्य
- परियोजना
- केस स्टडी/देखभाल योजना/नैदानिक प्रस्तुति/ड्रग स्टडी
- नैदानिक प्रदर्शन मूल्यांकन
- नैदानिक कार्यविधिक दक्षताओं और नैदानिक आवश्यकताओं को पूरा करना।

मूल्यांकन दिशानिर्देशों के लिये परिशिष्ट–2 देखें।

6. नैदानिक लॉग बुक/प्रक्रिया पुस्तक

प्रत्येक नैदानिक पदस्थापन के अंत में, नैदानिक लॉग बुक (विशिष्ट कार्यविधिक दक्षताएं/नैदानिक कौशल) **(परिशिष्ट–3)**, नैदानिक अर्हतायें **(परिशिष्ट–4)** और नैदानिक अनुभव विवरण **(परिशिष्ट–5)** पर संबंधित नैदानिक संकाय/प्रीसेप्टर द्वारा हस्ताक्षर किये जाने चाहिये।

बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग अभ्यास के बुनियादी सिद्धांत :
बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग अभ्यास में व्यावसायिक कुशलता, संवाद, रोगी प्रशिक्षण और परामर्श, नैदानिक नेतृत्व और संसाधन प्रबंधन तथा साक्ष्य आधारित और अनुप्रयुक्त अनुसंधान

कुल सैद्धांतिक घंटे: 40

पाठ्यक्रम विवरण: यह पाठ्यक्रम बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी नर्सिंग अभ्यास में व्यावसायिक कुशलता, संवाद, रोगी प्रशिक्षण और परामर्श, नैदानिक नेतृत्व और संसाधन प्रबंधन तथा साक्ष्य आधारित और अनुप्रयुक्त अनुसंधान की समझ विकसित करने के लिये तैयार किया गया है।

अध्ययन विषयवस्तु

इकाई	समय (घंटे)	अध्ययन के नतीजे	विषय	शिक्षण/अध्ययन गतिविधियां	नियत कार्य/ मूल्यांकन विधियां
1	6	व्यावसायिक कुशलता की समझ का प्रदर्शन और बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी नर्सिंग अभ्यास में व्यावसायिक कुशलता का प्रदर्शन करना	**व्यावसायिक कुशलता** • **व्यावसायिक कुशलता:** अभिप्राय और सिद्धांत – बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग अभ्यास में जवाबदेही, सुविज्ञता, दृश्यता और नैतिकता • व्यावसायिक मूल्य और व्यावसायिक व्यवहार • भारतीय उपचर्या परिषद् आचार संहिता, व्यावसायिक आचरण संहिता और अभ्यास मानक • बर्न्स नर्सिंग और रिकंस्ट्रक्टिव सर्जरी से संबंधित नैतिक मुद्दे • नर्स–नर्स प्रेक्टिशनर की प्रसारी भूमिका • व्यावसायिक संगठन • सतत नर्सिंग शिक्षा	• परिचर्चा	• बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी नर्सिंग से संबंधित आचार संहिता का वर्णन करना
	2	बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी नर्सिंग अभ्यास के चिकित्सीय–विधिक पहलुओं का वर्णन करना	**चिकित्सीय–विधिक पहलू** • बर्न्स एंड रिकंस्ट्रक्टिव सर्जिकल नर्सिंग से संबंधित कानून और नियम • उपभोक्ता संरक्षण अधिनियम • लापरवाही और कदाचार • चिकित्सीय–विधिक पहलू • रिकॉर्ड और रिपोर्ट • बर्न्स स्पेशियलिस्ट नर्सों की कानूनी जिम्मेदारियां	• व्याख्यान	• रोगियों का रिकॉर्ड रखना
2	12	जलने से पीड़ित रोगियों, परिवारीजनों और व्यावसायिक सहयोगियों से आपसी मेलजोल के साथ स्वास्थ्य परिणामों में सुधार लाने के लिये साझा निर्णय लेकर प्रभावी ढंग से संवाद स्थापित करना	**संवाद** • संवाद प्रणाली और तकनीक • बुरी तरह जले रोगियों को दुःखद सूचना सुनाना • संस्कृति अनुसार संवेदनापूर्वक संवाद • नर्सिंग देखभाल योजनाओं का विकास और रिकॉर्ड्स • संवाद में सूचना प्रौद्योगिकी उपकरणों का उपयोग • टीम संवाद	• मॉड्यूल – संवाद • व्याख्यान • दुःखद सूचना देने में भूमिका निभाना	• डिजिटल रिकॉर्ड्स
		उपचार और देखभाल में प्रभावी ढंग से भागीदारी निभाने के लिये रोगियों और परिवारीजनों को	**रोगी और पारिवारिक शिक्षा** • शिक्षण और अध्ययन के सिद्धांत • स्वास्थ्य शिक्षा के सिद्धांत • सूचना की जरूरतों और रोगी प्रशिक्षण का आंकलन • रोगी प्रशिक्षण सामग्री विकसित करना	• समकक्ष प्रशिक्षण • रोगी को मशगूल रखने की कवायद – जैसे छुट्टी की योजना बनाना	• जलने से पीड़ित और पुनर्निर्माण शल्य चिकित्सा पाने वाले रोगियों के लिये एक सामूहिक स्वास्थ्य प्रशिक्षण

इकाई	समय (घंटे)	अध्ययन के नतीजे	विषय	शिक्षण/अध्ययन गतिविधियां	नियत कार्य/ मूल्यांकन विधियां
		शिक्षित करना और परामर्श देना	**परामर्श** • परामर्श तकनीक • दुःखद सूचना, गहन उपचार, संकटकालीन मध्यवर्तन और मरणासन्न अवस्था में रोगी और परिवारीजनों को परामर्श देना	• परामर्श सत्र	कार्यक्रम का संचालन करना • प्रासंगिक विषय पर रोगी प्रशिक्षण सामग्री तैयार करना
3	10	नैदानिक नेतृत्व और प्रबंधन रणनीतियों की समझ का प्रदर्शन करना और उनका जलने की देखभाल और सहयोगी एवं प्रभावी टीम वर्क को बढ़ावा देने वाली परिस्थितियों में प्रयोग में लाना बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी इकाइयों/ केंद्रों में गुणवत्ता आश्वासन गतिविधियों में भाग लेना और नैदानिक परीक्षण करना	**नैदानिक नेतृत्व और संसाधन प्रबंधन** • नेतृत्व और प्रबंधन • बर्न्स नर्सिंग देखभाल के प्रबंधन के तत्व – योजना, आयोजन, स्टाफ, रिपोर्टिंग, रिकॉर्डिंग और बजट • नैदानिक नेतृत्व और इसकी चुनौतियां • शिष्ट मंडल • बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी इकाइयों में मानव संसाधन प्रबंधन • सामग्री प्रबंधन • भावनात्मक बुद्धिमत्ता और स्व–प्रबंधन कौशल • जलने से पीड़ित रोगियों की देखभाल के लिये नीतियों को प्रासंगिक बनाने में भागीदार बनना **बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी इकाईयों में गुणवत्ता आश्वासन कार्यक्रम** • नर्सिंग ऑडिट • नर्सिंग मानक • गुणवत्ता आश्वासन	• व्याख्यान • मॉड्यूल – • मान्यता और अभ्यास मानक	• बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी इकाइयों में कार्यरत कनिष्ठ नर्सिंग अधिकारियों/ स्टाफ नर्सों के लिये ड्यूटी रोस्टर तैयार करना • बर्न्स वार्ड/ आईसीयू के लिये एसओपी विकसित करना
4	10	अनुसंधान प्रक्रिया का वर्णन करना और बुनियादी सांख्यिकीय परीक्षण करना साक्ष्य आधारित/ व्यावसायिक अभ्यास की बेहतरीन कार्य प्रणालियों को अपनाना	**साक्ष्य आधारित और अनुप्रयुक्त अनुसंधान** • नर्सिंग अनुसंधान और अनुसंधान प्रक्रिया का परिचय • डेटा प्रस्तुति, बुनियादी सांख्यिकीय परीक्षण और इसके अनुप्रयोग • बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी नर्सिंग में अनुसंधान प्राथमिकताएं • बर्न्स नर्सिंग अभ्यास के लिये प्रासंगिक समस्याओं/प्रश्नों की अभिव्यक्ति • बर्न्स नर्सिंग अभ्यास में साक्ष्य आधारित/ सर्वोत्तम प्रथाओं की पहचान करने के लिये साहित्यिक समीक्षा • दैनिक व्यावसायिक अभ्यास में साक्ष्य आधारित मध्यवर्तन का कार्यान्वयन • अनुसंधान में नैतिकता	• व्याख्यान • मॉड्यूल – • वैज्ञानिक प्रपत्र लेखन	• बर्न्स/रिकंस्ट्रक्टिव सर्जरी के गत पांच वर्ष के सांख्यिकीय आंकड़े तैयार करना • बर्न्स नर्सिंग मध्यवर्तन/साक्ष्य आधारित अभ्यास परियोजना पर साहित्यिक समीक्षा का संचालन करना

बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पशियलिटी नर्सिंग–1

बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग का संदर्भ/परिचय और बर्न्स नर्सिंग अभ्यास में प्रयुक्त सामान्य विज्ञान (एप्लाइड साइकोलॉजी, सोशियोलॉजी, माइक्रोबायोलॉजी, पैथोलॉजी, एनाटॉमी, फिजियोलॉजी और फार्माकोलॉजी)

सैद्धांतिक : 40 घंटे और प्रयोगशाला/कौशल प्रयोगशाला : 10 घंटे

पाठ्यक्रम विवरण: यह पाठ्यक्रम जलने से पीड़ित और पुनर्निर्माण शल्य चिकित्सा पाने वाले रोगियों के निदान, उपचार और स्वास्थ्य लाभ में बर्न्स नर्सिंग देखभाल प्रावधान और सामान्य विज्ञान लागू करने के संदर्भ में समझ और गहन जानकारी विकसित करने में छात्रों की मदद करने के लिये तैयार किया गया है।

अध्ययन विषयवस्तु

इकाई	समय (घंटे)	अध्ययन के नतीजे	विषय	शिक्षण/अध्ययन गतिविधियां	मूल्यांकन विधियां
1	टी–4	जलने की दशा में जानपदिक रोगों के लक्षणों की व्याख्या करना, जोखिमों को पहचानना और उन्हें कम करने के लिये रणनीति तैयार करना	**जलने की दशा में जानपदिक रोग** • प्रसार और सांख्यिकी • जलने की चोट के जानपदिक रोग, जनसांख्यकी और परिणामी अभिलक्षण • जोखिम कारक और उनकी पहचान • जोखिम कारक कम करने हेतु रणनीतियां	• व्याख्यान और परिचर्चा	• सांख्यिकी प्रस्तुतिकरण
2	टी–4 एल–2	बर्न्स नर्सिंग के पूर्ववृत्त, व्यापकता और सिद्धांतों की व्याख्या करना बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिस्ट नर्सों की भूमिका बर्न्स इकाई की योजना तैयार करना	**बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिस्ट नर्सों की भूमिका एवं कर्तव्य** • बर्न्स नर्सिंग का पूर्ववृत्त और प्रवृत्ति • बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी नर्सिंग की व्यापकता और सिद्धांत • बर्न्स प्रबंधन में बहुविषयी टीम • बर्न्स स्पेशियलिस्ट नर्सों की भूमिका • आदर्श बर्न्स इकाई की योजना तैयार करना और संरचना करना • बर्न्स इकाई में भर्ती करने और छुट्टी देने की प्रक्रिया और नीतियां	• व्याख्यान और परिचर्चा • प्रदर्शन – • बर्न्स इकाई तैयार करना	• आदर्श बर्न्स वार्ड और डे केयर की योजना तैयार करना
3	टी–12 एल–5	बर्न्स एंड रिकंस्ट्रक्टिव सर्जिकल नर्सिंग देखभाल में मनोसामाजिक पहलुओं की व्याख्या करना	**बर्न्स एंड रिकंस्ट्रक्टिव सर्जिकल नर्सिंग देखभाल के मनोसामाजिक पहलु** • मानव व्यवहार और जलने की चोट का सामना करना तथा उपचार • संकट की घड़ी में तनाव का सामना करना • भावनाएं • व्यक्तिगत मतभेद • शारीरिक छवि और आत्मसम्मान की गड़बड़ी • जलने का मनोवैज्ञानिक और भावनात्मक प्रभाव • जलने से संबंधित मनोरोगिक विसंगतियां • मृत्यु और मरणासन्न • मार्गदर्शन और परामर्श • जलने से पीड़ित रोगी की देखभाल में परिवार की भूमिका • जलने और जलने की देखभाल के सामाजिक आर्थिक पहलू • सामाजिक संगठन और सामुदायिक संसाधन • जलने से संबंधित मनोसामाजिक समस्याओं का प्रबंधन	• व्याख्यान • परामर्श के चरण – समीक्षा	• परामर्श सत्र आयोजित करना • और रिपोर्ट तैयार करना • जलने की मनोसामाजिक समस्याओं पर पठन कार्य
4	टी–5 एल–3	बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी इकाई में मेडिकल सर्जिकल एसेप्सिस और संक्रमण	**अनुप्रयुक्त सूक्ष्मजैविकी (एप्लाइड माइक्रोबायलॉजी) – बर्न्स इकाई में संक्रमण नियंत्रण कार्यप्रणाली** • रोग प्रतिरोधक शक्ति	• व्याख्यान • अभिव्यक्ति	• बर्न्स इकाई में संक्रमण नियंत्रण के लिये एसओपी तैयार करना

इकाई	समय (घंटे)	अध्ययन के नतीजे	विषय	शिक्षण/अध्ययन गतिविधियां	मूल्यांकन विधियां
		नियंत्रण की व्याख्या करना	• एसेप्सिस, रोगाणुनाशन और कीटाणुशोधन के सिद्धांत • मानक सुरक्षा उपाय • जैव चिकित्सीय अपशिष्ट प्रबंधन • बैरियर नर्सिंग और संक्रमण नियंत्रण प्रथा • एचआईसीसी ऑडिट		• लिखित कार्यः बर्न्स इकाई में संक्रमण नियंत्रण अभ्यास
5	टी–5	शारीरिक संरचना (एनाटॉमी) और शरीर विज्ञान (फिजियोलॉजी) से संबंधित समीक्षा	**शारीरिक संरचना (एनाटॉमी) और शरीर विज्ञान (फिजियोलॉजी) की समीक्षा** • त्वचा की शारीरिक संरचना और शरीर विज्ञान की समीक्षा • जलने की चोट के लिये स्थानीय और प्रणालीगत प्रतिक्रियाएं • घाव भरने की प्रक्रिया – तंत्र, प्रकार और चरण • दोषपूर्ण घाव भरने के कारण • घाव भरने की प्रक्रिया को तेज करने वाले कारक • द्रवीय इलेक्ट्रोलाइट संतुलन, अम्लरक्तता और क्षारमयता	• व्याख्यान	• स्व–निर्देशित पठन
6	टी–5	जलने का वर्गीकरण करना जलने के कारणों की गणना करना जलने की पैथोफिजियोलॉजी और नैदानिक अभिव्यक्ति का वर्णन करना	**जलने के प्रकार, एटियोलॉजी, पैथोफिजियोलॉजी और नैदानिक अभिव्यक्ति** • जलने की परिभाषा और वर्गीकरण • जलने के कारण • जलने की पैथोफिजियोलॉजी और नैदानिक अभिव्यक्ति	• व्याख्यान	
7	टी–5	जलने की फार्माकोथेरेपी की व्याख्या करना	**एप्लाइड फार्माकोलॉजी** • दवा प्रशासन के सिद्धांत और नर्स की भूमिका • एंटीबायोटिक्स • एनेस्थेटिक एजेंट्स • एनेलजेसिक्स (दर्द नाशक) • आपातकालीन दवाएं • जलन प्रबंधन में नये फार्माकोथेरेपी	• दवा प्रतिपादित करना	• दवाओं का अध्ययन करना

बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पशियलिटी नर्सिंग–2

नैदानिक स्थितियों का नर्सिंग प्रबंधन जिसमें आकलन, निदान, उपचार और विशिष्ट मध्यवर्तन, रोगी सुरक्षा और गुणवत्ता तथा विशिष्ट/बीमारी विशिष्ट विवेचन (सहायक देखभाल/प्रशामक देखभाल/स्वास्थ्य लाभ) शामिल हैं

सैद्धांतिक : 120 घंटे और प्रायोगिक : 30 घंटे

पाठ्यक्रम विवरण: यह पाठ्यक्रम जलने से पीड़ित और पुनर्निर्माण शल्य चिकित्सा पाने वाले रोगियों के आकलन, निदान, उपचार, नर्सिंग प्रबंधन, और सहायक/प्रशामक देखभाल के लिये आवश्यक दक्षताओं को विकसित करने में छात्रों की मदद करने के लिये तैयार किया गया है।

अध्ययन विषयवस्तु

इकाई	समय	अध्ययन के नतीजे	विषय	शिक्षण/अध्ययन गतिविधियां	मूल्यांकन विधियां
1	टी–4 एल–2	जलने से पीड़ित बुजुर्ग एवं वयस्क रोगियों का मूल्यांकन जलने से पीड़ित शिशु रोगियों का मूल्यांकन जलने से पीड़ित रोगियों के नर्सिंग प्रबंधन पर चर्चा	**आंकलन** • जलने से पीड़ित और पुनर्निर्माण शल्य चिकित्सा पाने वाले वयस्क एवं बुजुर्ग रोगियों का आकलन (पूर्ववृत्त लेना, शारीरिक और नैदानिक परीक्षण करना) • जलने से पीड़ित और पुनर्निर्माण शल्य चिकित्सा पाने वाले शिशु रोगियों का आकलन • नर्सिंग प्रक्रियाओं को अपनाते हुए जलने से पीड़ित रोगियों का नर्सिंग प्रबंधन	• परिचर्चा और अभिव्यक्ति	• बाह्य रोगी विभाग (ओपीडी) में वयस्क और शिशु रोगियों का आकलन और रिपोर्ट लेखन
2	टी–2 एल–1	जलने से पीड़ित और पुनर्निर्माण शल्य चिकित्सा पाने वाले रोगियों के नैदानिक परीक्षण और विभिन्न प्रक्रियाओं की व्याख्या करना, उन्हें संपादित करना या उनमें सहायता करना	**जांच** • रक्त की जांच – सीबीसी, एलएफटी, आरएफटी, प्रोटीन, इलेक्ट्रोलाइट्स, एबीजी विश्लेषण, संवर्धन (कल्चर) • ईसीजी • पल्मोनरी फंक्शन टेस्ट • छाती का एक्स–रे • पल्स ऑक्सीमेट्री • मूत्र विश्लेषण • घाव का संवर्धन और संवेदनशीलता	• व्याख्यान और अभिव्यक्ति	• समकक्ष प्रशिक्षण
3	टी–15 एल–10	जलने से पीड़ित रोगियों के उन्नत नैदानिक परीक्षण करना या उनमें सहायता करना	**जलने से पीड़ित रोगियों के उपचार की उन्नत प्रक्रियाएं** • बेसिक लाइफ सपोर्ट • एडवांस्ड कार्डियाक लाइफ सपोर्ट • मैकेनिकल वेंटिलेटर • ट्रेकिओस्टॉमी • ऑक्सीजन थेरेपी, निगरानी • इंट्रावीनस कैथेटर इनसर्शन • सेंट्रल लाइन इनसर्शन/ पीआईसीसी इनसर्शन और देखभाल • मूत्र कैथीटेराइजेशन	• व्याख्यान और अभिव्यक्ति	• जलने से पीड़ित रोगियों के लिये आवश्यक उन्नत नर्सिंग प्रक्रियाओं पर कार्यशाला का आयोजन
4	टी–10 एल–2	जलने से पीड़ित रोगियों के शीघ्र प्रबंधन की व्याख्या करना और दक्षता प्राप्त करना	**जलने से पीड़ित रोगियों का प्रारंभिक प्रबंधन** • प्राथमिक चिकित्सा, जले हुए रोगी को लाना और प्रारंभिक प्रबंधन • बर्न सेंटर/यूनिट में प्रवेश के मानदंड • जले हुए रोगी का समग्र आकलन • जलने की सीमा और गहराई का आकलन	• व्याख्यान और अभिव्यक्ति	• समकक्ष प्रशिक्षण

इकाई	समय	अध्ययन के नतीजे	विषय	शिक्षण/अध्ययन गतिविधियां	मूल्यांकन विधियां
			• तात्कालिक और गंभीरतापूर्ण देखभाल • जलने के झटके का प्रबंधन • संक्रमण का प्रबंधन		
5	टी–5 एल–1	जलने से पीड़ित रोगियों के द्रव प्रबंधन की व्याख्या करना और दक्षता प्राप्त करना	**जलने से पीड़ित रोगियों का द्रवीय प्रबंधन** • जलने से पीड़ित रोगियों को द्रव द्वारा पुनः होश में लाना और द्रव की गणना • होश में लाने के लिये प्रयुक्त द्रव पदार्थों के प्रकार • जलने से पीड़ित रोगियों के प्रबंधन में उपयुक्त होने वाले रक्त और रक्त उत्पाद • द्रव चिकित्सा के दौरान नर्सिंग जिम्मेदारियां	• व्याख्यान और अभिव्यक्ति	• जलने से पीड़ित रोगियों को द्रव देकर होश में लाने के लिये मानक संचालन प्रक्रिया (एसओपी) तैयार करना
6	टी–3 एल–1	जलने से पीड़ित रोगियों के दर्द निवारण प्रबंधन के सिद्धांतों की व्याख्या करना	**जलने से पीड़ित रोगियों का दर्द प्रबंधन** • दर्द – प्रकार, पैथोफिज़ियोलॉजी • जलने से पीड़ित रोगियों का दर्द प्रबंधन – औषधीय और गैर–औषधीय उपाय	• व्याख्यान और अभिव्यक्ति	• जलने से पीड़ित रोगियों के दर्द निवारण के लिये मानक संचालन प्रक्रिया (एसओपी) तैयार करना
7	टी–5 एल–2	जलने से पीड़ित रोगियों के पोषण प्रबंधन की व्याख्या करना	**जलने से पीड़ित रोगियों का पोषण प्रबंधन** • जलने से पीड़ित रोगियों में पोषण की आवश्यकता • जलने से पीड़ित रोगियों में कैलोरी और प्रोटीन की आवश्यकता • विटामिन और खनिज संपूरक • आंत्रेतर और आंत्र पोषण प्राप्त करने वाले रोगियों के लिये भोजन–सूची तैयार करना	• व्याख्यान और अभिव्यक्ति	• रोगियों के मौखिक और आंतरिक पोषण के लिये योजना तैयार करना
8	टी–10 एल–4	घाव प्रबंधन की व्याख्या करना जलने से पीड़ित रोगियों का घाव प्रबंधन करना	**जलने से पीड़ित रोगियों के घावों की देखभाल** • जले में घाव की देखभाल के सिद्धांत • जले में घाव प्रबंधन • ड्रेसिंग और पट्टियों के प्रकार • जले के घाव के प्रबंधन में आधुनिक तरीके • जले हुए घाव का सर्जिकल प्रबंधन – स्किन ग्राफ्टिंग, फ्लैप सर्जरी • त्वचा ग्राफ्ट का भंडारण और त्वचा बैंकिंग • ऊतक इंजीनियरिंग और ऊतक विस्तार • स्किन ग्राफ्ट/फ्लैप सर्जरी के पूर्व और बाद की देखभाल • जले के घाव में संक्रमण से बचाव	• व्याख्यान और अभिव्यक्ति	• साहित्याक समीक्षा – त्वचीय बैंक
9	टी–8 एल–2	विभिन्न प्रकार से जलने से पीड़ित रोगियों के प्रबंधन की व्याख्या करना शरीर के विशेष भागों में जलने के	**विभिन्न प्रकार से जलने से पीड़ित रोगियों का प्रबंधन** • लौ से जलना • बिजली से जलना • रासायनों से जलना • विकिरण से जलना	• व्याख्यान और अभिव्यक्ति	• पठन कार्य

इकाई	समय	अध्ययन के नतीजे	विषय	शिक्षण/अध्ययन गतिविधियां	मूल्यांकन विधियां
		प्रबंधन का वर्णन करना श्वसन प्रणाली की चोट के प्रबंधन की व्याख्या करना ठंड के कारण लगी चोटों के प्रबंधन की व्याख्या करना	• शरीर के विशेष भागों – सिर, गर्दन, छाती, पेट और पेरिनियल क्षेत्र के जलने की स्थिति में प्रबंधन • हाथ, कोहनी और बगल का जलना • श्वसन प्रणाली की चोट का प्रबंधन • ठंड की चोटों का प्रबंधन		
10	टी–10 एल–2	जलने से पीड़ित शिशु रोगियों के प्रबंधन की व्याख्या करना	**जलने से पीड़ित शिशु रोगियों का प्रबंधन** • जलने से पीड़ित शिशु रोगी के प्रति दृष्टिकोण • जलने से पीड़ित शिशु का आकलन • जलने से पीड़ित शिशु का प्रबंधन • शिशु रोगियों में द्रव चिकित्सा और पोषण प्रबंधन • शिशु रोगियों में थर्मोरेग्यूलेशन • शिशु रोगियों के घाव की देखभाल • जलने से पीड़ित शिशु और उनके परिवार के सदस्यों के लिये मनोवैज्ञानिक विवेचन • जलने से पीड़ित शिशु रोगियों के लिये प्ले थेरेपी और अन्य पूरक और वैकल्पिक चिकित्सा पद्धतियों का उपयोग • नर्सिंग प्रक्रिया का उपयोग करते हुए नर्सिंग प्रबंधन	• व्याख्यान और अभिव्यक्ति	• लेखन कार्य
11	टी–3	जलने से पीड़ित गर्भवती महिलाओं के विशिष्ट प्रबंधन पर चर्चा करना	**जलने से पीड़ित गर्भवती महिलाओं की देखभाल** • शारीरिक परिवर्तन और मनोसामाजिक विवेचना • गर्भावस्था पर जलने और उसके उपचार के प्रभाव • द्रव गणना और पोषण संबंधी सहायता • नर्सिंग प्रक्रिया का उपयोग करते हुए नर्सिंग प्रबंधन	• व्याख्यान	• द्रव की गणना के लिये रोगी विशिष्ट अभ्यास
12	टी–5	शराब के सेवन, मादक द्रव्यों के सेवन, मधुमेह और उच्च रक्तचाप जैसी अन्य बीमारियों के ग्रस्त जलने से पीड़ित रोगियों के प्रबंधन की व्याख्या करना	**बुजुर्ग, शराबी, मादक द्रव्यों का सेवन करने वाले और मधुमेह तथा उच्च रक्तचाप वाले जलने से पीड़ित रोगियों की देखभाल** • जलने से पीड़ित बुजुर्ग रोगियों की देखभाल – उम्र संबंधी जटिलताओं का प्रबंधन • शराब और मादक द्रव्यों का सेवन करने वाले जलने से पीड़ित रोगियों की देखभाल – छोड़ने के लक्षणों का आकलन, विशेष नर्सिंग विवेचना और नर्सिंग प्रबंधन • जलने से पीड़ित मधुमेह रोगियों की देखभाल – हाइपरग्लेसेमिया का प्रबंधन, जटिलता	• व्याख्यान	• लेखन कार्य

इकाई	समय	अध्ययन के नतीजे	विषय	शिक्षण/अध्ययन गतिविधियां	मूल्यांकन विधियां
			• जलने से पीड़ित उच्च रक्तचाप के रोगियों की देखभाल		
13	टी–4	जलने से पीड़ित रोगियों को आने वाली संबंधित चोटों के प्रबंधन में कौशल विकास करना और उनका वर्णन करना	**जलने के साथ अन्य चोटों वाले रोगियों की देखभाल** • जलने के साथ रीढ़ की हड्डी की चोट, सिर की चोट, पॉलिट्रोमा और अंग भंग जैसी अन्य चोटों से ग्रस्त रोगियों का प्रबंधन • अन्य चोटों के साथ जलने से पीड़ित रोगियों का नर्सिंग प्रबंधन	• व्याख्यान	
14	टी–2	जलने से पीड़ित रोगियों की आपातकालीन शल्य चिकित्सा में सहायता करना	**जलने में आपातकालीन सर्जरी/ प्रक्रिया** • एस्केरटॉमी/फासिकोटॉमी	• व्याख्यान	• प्रक्रिया पर टिप्पणी तैयार करना
15	टी–5	जलने के कारण आने वाली जटिलताओं की रोकथाम और प्रबंधन की व्याख्या करना	**जलने के बाद आने वाली जटिलताओं का प्रबंधन** • कर्लिंग्स अल्सर • बहु–अंगीय विफलता (मल्टी–ऑर्गन फेल्योर) • एक्यूट रेसपिरेटरी डिस्ट्रेस सिंड्रोम • गुर्दे की गहरी चोट • सैप्टिसीमिया	• व्याख्यान	• स्वअध्ययन
16	टी–5	जलने के कारण आने वाली विकृतियों के प्रबंधन की व्याख्या करना	**विकृतियों का प्रबंधन** • जलने से उत्पन्न विकृतियों का प्रबंधन • जलने के बाद आने वाली संकुचन का प्रबंधन • स्कार्स और केलोइड्स का प्रबंधन	• व्याख्यान	• कार्यशाला/ जर्नल क्लब
17	टी–5 एल–2	जलने की स्थिति में आपदा प्रबंधन की व्याख्या करना	**जलने में आपदा प्रबंधन** • आपदा प्रबंधन के सिद्धांत और अवधारणा • सामूहिक हिंसा • आकस्मिक दुर्घटना में अत्यधिक संख्या में जलने से पीड़ित रोगी • जलने की आपदा से बचने के लिये तैयारी	• व्याख्यान और अभिव्यक्ति	• छात्रों के लिये आपदा प्रशिक्षण
18	टी–4 एल–1	जलने से पीड़ित रोगियों के लिये फिजियोथेरेपी और व्यावसायिक	**फिजियोथेरेपी और व्यावसायिक चिकित्सा** • जलने से पीडित्रत रोगियों और पुनर्निर्माण शल्य चिकित्सा पाने वाले रोगियों के लिये फिजियोथेरेपी	• व्याख्यान और अभिव्यक्ति	• पठन कार्य

इकाई	समय	अध्ययन के नतीजे	विषय	शिक्षण/अध्ययन गतिविधियां	मूल्यांकन विधियां
		चिकित्सा की भूमिका की व्याख्या करना	• हाइड्रोथेरेपी, वैक्स बाथ, हीट थेरेपी • व्यावसायिक चिकित्सा और दैनिक जीवन की गतिविधियों का प्रशिक्षण		
19	टी–5	जलने से पीड़ित रोगियों और पुनर्निर्माण शल्य चिकित्सा पाने वाले रोगियों के स्वास्थ्य लाभ की व्याख्या करना	**स्वास्थ्य लाभ** • स्वास्थ्य लाभ की परिभाषा और अवधारणा • स्वास्थ्य लाभ के सिद्धांत • जलने से पीड़ित रोगियों का स्वास्थ्य लाभ • समुदाय आधारित स्वास्थ्य लाभ कार्यक्रम • जलने से पीड़ित रोगियों का परिवार पर केंद्रित स्वास्थ्य लाभ • जलने से पीड़ित रोगियों के स्वास्थ्य लाभ में आने वाली चुनौतियां • राष्ट्रीय स्वास्थ्य लाभ और स्वास्थ्य लाभ नीति • जलने से लगी चोट वाले रोगियों पर लागू विकलांगता अधिनियम	• व्याख्यान	• जलने से पीड़ित रोगियों के स्वास्थ्य लाभ पर लेखन कार्य
20	टी–10	रिकंस्ट्रक्टिव सर्जरी का पुर्ववृत्त, प्रकारों और संकेतों की व्याख्या करना बर्न्स और ट्रोमा में रिकंस्ट्रक्टिव सर्जरी और कॉस्मेटिक सर्जरी की भूमिका की व्याख्या करना रिकन्स्ट्रक्टिव सर्जरी से गुजरने वाले रोगियों के नर्सिंग प्रबंधन की व्याख्या	**रिकन्स्ट्रक्टिव सर्जरी की अवधारणा** • रिकन्स्ट्रक्टिव सर्जरी का इतिहास • प्रकार और संकेत • जन्मजात विकृतियों के लिये रिकन्स्ट्रक्टिव सर्जरी • जलने में रिकन्स्ट्रक्टिव सर्जरी • कॉस्मेटिक सर्जरी • ट्रोमा में रिकन्स्ट्रक्टिव सर्जरी • रिकन्स्ट्रक्टिव सर्जरी से गुजरने वाले रोगियों की देखभाल • रिकन्स्ट्रक्टिव सर्जरी से गुजरने वाले शिशु रोगियों की देखभाल • ऑपरेशन के बाद की सामान्य जटिलताएं	• व्याख्यान	• सेमिनार

बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग में पोस्ट बेसिक डिप्लोमा

अभ्यास (कौशल प्रयोगशाला और नैदानिक)

कुल अवधिः 1770 घंटे (40 + 1730)
(कौशल प्रयोगशाला – 40 घंटे और नैदानिक – 1730 घंटे)

अभ्यास दक्षताएं

कार्यक्रम के अंत में छात्र निम्नलिखित कार्य संपादन करने में सक्षम होंगेः–

1. जलने से पीड़ित रोगियों का आकलन करना
2. जलने से पीड़ित रोगियों को लेने के लिये इकाई तैयार करना
3. जलने से पीड़ित रोगियों की आपातकालीन प्राथमिक चिकित्सा करना
4. आकस्मिक और विकट अवस्था में रोगियों की देखभाल करना
5. मृतप्राय जलने से पीड़ित रोगियों को तरल पदार्थ देकर होश में लाना
6. जलने से पीड़ित रोगियों के घावों की देखभाल करना
7. जलने से पीड़ित शिशु, बुजुर्ग और गर्भवती महिला जैसे विशेष रोगी समूहों का आकलन और प्रबंधन करना
8. पीआईसीसी लाइन डालना और अन्य संवहनी अभिगम उपकरण डालने में सहायता करना
9. संवहनी अभिगम उपकरणों (वीएडी) की देखभाल करना
10. जलने से पीड़ित रोगियों की आपातकालीन/शल्य प्रक्रियाओं में सहायता करना
11. रोगियों को पुनर्निर्माण शल्य चिकित्सा (रिकंस्ट्रक्टिव सर्जरी) के लिये तैयार करना
12. शल्य चिकित्सा के बाद रोगियों की देखभाल करना
13. रोगियों और परिवार के सदस्यों को परामर्श देना
14. जलने से पीड़ित रोगियों में संक्रमण फैलने से रोकने के लिये संक्रमण नियंत्रण उपाय अपनाना
15. जलने से पीड़ित रोगियों के स्वास्थ्य लाभ हेतु पहल करना और स्वास्थ्य लाभ कार्यक्रम में भाग लेना

नैदानिक पदस्थापन
(नैदानिक – 40 सप्ताह, पुनःस्थापन/पीटी – 1 सप्ताह, दौरे – 1 सप्ताह)

क्षेत्र	अवधि (सप्ताह)	नैदानिक अध्ययन के परिणाम	प्रक्रियात्मक दक्षताएं	निहित कार्य	मूल्यांकन विधियां
बर्न्स सेंटर (बर्न्स आपात एवं मरहम पट्टी कक्ष – 2, बर्न्स वार्ड – 22 और बर्न्स आईसीयू – 8)	32 (2+22+8)	जलने से पीड़ित रोगियों के लिये आकस्मिक और त्वरित नर्सिंग देखभाल प्रदान करना	• आपातकालीन प्राथमिक चिकित्सा प्रबंधन और बर्न्स इकाई तक पहुंचाना • पूर्ववृत्त लेना • शारीरिक आकलन करना • नैदानिक परीक्षणों में सहायता करना	• वृत्त अध्ययन • वृत्त/नैदानिक प्रस्तुतिकरण	• नैदानिक मूल्यांकन • वृत्त अध्ययन/वृत्त प्रस्तुतिकरण/वृत्त रिपोर्ट
		मृतप्राय रोगियों को तरल पदार्थ देकर होश में लाने के लिये तैयारी करना और सहायता करना	• मृतप्राय रोगियों को तरल पदार्थ देकर होश में लाना	• स्वास्थ्य परिचर्चा	• स्वास्थ्य परिचर्चा
		एनाल्जेसिक, एंटीबायोटिक्स और अन्य दवायें देना	• दवा देना		
		संवहनी अभिगम उपकरणों (वीएडी) और दीर्घकालिक कैथेटर डालना और सहायता करना	• वीएडी की देखभाल • लांग टर्म आईवी एक्सेस कैथेटर प्रतिस्थापित करना – पीआईसीसी, हिकमैन कैथेटर और दैनिक रखरखाव	• प्रतिपादन और प्रमाणीकरण	
		रक्त और रक्त उत्पाद चढ़ाना	• ग्रुप जानने और क्रॉस मैचिंग के लिये रक्त लेना • रक्त और रक्त उत्पादों को चढ़ाना		
		जले में घावों की देखभाल करना	• घाव का आकलन करना • घाव की देखभाल करना		

क्षेत्र	अवधि (सप्ताह)	नैदानिक अध्ययन के परिणाम	प्रक्रियात्मक दक्षताएं	निहित कार्य	मूल्यांकन विधियां
		आपातकालीन शल्य चिकित्सा और स्किन ग्राफ्ट पाने वाले रोगियों की ऑपरेशन से पहले और बाद में देखभाल करना जलने से पीड़ित रोगियों के लिये पोषण का प्रबंधन करना	• घाव को ढ़कने के लिये विभिन्न रासायनिक एवं जैविक पदार्थों और कृत्रिम त्वचा का उपयोग करना • रोगियों को शल्य चिकित्सा के लिये तैयार करना • शल्य चिकित्सा के पश्चात देखभाल करना • कैलोरी गणना करना आहार योजना बनाना • रोगियों को आहार देना		
		रोगियों और परिवार के सदस्यों को परामर्श देना	• रोगी की सभी अवस्थाओं के दौरान सहायता करना • रोगियों और परिवार के सदस्यों को परामर्श देना		• परामर्श रिपोर्ट – 01
बर्न्स / रिकंस्ट्रक्टिव सर्जरी आपरेशन थिएटर	02	जलने से पीड़ित रोगियों की शल्य चिकित्सा और रिकंस्ट्रक्टिव सर्जरी में सहायता करना	• शल्य चिकित्सा से पहले मूल्यांकन करना • शल्य चिकित्सा में सहायता करना • शल्य चिकित्सा के तुरंत पश्चात रोगियों की देखभाल करना • बर्न्स एवं रिकंस्ट्रक्टिव सर्जरी वार्ड में रोगियों की जांच एवं सहायता करना	• प्रक्रिया पर टिप्पणी • लॉग बुक	• नैदानिक मूल्यांकन
रिकंस्ट्रक्टिव सर्जरी वार्ड	04	पुनर्निर्माण शल्य चिकित्सा पाने वाले रोगियों की देखभाल करना	• रोगियों को शल्य चिकित्सा के लिये तैयार करना • घावों की देखभाल करना • रोगियों को परामर्श देना • अवकुंचन और अन्य जटिलताओं से बचने के लिये फिजियोथेरेपी करना	• वृत्त अध्ययन • वृत्त / नैदानिक प्रस्तुतिकरण	• नैदानिक मूल्यांकन
बर्न्स / रिकंस्ट्रक्टिव सर्जरी ओपीडी	02	जलने से पीड़ित रोगियों की जांच में सहायता करना	• पूर्ववृत्त लेना • शारीरिक परीक्षा और मूल्यांकन करना • आपातकाल में होश में लाना • स्वास्थ्य शिक्षा	• रोगियों का स्वास्थ्य आकलन रिपोर्ट (पूर्व वृत्त लेना व शारीरिक परीक्षण करना)	• नैदानिक मूल्यांकन

स्वास्थ्य लाभ / फिजियोथेरेपी / व्यावसायिक चिकित्सा – 1 सप्ताह

अध्ययन यात्रा (राष्ट्रीय / क्षेत्रीय बर्न्स / रिकंस्ट्रक्टिव सर्जरी सेंटर की शैक्षिक यात्रा – 1 सप्ताह

परिशिष्ट–1

बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग में पोस्ट बेसिक डिप्लोमा

कौशल प्रयोगशाला अर्हताएं

नोटः नर्सिंग कॉलेज की बुनियादी कौशल प्रयोगशाला के अलावा निम्नलिखित आवश्यक हैं।

क्र.सं.	कौशल प्रयोगशाला अर्हताएं	संख्या	कौशल/प्रक्रिया/लक्ष्य
1.	दृश्य–श्रव्य साधन (ए वी एड्स) के 3–डी मॉडल a) त्वचा की विभिन्न परतें b) जलने का स्तर c) जलने के घाव भराव का चरण d) शिरावेध के लिये आसानी से सुलभ नसों और धमनियों को प्रदर्शित करने वाला परिसंचरण तंत्र	 1 1 1 1	निम्नलिखित कार्य सिखाये जायेंः– - त्वचा की बुनियादी संरचना - जलने के प्रकार - द्रव्य चढ़ाने के लिये आसानी से सुलभ स्थान।
2.	सेंट्रल लाइन इनसर्शन किट, वेनेसेक्शन किट	1/1	नसों तक सुरक्षित पहुंच स्थापित करने के लिए
3.	ट्रेकियोस्टोमी सेट	1	वायु मार्ग से सुरक्षित पहुंच स्थापित करने के लिए
4.	वनज मापने का यंत्र (रोगी और बिस्तर)	1/1	द्रव चढ़ाकर पुनर्जीवन देने के लिये रोगी का वजन करना
5.	निम्नलिखित वस्तुओं के साथ क्रैश कार्ट	1	शॉक रूम – प्रारंभ में पुनः होश में लाने के लिए
	a) पुनः होश में लाने वाली दवा (आयनोट्रोप्स और एनाफिलेक्टिक ड्रग्स) b) मास्क के साथ अंबु बैग, ऑक्सीजन सप्लाई c) डिफिब्रिलेटर d) सभी आकारों के ब्लेड के साथ लेरिंगोस्कोप e) लेरिंजियल मास्क एयरवे f) आई–जेल g) एंडोट्रैचियल ट्यूब h) इंट्राकैथ्स i) नसों में चढ़ाने वाले तरल पदार्थ (आईवी फ्लूइड्स)	प्रत्येक के कम से कम 2 एंप्यूल्स 1 1 1 1 1 विभिन्न प्रकार के विभिन्न प्रकार के विभिन्न प्रकार के	
6.	स्पिलिंट्स	विभिन्न प्रकार के	अवकुंचन को रोकने के लिए
7.	निम्नलिखित उपकरणों के साथ पोषण लैब		फोर्टिफाइड फीड तैयार करने के लिए
	a) मिक्सर ग्राइंडर b) सॉसपेन c) मापने का जार d) चाकू, छुरी इत्यादि (कटलरी) e) टेबल टॉप किचन वेइंग स्केल f) चलनी/छलनी g) खाद्य कैलोरी चार्ट	1 2 2 विभिन्न प्रकार के 1 1 1	
8.	निम्नलिखित वस्तुओं के साथ ड्रेसिंग ट्रॉली	1	बर्न्स ड्रेसिंग के लिए
	a) स्टेराइल ओटी तौलिए b) किडनी ट्रे c) ड्रेसिंग बाउल्स (15 सेमी) d) किडनी ट्रे e) एचपी डीप ड्रम f) एचपी शैलो ड्रम g) एमए डीप ड्रम h) एमए शैलो ड्रम i) ड्रेसिंग सामग्री – गौज पीसेस, गमजी पैड्स, क्रेप पट्टियां	2 2 2 2 2 1 1 1 1 सेट/रोल विभिन्न आकार के	
9.	उपकरण		

क्र.सं.	कौशल प्रयोगशाला अर्हताएं	संख्या	कौशल / प्रक्रिया / लक्ष्य
	a) धमनी संडाश (आर्टरी फॉर्सेप्स) b) विच्छेदन संडाश (डायशेक्सन फॉर्सेप्स) c) चीटल संडाश (चीटल फॉर्सेप्स) d) कुंद धमनी संडाश (ब्लंट आर्टरी फॉर्सेप्स) e) कैंची f) स्केलपेल g) ब्लेड	2 2 2 2 2 2 विभिन्न प्रकार के	
10.	ड्रेसिंग सामग्री	विभिन्न प्रकार के	
	a) हाइड्रोजेल b) अल्गीनेट c) कोलेजन d) फोम e) एसएसडी f) एंटीकोट g) हाइड्रोहील h) वैट कोलेजन i) ड्राई कोलेजन j) एलेविन एजी ड्रेसिंग k) होलिस्टर l) कॉमफील m) बियाटैन एजी (चिपकने वाला नहीं)	आवेदन के प्रदर्शन के लिये प्रत्येक का 1 नमूना	जले के घावों के लिये इस्तेमाल की जाने वाली पट्टी (ड्रेसिंग)

परिशिष्ट–2

बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग में पोस्ट बेसिक डिप्लोमा

मूल्यांकन दिशानिर्देश (सैद्धांतिक और प्रायोगिक)

1. सैद्धांतिक

क) आंतरिक मूल्यांकन

बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग (भाग 1 : बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग–1 इंक्लुडिंग फाउंडेशंस और भाग 2 : बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग–2) – कुल अंक : 25

- प्रश्न पत्र और प्रश्नोत्तरी – 10 अंक
- लिखित कार्य – 10 अंक (बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशिलिटी नर्सिंग अभ्यास से प्रासंगिक नैतिक आचार संहिता, बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी नर्सिंग/संक्रमण नियंत्रण प्रक्रियाओं में साक्ष्य आधारित कार्य (ईबीपी) पर साहित्यक समीक्षा, ज्वलन से पीड़ित अथवा रिकंस्ट्रक्टिव सर्जरी किये जाने वाले रोगियों की पोषण संबंधी देखभाल)
- सामूहिक परियोजना – 5 अंक

ख) बाह्य/अंतिम परीक्षा

बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग (भाग 1 : बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग–1 इंक्लुडिंग फाउंडेशंस और भाग 2 : बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग–2) – कुल अंक : 75

भाग 1 – 35 अंक (निबंध 1 × 15 = 15 अंक, लघु उत्तर 4 × 4 = 16 अंक, अति लघु उत्तर 2 × 2 = 4 अंक) और **भाग 2 –** 40 अंक (निबंध 1 × 15 = 15 अंक, लघु उत्तर 5 × 4 = 20 अंक, अति लघु उत्तर 5 × 1 = 5 अंक)

2. प्रायोगिक

क) आंतरिक मूल्यांकन – 75 अंक

- वस्तुनिष्ठ संरचित नैदानिक परीक्षा (ओएससीई) – 25 अंक (पदस्थापन के अंत में ओएससीई – 10 अंक + वर्ष के अंत में आंतरिक ओएससीई – 15 अंक)
- अन्य अभ्यास : 50 अंक

  क) प्रायोगिक कार्य – 20 अंक (नैदानिक प्रस्तुति और केस स्टडी रिपोर्ट – 5 अंक, परामर्श रिपोर्ट/दौरों की रिपोर्ट – 5 अंक, ड्रग स्टडी रिपोर्ट – 5 अंक और स्वास्थ्य परिचर्चा – 5 अंक)

  ख) कार्यविधिक दक्षताओं और नैदानिक अर्हताओं के पूर्ण होने पर – 5 अंक

  ग) नैदानिक कार्य निष्पादन का निरंतर नैदानिक मूल्यांकन – 5 अंक

  घ) अंतिम अवलोकित अभ्यास परीक्षा (नैदानिक कार्य में वास्तविक निष्पादन) – 20 अंक

ख) बाह्य/अंतिम परीक्षा – 150 अंक

वस्तुनिष्ठ संरचित नैदानिक परीक्षा (ओएससीई) – 50 अंक, अवलोकित अभ्यास – 100 अंक

(विस्तृत दिशानिर्देश गाइडबुक में दिये गये हैं)

परिशिष्ट–3

नैदानिक लॉग बुक

बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग कार्यक्रम में पोस्ट बेसिक डिप्लोमा

(विशिष्ट कार्यविधिक दक्षताएं/नैदानिक कौशल)

क्र.सं.	विशिष्ट दक्षताएं/कौशल	संपादित/सहायता प्रदान/अवलोकन किये गये – संख्या (पी/ए/ओ)	संकाय/ प्रीसेप्टर के हस्ताक्षर एवं दिनांक
I	**बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग के मूल आधार**		
1	रोगी प्रशिक्षण सामग्री तैयार करना	**पी**	
2	जलने से पीड़ित रोगियों के प्रशिक्षण हेतु रोगी प्रशिक्षण योजना तैयार करना	**पी**	
3	नर्सिंग अधिकारियों/स्टाफ नर्सों के लिये ड्यूटी रोस्टर तैयार करना	**पी**	
4	साहित्यिक समीक्षा लेखन (साक्ष्य आधारित नर्सिंग मध्यवर्तन/प्रथाओं की पहचान करना)	**पी**	
5	प्रकाशन/पेपर प्रेजेंटेशन के लिये पांडुलिपि तैयार करना	**पी**	
6	सामूहिक अनुसंधान परियोजना विषयः	**पी**	
II	**बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग**		
1	**स्वास्थ्य आंकलन**		
1.1	जलने से पीड़ित वयस्क रोगियों के पूर्ववृत्त की जानकारी हासिल करना और शारीरिक परीक्षण करना	**पी**	
1.2	जलने से पीड़ित शिशु रोगियों के पूर्ववृत्त की जानकारी हासिल करना और शारीरिक परीक्षण करना	**पी**	
2	**नैदानिक प्रक्रियाएं**		
2.1	जांच के लिये रक्त/मूत्र लेना	**पी**	
2.2	धमनी रक्त गैस विश्लेषण (एबीजी अनेलेसिस) करना	**पी**	
2.3	ईसीजी करना	**पी**	
2.4	घाव की संस्कृति (कल्चर) के लिये फावा (स्वैब) लेना	**पी**	
3	**वीनस एक्सेस डिवाइस (वीएडी) देखभाल**		
3.1	सेंट्रल कैथेटर और पीआईसीसी डालना	**ए/पी** (संस्थागत प्रोटोकॉल के अनुसार)	
3.2	अंतःशिरा प्रवेशिनी (आईवी केन्यूला) डालना	**पी**	
3.3	सेंट्रल कैथेटर और पीआईसीसी की देखभाल	**पी**	
4	**आपातकालीन प्रक्रियाएं**		
4.1	श्वास नली का ऑपरेशन करना	**ए**	
4.2	श्वास नली ऑपरेशन की देखभाल	**पी**	
4.3	इंटुवेषण और यांत्रिक वायु संचार (मैकेनिकल वेंटिलेशन)	**ए/पी** (संस्थागत प्रोटोकॉल के अनुसार)	
4.4	मूत्र कैथेटर लगाना	**पी**	
4.5	एस्करोटॉमी और फेसिओटॉमी	**ए**	
5	**तरल पदार्थ द्वारा पुनः होश में लाना**		
5.1	शरीर की जली हुई सतह के क्षेत्र (बीएसए) का आकलन	**पी**	
5.2	आवश्यक तरल पदार्थ की मात्रा की गणना	**पी**	
5.3	तरल पदार्थ चढ़ाना	**पी**	
6	**घाव की देखभाल**		
6.1	घाव तथा शरीर की जली हुई सतह के क्षेत्र (बीएसए) का आकलन	**पी**	
6.2	घाव की आवपाशी	**पी**	

क्र.सं.	विशिष्ट दक्षताएं/कौशल	संपादित/सहायता प्रदान/अवलोकन किये गये – संख्या (पी/ए/ओ)	संकाय/ प्रीसेप्टर के हस्ताक्षर एवं दिनांक
6.3	घाव का क्षतशोधन	**ए/पी** (संस्थागत प्रोटोकॉल के अनुसार)	
6.4	घाव की पट्टी करना	**पी**	
6.5	त्वचा का भंडारण	**ए/पी** (संस्थागत प्रोटोकॉल के अनुसार)	
6.6	त्वचा पर पैबंद लगाना (स्किन ग्राफ्ट)	**ए**	
6.7	घाव पर जैविक आवरण लगाना	**ए**	
7	**पोषण प्रबंधन**		
7.1	आवश्यक कैलोरी की गणना	**पी**	
7.2	व्यंजन सूची तैयार करना	**पी**	
7.3	मौखिक/आंत्रेतर/आंत्रेतर तरीके से आहार देना	**पी**	
7.4	समय–समय पर आहार की स्थिति का आकलन	**पी**	
8	**संक्रमण नियंत्रण**		
8.1	बर्न्स इकाई का विसंक्रमण और रोगाणुनाशन	**पी**	
8.2	जैव–चिकित्सीय अपशिष्ट का निपटान	**पी**	
8.3	बैरियर नर्सिंग	**पी**	
8.4	धूनी	**पी**	
9	**फिजियोथेरेपी**		
9.1	छाती की फिजियोथेरेपी करना	**पी**	
9.2	इंसेंटिव स्पिरोमेट्री करना	**पी**	
9.3	गति की सीमा (आरओएम) से संबंधित अभ्यास करना	**पी**	
10	**शिशु रोगियों की देखभाल**		
10.1	शिशुओं के नमूने लेना	**पी**	
10.2	शिशुओं का शिरावेध करना	**पी**	
10.3	शिशुओं को दवा चढ़ाना (खुराक में संशोधन)	**पी/ए** (संस्थागत प्रोटोकॉल के अनुसार)	
10.4	आहार प्रबंधन	**पी**	
11	**गुणवत्ता नियंत्रण**		
11.1	बर्न्स इकाई में संक्रमण नियंत्रण के लिये मानक संचालन प्रक्रिया (एसओपी) तैयार करना	**पी**	
11.2	जलने से पीड़ित रोगियों की देखभाल के लिये नर्सिंग मानक विकसित करना	**पी**	
11.3	इकाई का परीक्षण करना	**पी**	
12	**अन्य**		
12.1	सहमति लेना	**पी**	
12.2	मार्गदर्शन और परामर्श	**पी**	

*छात्र के कौशल प्रदर्शन करने के लिये सक्षम पाये जाने पर इस पर संकाय द्वारा हस्ताक्षर किये जायेंगे।

छात्रः छात्रों से सूचीबद्ध कौशल/दक्षताओं का संपादन बार–बार करना तब तक अपेक्षित है जब तक कि वे स्तर–3 की दक्षता तक नहीं पहुंच जाते हैं, उसी के बाद संकाय द्वारा प्रत्येक दक्षता के समक्ष हस्ताक्षर किये जायेंगे।

संकायः यह सुनिश्चित किया जाना चाहिये कि छात्रों के स्तर–3 तक पहुंचने पर ही प्रत्येक दक्षता के समक्ष हस्ताक्षर किये जायें।

- स्तर–3 की योग्यता दर्शाती है कि छात्र बिना किसी पर्यवेक्षण के उस दक्षता का संपादन करने में सक्षम है।
- स्तर–2 की योग्यता दर्शाती है कि छात्र पर्यवेक्षण के साथ प्रत्येक दक्षता का संपादन करने में सक्षम है।
- स्तर–1 की योग्यता दर्शाती है कि छात्र पर्यवेक्षण के साथ भी उस कौशल/दक्षता का संपादन करने में सक्षम नहीं है।

परिशिष्ट–4

बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग कार्यक्रम में पोस्ट बेसिक डिप्लोमा

नैदानिक अर्हताएं

क्र.सं.	नैदानिक अर्हताएं	दिनांक	संकाय/प्रशिक्षक के हस्ताक्षर
1	**स्वास्थ्य परिचर्चा (बर्न्स/रिकंस्ट्रक्टिव सर्जरी बाह्य रोगी विभाग, बर्न्स वार्ड/रिकंस्ट्रक्टिव सर्जरी वार्ड)**		
1.1	विषयः		
1.2	विषयः		
2	**रोगियों और रिश्तेदारों को परामर्श देना** परामर्श रिपोर्ट–1		
3	**स्वास्थ्य आंकलन**		
3.1	स्वास्थ्य आंकलन (वयस्क और शिशु) – पूर्ववृत्त और शारीरिक परीक्षा (दो लिखित रिपोर्ट) 3.1.1 वयस्क 3.1.2 शिशु 3.1.3		
4	**जर्नल क्लब/नैदानिक संगोष्ठी** विषयः		
5	**वृत्त अध्ययन/नैदानिक प्रस्तुति और रिपोर्ट –** **बर्न्स वार्ड/बर्न्स आईसीयू–1 और रिकंस्ट्रक्टिव सर्जरी वार्ड–1** (नर्सिंग/अंतःविषयक चर्चा)		
5.1	नैदानिक स्थिति का नामः		
5.2	नैदानिक स्थिति का नामः		
6	**औषधि अध्ययन, प्रस्तुति और रिपोर्ट** (दो लिखित रिपोर्ट प्रस्तुत की जानी हैं)		
6.1	औषधि का नामः		
6.2			
6.3			
6.4			
7	**बर्न्स इकाई की रूपरेखा तैयार करना**		
8	**दौरे – रिपोर्ट**		
8.1	राष्ट्रीय/क्षेत्रीय बर्न्स केंद्र		

विभागाध्यक्ष/संकाय के हस्ताक्षर **विभागाध्यक्ष/प्रधानाचार्य के हस्ताक्षर**

परिशिष्ट–5

बर्न्स एंड रिकंस्ट्रक्टिव सर्जरी स्पेशियलिटी नर्सिंग कार्यक्रम में पोस्ट बेसिक डिप्लोमा

नैदानिक अनुभव विवरण

आईसीयू का नाम	नैदानिक अवस्था	देखभाल प्रदान किये गये दिनों की संख्या	संकाय/प्रशिक्षक के हस्ताक्षर

कार्यक्रम समन्वयक/संकाय के हस्ताक्षर

विभागाध्यक्ष/प्रधानाचार्य के हस्ताक्षर

डॉ. टी. दिलीप कुमार
अध्यक्ष
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