

**SYLLABUS MENTIONING
CROSS CUTTING ISSUES**

HAND BOOK FOR STUDENTS

B.Sc., NURSING (4 YEARS) COURSE REGULATIONS

(Subject to modification from time to time)



2018 – 2019

**Dr. N.T.R. UNIVERSITY OF HEALTH SCIENCES
VIJAYAWADA – 520 008**

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Principal
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Chinthareddypalem,
NELLORE - 524 003

- Health Care Services: Health Promotion and Prevention, Primary Care, Diagnosis, Treatment, Rehabilitation and Continuing Care.
- Health care teams.
- Types of health care agencies.
- Hospitals: Types, Organisation and Functions.
- Health Promotion and Levels of Disease Prevention
- Primary Health Care and its delivery: Role of nurse.

Unit 2

Hours:16

Nursing as a Profession

- Definition and Characteristics of a profession
- Nursing:
 - Definition, concepts, philosophy, objectives
 - Characteristics, nature and scope of nursing practice
 - Functions of nurse
 - Qualities of a nurse
 - Categories of nursing personnel
 - Nursing as a profession
 - History of nursing in India.
- Values: Definition, Types, Values Classification and values in professional Nursing: Caring & Advocacy.
- Ethics:
 - Definition and Ethical Principles
 - Code of ethics and professional conduct for nurses.

Unit 3

Hours: 04

Hospital Admission and Discharge

- Admission to the hospital
 - Unit and its preparation-admission bed
 - Admission procedure

- Special considerations
- Medico-legal issues
- Role and responsibilities of the nurse
- Discharge from the hospital
 - Types: Planned discharge, LAMA and abscond, Referrals and transfers
 - Discharge Planning
 - Discharge procedure
 - Special consideration
 - Medico-legal issues
 - Roles and Responsibilities of the nurse
 - Care of the unit after discharge.

Unit 4

Hours: 10

Communication and Nurse Patient Relationship

- **Communication:** Levels, Elements, Types, Modes, Process, Factors influencing Communication.
 - Methods of Effective Communication: Attending skills, Rapport building skills, Empathy skill
 - Barriers to effective communication.
- **Helping Relationship (NPR) :** Dimensions of Helping Relationships, Phase of a helping relationship.
- Communicating effectively with patient, families and team members and maintain effective human relations with special reference to communicating with vulnerable group (children, women, physically and mentally challenged and elderly).
- Patient Teaching: Importance, Purposes, Process, Role of nurse and Integrating teaching in Nursing Process.

Unit 5

Hours: 15

The Nursing Process

- i. Critical Thinking and Nursing Judgement.

- Malthusian theory of populations
- Population explosion in India and its impact on health status
- Family welfare programmes

UNIT – 6

Hours: 05

Family and Marriage:

- Family- Functions
- Types- Joint, nuclear, blended and extended family characteristics
- The modern family – Changes, problems-dowry etc., welfare services
- Changes & legislations on family and marriage in India – marriage acts
- Marriage: Forms and functions of marriage
- Marriage and family problems in India
- Family, marriage and their influence on health and health practices

UNIT – 7

Hours: 07

Social Stratification:

- Meaning & types of social stratification
- The Indian caste system- origin & features
- Features of caste in India today
- Social class system and status
- Social mobility-meaning & types
- Race as a biological concept, criteria of racial classification
- Salient features of primary races-Racism
- Influence of class, caste and race on health and health practices

UNIT – 8

Hours: 06

Types of Communities in India (Rural, Urban and Regional):

- Features of village community & characteristics of Indian villages-Panchayat system, social dynamics
- Community development project & planning

- Changes in Indian rural life
- Availability of health facilities in rural and its impact on health and health practices
- Urban – community-features
- The growth of cities:
- Urbanization and its impact on health and health practices
- Major urban problems- urban slums
- Region: problems and impact on health

UNIT – 9

Hours: 04

Social Change:

- Nature and process of Social Change
- Factors influencing social change: cultural change, cultural lag
- Introduction to theories of social change: linear, cyclical, Marxian, functional
- Role of nurse-change agents

UNIT – 10

Hours: 04

Social Organization and Social System:

- Social organization: elements, types
- Democratic and authoritarian modes of participation
- Voluntary associations
- Social system: definition and types of social system
- Role and status as structural elements of social system
- Inter-relationship of institutions

UNIT – 11

Hours: 02

Social Control:

- Nature and process of social control
- Political, legal, religious, educational, economic, industrial and technological systems, norms & values- folkways & mores customs, laws and fashion
- Role of nurse

UNIT – 12

Hours: 15

Social Problems:

- Social disorganization
- Control & planning: poverty, housing, illiteracy, food supplies, prostitution, rights of women & children, vulnerable groups: elderly, handicapped, minority groups and other marginalized groups, child labour, child abuse, delinquency and crime, substance abuse, HIV/AIDS
- Social welfare programmes in India
- Role of nurse

Teaching and Learning activities:

- Lecture discussion
- Panel discussion
- Community identification
- Family case study
- Community survey
- Visits to rural and urban community
- Observation visits
- Institutional visits

Assessment methods:

- Essay type
- Short answers
- Assessment of report on community identification/community survey
- Assessment of family case study
- Assessment of visit reports

- Barriers and methods of overcoming
- Techniques

UNIT – 2

Hours: 05 (T)

Interpersonal Relations:

- Purpose & types
- Phases
- Barriers and methods of overcoming
- Johari window

UNIT – 3

Hours: 05 (T)

Human Relations:

- Understanding self
- Social behavior, motivation, social attitudes
- Individual and groups
- Human relations in context of nursing
- Group dynamics
- Team work

UNIT – 4

Hours: 10 (T), 05 (P)

Guidance & Counseling:

- Definition, purpose, scope and need
- Basic principles
- Organization of counseling services
- Types of counseling approaches
- Role and preparation of counselor
- Issues for counseling in nursing: students and practitioners
- Counseling process – steps & techniques, tools of counselor
- Managing disciplinary problems
- Management of crisis & referral

- Etiology, pathophysiology, clinical manifestations, diagnosis, treatment modalities and medical, surgical, dietetics & nursing management of
 - Immunodeficiency disorder
 - Primary immune deficiency
 - Phagocytic dysfunction
 - B-cell and T-cell deficiencies
 - Secondary immunodeficiencies
- Acquired immunodeficiency syndrome (AIDS): incidence, epidemiology, Transmission, standard safety precautions, role of nurse in counseling, health education, home care, NACO, other national and international agencies for AIDS.
- Infection control program
- Rehabilitation
- Special therapies, alternative therapies
- Nursing procedures
- Drugs used in treatment of disorders of immunological system

UNIT – 12

Hours: 20

Nursing Management of Patient (Adults Including Elderly) with Communicable Diseases:

- Overview of infectious disease, the infectious process
- Nursing assessment – history and physical assessment
- Epidemiology, infectious process, clinical manifestations, diagnosis, treatment, prevention and dietetics control and eradication of common communicable diseases: tuberculosis, diarrhoeal diseases, hepatitis A – E, herpes, chickenpox, smallpox, typhoid, meningitis, gas gangrene, leprosy, dengue, plague, malaria, diphtheria, pertussis, poliomyelitis, measles, mumps, influenza, tetanus, yellow fever, filariasis, HIV, AIDS
- Reproductive tract infections
- Special infection control measures: notification, isolation, quarantine, immunization, infectious disease hospitals
- Special therapies, alternative therapies

UNIT – 2

Hours: 20

Determinants of Health:

- Eugenics
- **Environment** physical: air, light, ventilation, water, housing, sanitation; disposal of waste, disposal of dead bodies, forestation, noise, climate, communication: infrastructure facilities and linkages
- Acts regulating the environment: national pollution control board
- Bacterial & viral: agents, host carriers and immunity
- Arthropods and rodents
- Food hygiene: production, preservation, purchase, preparation, consumption
- Acts regulating food hygiene prevention of food adulteration act, drugs and cosmetic act
- Socio-cultural: Customs, taboos, marriage system, family structure, status of special groups: females, children, elderly, challenged groups and sick persons
- Lifestyle
- Hygiene
- Physical activity: Recreation and sleep, sexual life, spiritual life, philosophy, self reliance, dietary pattern, education, occupation
- Financial management: income, budget, purchasing power, security

UNIT – 3

Hours: 10

Epidemiology:

- Definition, concept, aims, scope, uses and terminology used in epidemiology
- Dynamics of disease transmission: epidemiological triad
- Morbidity and mortality: measurements
- Levels of prevention
- Methods of epidemiology-descriptive, analytical: epidemic investigation, experimental

UNIT – 7

Hours: 17

Population and its Control:

- Population explosion and its impact on social, economic development of individual, society and country
- Population control
 - Overall development: women empowerment, social, economic and educational development
 - Limiting family size: promotion of small family norm, methods: spacing (natural, biological, chemical, mechanical methods etc)
 - Terminal: surgical methods
 - Emergency contraception

Teaching and Learning activities:

- Lecture discussion/demonstration
- Explain using charts, graphs, models, films, slides
- Visits to water supply, sewage disposal, milk plants, slaughter house etc
- Seminar
- Counseling
- Supervised field practice-health centers, clinics and homes
- Group projects/health education
- Community identification survey
- Population survey
- Practice session

Assessment methods:

- Essay type
- Short answers
- Objective type
- Assessment of survey report

UNIT - 14

Hours: 04

Legal Issues in Mental Health Nursing:

- The mental health act 1987: act, sections, articles and their implications etc
- Indian Lunacy Act. 1912
- Rights of mentally ill clients
- Forensic psychiatry
- Acts related to narcotic and psychotropic substances and illegal drug trafficking
- Admission and discharge procedure
- Role and responsibilities of nurse

UNIT - 15

Hours: 05

Community Mental Health Nursing:

- Development of community mental health services
- National mental health programme
- Institutionalization versus deinstitutionalization
- Model of preventive psychiatry: levels of prevention
- Mental health services available at the primary, secondary, tertiary levels including rehabilitation and role of nurse
- Mental health agencies: government and voluntary, national and international
- Mental health nursing issues for special populations: children, adolescence, women, elderly, victims of violence and abuse, handicapped, HIV/AIDS etc.

Teaching and Learning Activities:

- Lecture discussion/demonstration
- Case presentation/discussion,
- Role play
- Process recording
- Group work
- Clinical/field practice
- Field visits to mental health service agencies

- Palliative care: symptoms and pain management, nutritional support
- Home care
- Hospital care
- Stomal therapy
- Special therapies: psycho social aspects
- Nursing procedures

UNIT – 7

Hours: 10

Nursing Management of Patient in EMERGENCY & DISASTER Situations:

- Disaster nursing:
- Concepts and principles of disaster nursing
- Causes and types of disaster: natural and man-made:
 - Earthquakes, floods, epidemics, cyclones
 - Fire, explosion, accidents
 - Violence, terrorism; biochemical, war
- Policies relate to emergency/disaster management; international, national, state, institutional
- Disaster preparedness
- Team, guidelines, protocols, equipments, resources
- Coordination and involvement of; community, various govt. departments, non-govt.organizations and international agencies
- Role of nurse: working
- Legal aspects of disaster nursing
- Impact on health and after effects; post traumatic stress disorder
- Rehabilitation: physical, psychosocial, financial, relocation emergency nursing
- Concept, priorities, principles and scope of emergency nursing
- Organization of emergency services: physical setup, staffing, equipment and supplies, protocols, concepts of triage and role of triage nurse
- Coordination and involvement of different departments and facilities
- Nursing assessment-history and physical assessment

Content:

UNIT – 1

Hours: 17

Introduction:

- Modern concepts of child care
- Internationally accepted rights of the child
- National policy and legislations in relation to child health and welfare
- National programmes related to child health and welfare
- Agencies related to welfare services to the children
- Changing trends in hospital care, preventive, promotive and curative aspects of child health
- Child morbidity and mortality rates
- Differences between an adult and child
- Hospital environment for a sick child
- Impact of hospital isolation on the child and family
- Grief and bereavement
- The role of a child health nurse in caring for a hospitalized child
- Principles of pre and post operative care of infants and children
- Child health nursing procedures

UNIT – 2

Hours: 24

The Healthy Child:

- Principles of growth and development
- Factors affecting growth & development
- Growth and development from birth to adolescence
- The need of normal children through the stages of developmental and parental guidance
- Nutritional needs of children & infants: breast feeding, exclusive breast feeding supplementary/artificial feeding and weaning
- Baby friendly hospital concept
- Accidents: causes and prevention

- Directing and leading: delegation, participatory management
 - Assignments, rotations, delegations
 - Supervision & guidance
 - Implement standards, policies, procedures and practices
 - Staff development and welfare
 - Maintenance of discipline

- Controlling/Evaluation:
 - Nursing rounds/Visits, Nursing protocols, Manuals
 - Quality Assurance Model, documentation – CD Records and reports performance appraisal

UNIT – 4

Hours: 10(T)

Organizational Behavior and Human Relations:

- Concepts and theories of organizational behaviours
- Review of channels of communication
- Leadership styles
- Review of Motivation: concept and theories
- Group dynamics
- Techniques of – communication, interpersonal relationships and human relations
- Public relations in context of nursing
- Relations with professional associations and employee unions and collective bargaining

UNIT – 5

Hours: 05(T), 05 (P)

In-service Education:

- Nature and scope of in-service education program
- Organization of in service education
- Principles of adult learning
- Planning for in-service education program, techniques, methods & evaluation of staff education program
- Preparation of report

UNIT – 6**Hours: 10(T)****Management of Nursing Educational Institutions:**

- Establishment of nursing educational institution – INC norms and guidelines
- Coordination with – Regulatory bodies, Accreditation, Affiliation philosophy/objectives: Organization, Structure, Committees physical facilities, College/School, Hostel students, Selection, Admission, Guidance and Counseling, Maintaining discipline: Faculty and staff a selection, Recruitment, Job description, Placement, Performance appraisal, Development and welfare
- Budgeting
- Equipment and supplies; audio visual equipments, laboratory equipment, books, journals etc.,
- Curriculum; Planning, implementation and evaluation
- Clinical facilities, transport facilities
- Institutional records: administrative, faculty

UNIT – 7**Hours: 10(T)****Nursing as a Profession:**

- Nursing as a profession
 - Philosophy; nursing practice, Aims and objectives, Characteristics of a professional nurse, Regulatory bodies, INC, SNC Acts: constitution, functions, current trends and issues in nursing
- Professional ethics:
 - Code of ethics, INC, ICN, and Code of Professional conduct: INC.ICN
 - Practice standards for nursing: INC
- Consumer protection act, Legal aspects in nursing
 - Legal terms related to practice; registration and licensing
 - Laws related to nursing practice; Breach and penalties
 - Malpractice and negligence

Content:

UNIT – 1

Hours: 04

Introduction:

- Definition, concept & scope of community health and community health nursing
- Historical development of community health, community health nursing – pre independence, post independence.

UNIT – 2

Hours: 06

Health Planning and Policies and Problems:

- National health planning in India – five year plans
- Various committees and commissions on health and family welfare.
- Central Council for health and family welfare (CCH and FW)
- National health policies (1983, 2002)
- National population policy
- Health Problems in India

UNIT – 3

Hours: 15

Delivery of Community Health Services:

- Planning, budgeting and material management of SCs, PHC and CHC
- Rural: Organization, staffing and functions of rural health services provided by government at: Village, Subcentre, Primary Health centre, Community health centre/subdivisional, Hospitals, District, Centre
- Urban: Organization, staffing and functions of urban health services provided by government at: Slums, Dispensaries, Maternal and child health centers, special clinics, Hospitals, Corporation/Municipality/Board.
- Components of health services: Environmental sanitation, Health education, Vital statistics, M.C.H. antenatal, natal, postnatal, MTP Act, female foeticide act, child adoption act, family welfare, National Health Programmes, School health services, Occupational health, Defence services, institutional services.

Syllabus

Revised Basic B.Sc. Nursing



Indian Nursing Council

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INDIAN NURSING COUNCIL**NOTIFICATION**

New Delhi, the 5th July, 2021

[INDIAN NURSING COUNCIL {REVISED REGULATIONS AND CURRICULUM FOR B.Sc. (NURSING) PROGRAM}, REGULATIONS, 2020]

F.No. 11-1/2019-INC.—In exercise of the powers conferred by sub-section (1) of Section 16 of the Indian Nursing Council Act, 1947 (XLVIII of 1947), as amended from time to time, the Indian Nursing Council hereby makes the following regulations namely:—

SHORT TITLE AND COMMENCEMENT

- i. These Regulations may be called The Indian Nursing Council (Revised Regulations and Curriculum for B.Sc. (Nursing) Program) Regulations, 2020.
- ii. These Regulations shall come into force on the date of notification of the same in the official Gazette of India.

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 of 1947;
- iii. 'SNRC' means the State Nurses and Midwives Registration Council by whichever name constituted and called by the respective State Governments;
- iv. 'B.Sc. (Nursing)' means the four year B.Sc. (Nursing) Degree qualification in Nursing recognized by the Council under Section 10 of the Act and included in Part-II of the Schedule to the Act;
- v. 'Authority' means a University or Body created by an Act for awarding the B.Sc. (Nursing) qualification recognized by the Council and included in Part-II of the Schedule to the Act;
- vi. 'School of Nursing' means a recognized training institution for the purpose of teaching of the GNM course;
- vii. 'College' means a recognized training institution for the purpose of training and teaching of the B.Sc. (Nursing) course;
- viii. 'CNE' means Continuing Nursing Education to be compulsorily undergone by the RN&RM/ RANM/RLHV for renewal of registration after every 5 (five) years.

I. INTRODUCTION OF THE PROGRAM

The B.Sc. nursing degree program is a four-year fulltime program comprising eight semesters, which prepares B.Sc. nursing graduates qualified to practice nursing and midwifery in a variety of settings in either public/government or private healthcare settings. It adopts credit system and semester system as per the Authority guidelines with minor modifications suitable to professional education in a hybrid form. The program encompasses foundational, core and elective courses. The choice-based system is applicable to electives only and is offered in the form of modules. Modular learning is also integrated in the foundational as well as core courses that is mandatory.

The program prepares nurses and midwives for generalist nursing including midwifery practice. Knowledge acquisition related to wellness, health promotion, illness, disease management and care of the dying is core to nursing practice. Mastery of competencies is the main focus. Students are provided with opportunities to learn a whole range of skills in addition to acquiring knowledge related to nursing practice (nursing and midwifery). This is achieved through learning in skill lab/simulated lab and clinical environment. Simulation will be integrated throughout the curriculum wherever feasible to enable them to develop competencies before entry into real field of practice.

The revised curriculum embraces competency-based and outcome-based approach throughout the program integrating mastery learning and self-directed learning. Transformational and relationship based educational approaches are emphasized. Through the educational process the students assimilate and synthesize knowledge, cultivate critical thinking skills and develop care strategies. Competencies that reflect practice standards of the Council address the areas of cultural diversity, communication technology, teamwork and collaboration, safety, quality, therapeutic interventions and evidence-based practice. They are prepared to provide safe and competent care to patients across life span and influence patient outcomes.

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VI. CURRICULUM

Curricular Framework

The B.Sc. Nursing program is a four-year program comprising of eight semesters that is credit and semester based. It is choice based only for elective courses. Competency based curriculum is the main approach that is based on ten core competencies. The courses are categorized into foundational courses, core courses and elective courses. The curricular framework shown in Figure 2 depicts the entire course of curriculum, which is further outlined in the program structure.

B.Sc. NURSING PROGRAM – Four years (8 semesters) CREDIT SYSTEM & SEMESTER SYSTEM COMPETENCY BASED CURRICULUM

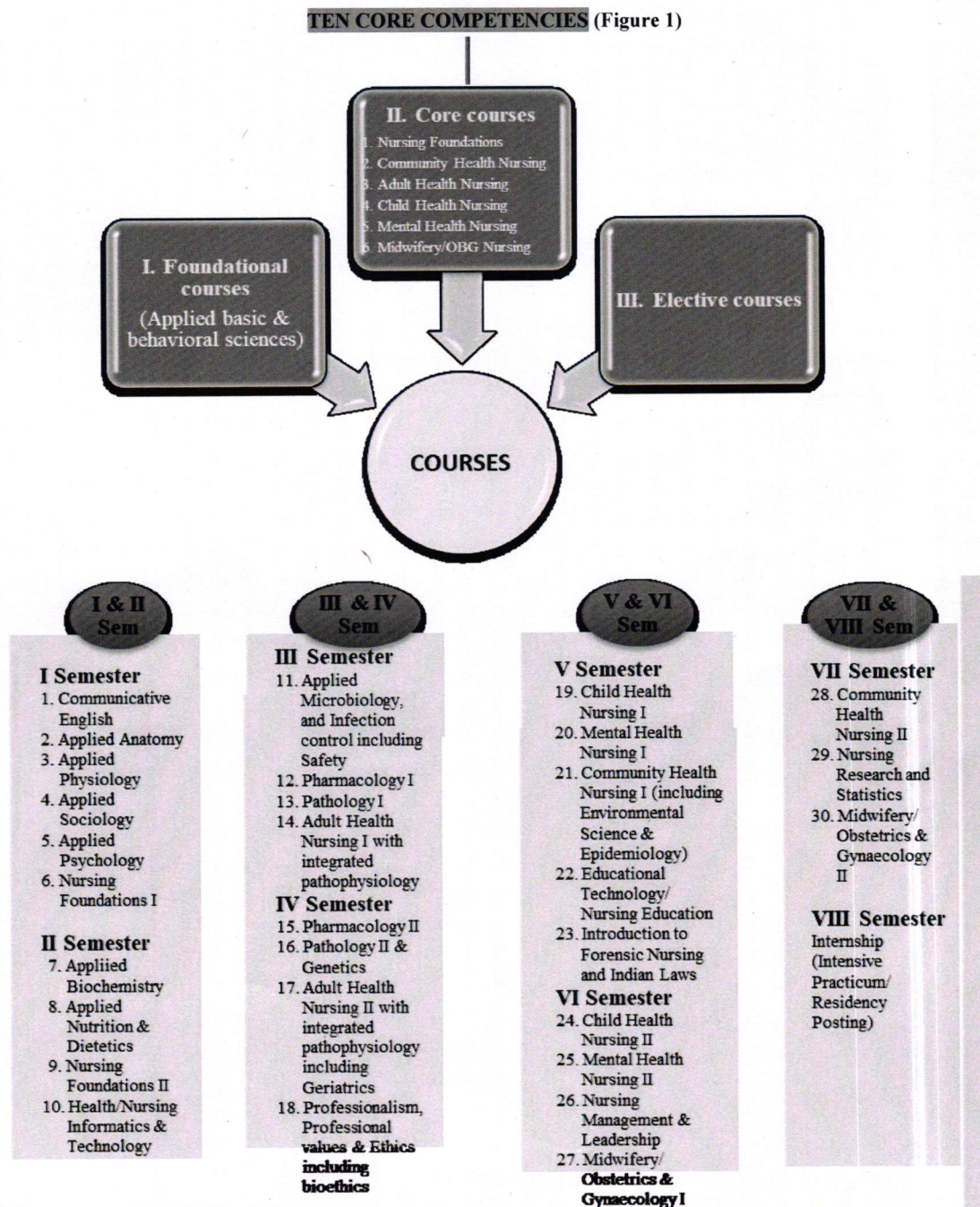


Figure 2. Curricular Framework

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DESCRIPTION: This course is designed to help novice nursing students develop knowledge and competencies required to provide evidence-based, comprehensive basic nursing care for adult patients, using nursing process approach.

COMPETENCIES: On completion of the course, the students will be able to

1. Develop understanding about the concept of health, illness and scope of nursing within health care services.
2. Apply values, code of ethics and professional conduct in professional life.
3. Apply the principles and methods of effective communication in establishing communication links with patients, families and other health team members.
4. Develop skill in recording and reporting.
5. Demonstrate competency in monitoring and documenting vital signs.
6. Describe the fundamental principles and techniques of infection control and biomedical waste management.
7. Identify and meet the comfort needs of the patients.
8. Perform admission, transfer, and discharge of a patient under supervision applying the knowledge.
9. Demonstrate understanding and application of knowledge in caring for patients with restricted mobility.
10. Perform first aid measures during emergencies.
11. Identify the educational needs of patients and demonstrate basic skills of patient education.

***Mandatory Module used in Teaching/Learning:**

First Aid: 40 Hours (including Basic CPR)

COURSE OUTLINE

T – Theory, SL – Skill Lab

Unit	Time (Hrs)	Learning Outcomes	Content	Teaching/ Learning Activities	Assessment Methods
I	5 (T)	Describe the concept of health and illness	<p>Introduction to health and illness</p> <ul style="list-style-type: none"> • Concept of Health – Definitions (WHO), Dimensions • Maslow's hierarchy of needs • Health – Illness continuum • Factors influencing health • Causes and risk factors for developing illnesses • Illness – Types, illness behavior • Impact of illness on patient and family 	<ul style="list-style-type: none"> • Lecture • Discussion 	<ul style="list-style-type: none"> • Essay • Short answer • Objective type
II	5 (T)	Describe the levels of illness prevention and care, health care services	<p>Health Care Delivery Systems – Introduction of Basic Concepts & Meanings</p> <ul style="list-style-type: none"> • Levels of Illness Prevention – Primary (Health Promotion), Secondary and Tertiary • Levels of Care – Primary, Secondary and Tertiary • Types of health care agencies/ services – Hospitals, clinics, Hospice, rehabilitation centres, extended care facilities • Hospitals – Types, Organization and 	<ul style="list-style-type: none"> • Lecture • Discussion 	<ul style="list-style-type: none"> • Essay • Short answer • Objective type

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Unit	Time (Hrs)	Learning Outcomes	Content	Teaching/ Learning Activities	Assessment Methods
			<p>Functions</p> <ul style="list-style-type: none"> • Health care teams in hospitals – members and their role 		
III	12 (T)	<p>Trace the history of Nursing</p> <p>Explain the concept, nature and scope of nursing</p> <p>Describe values, code of ethics and professional conduct for nurses in India</p>	<p>History of Nursing and Nursing as a profession</p> <ul style="list-style-type: none"> • History of Nursing, History of Nursing in India • Contributions of Florence Nightingale • Nursing – Definition – Nurse, Nursing, Concepts, philosophy, objectives, Characteristics, nature and Scope of Nursing/ Nursing practice, Functions of nurse, Qualities of a nurse, Categories of nursing personnel • Nursing as a profession – definition and characteristics/criteria of profession • Values – Introduction – meaning and importance • Code of ethics and professional conduct for nurses – Introduction 	<ul style="list-style-type: none"> • Lecture • Discussion • Case discussion • Role plays 	<ul style="list-style-type: none"> • Essay • Short answers • Objective type
IV	8 (T) 3 (SL)	<p>Describe the process, principles, and types of communication</p> <p>Explain therapeutic, non-therapeutic and professional communication</p> <p>Communicate effectively with patients, their families and team members</p>	<p>Communication and Nurse Patient Relationship</p> <ul style="list-style-type: none"> • Communication – Levels, Elements and Process, Types, Modes, Factors influencing communication • Methods of effective communication/therapeutic communication techniques • Barriers to effective communication/non-therapeutic communication techniques • Professional communication • Helping Relationships (Nurse Patient Relationship) – Purposes and Phases • Communicating effectively with patient, families and team members • Maintaining effective human relations and communication with vulnerable groups (children, women, physically and mentally challenged and elderly) 	<ul style="list-style-type: none"> • Lecture • Discussion • Role play and video film on Therapeutic Communication 	<ul style="list-style-type: none"> • Essay • Short answer • Objective type
V	4 (T) 2 (SL)	<p>Describe the purposes, types and techniques of recording and reporting</p> <p>Maintain records and reports accurately</p>	<p>Documentation and Reporting</p> <ul style="list-style-type: none"> • Documentation – Purposes of Reports and Records • Confidentiality • Types of Client records/Common Record-keeping forms • Methods/Systems of documentation/Recording 	<ul style="list-style-type: none"> • Lecture • Discussion • Demonstration 	<ul style="list-style-type: none"> • Essay • Short answer • Objective type

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Unit	Time (Hrs)	Learning Outcomes	Content	Teaching/ Learning Activities	Assessment Methods
			<ul style="list-style-type: none"> • Structure and characteristics of urban, rural and tribal community. • Major health problems in urban, rural and tribal communities • Importance of social structure in nursing profession 		
III	8 (T)	Describe culture and its impact on health and disease	Culture <ul style="list-style-type: none"> • Nature, characteristic and evolution of culture • Diversity and uniformity of culture • Difference between culture and civilization • Culture and socialization • Transcultural society • Culture, Modernization and its impact on health and disease 	<ul style="list-style-type: none"> • Lecture • Panel discussion 	<ul style="list-style-type: none"> • Essay • Short answer
IV	8 (T)	Explain family, marriage and legislation related to marriage	Family and Marriage <ul style="list-style-type: none"> • Family – characteristics, basic need, types and functions of family • Marriage – forms of marriage, social custom relating to marriage and importance of marriage • Legislation on Indian marriage and family. • Influence of marriage and family on health and health practices 	<ul style="list-style-type: none"> • Lecture 	<ul style="list-style-type: none"> • Essay • Short answer • Case study report
V	8 (T)	Explain different types of caste and classes in society and its influence on health	Social stratification <ul style="list-style-type: none"> • Introduction – Characteristics & forms of stratification • Function of stratification • Indian caste system – origin and characteristics • Positive and negative impact of caste in society. • Class system and status • Social mobility-meaning and types • Race – concept, criteria of racial classification • Influence of class, caste and race system on health. 	<ul style="list-style-type: none"> • Lecture • Panel discussion 	<ul style="list-style-type: none"> • Essay • Short answer • Objective type
VI	15 (T)	Explain social organization, disorganization, social problems and role of nurse in reducing social problems	Social organization and disorganization <ul style="list-style-type: none"> • Social organization – meaning, elements and types • Voluntary associations • Social system – definition, types, role and status as structural element of social system. • Interrelationship of institutions • Social control – meaning, aims and process of social control 	<ul style="list-style-type: none"> • Lecture • Group discussion • Observational visit 	<ul style="list-style-type: none"> • Essay • Short answer • Objective type • Visit report

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DESCRIPTION: The course is designed to assist the students to acquire basic knowledge and understanding of the principles of Nutrition and Dietetics and apply this knowledge in the practice of Nursing.


COMPETENCIES: On completion of the course, the students will be able to

1. Identify the importance of nutrition in health and wellness.
2. Apply nutrient and dietary modifications in caring patients.
3. Explain the principles and practices of Nutrition and Dietetics.
4. Identify nutritional needs of different age groups and plan a balanced diet for them.
5. Identify the dietary principles for different diseases.
6. Plan therapeutic diet for patients suffering from various disease conditions.
7. Prepare meals using different methods and cookery rules.

COURSE OUTLINE

T – Theory

Unit	Time (Hrs)	Learning Outcomes	Content	Teaching/ Learning Activities	Assessment Methods
I	2 (T)	Define nutrition and its relationship to Health	<p>Introduction to Nutrition</p> <p><i>Concepts</i></p> <ul style="list-style-type: none"> • Definition of Nutrition & Health • Malnutrition – Under Nutrition & Over Nutrition • Role of Nutrition in maintaining health • Factors affecting food and nutrition <p><i>Nutrients</i></p> <ul style="list-style-type: none"> • Classification • Macro & Micronutrients • Organic & Inorganic • Energy Yielding & Non-Energy Yielding <p><i>Food</i></p> <ul style="list-style-type: none"> • Classification – Food groups • Origin 	<ul style="list-style-type: none"> • Lecture cum Discussion • Charts/Slides 	<ul style="list-style-type: none"> • Essay • Short answer • Very short answer
II	3 (T)	Describe the classification, functions, sources and recommended daily allowances (RDA) of carbohydrates Explain BMR and factors affecting BMR	<p>Carbohydrates</p> <ul style="list-style-type: none"> • Composition – Starches, sugar and cellulose • Recommended Daily Allowance (RDA) • Dietary sources • Functions <p>Energy</p> <ul style="list-style-type: none"> • Unit of energy – Kcal • Basal Metabolic Rate (BMR) • Factors affecting BMR 	<ul style="list-style-type: none"> • Lecture cum Discussion • Charts/Slides • Models • Display of food items 	<ul style="list-style-type: none"> • Essay • Short answer • Very short answer
III	3 (T)	Describe the classification, Functions, sources	<p>Proteins</p> <ul style="list-style-type: none"> • Composition 	<ul style="list-style-type: none"> • Lecture cum Discussion • Charts/Slides 	<ul style="list-style-type: none"> • Essay • Short answer • Very short


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Unit	Time (Hrs)	Learning Outcomes	Content	Teaching/ Learning Activities	Assessment Methods
XI	4 (T) 6 (SL)	Explain loss, death and grief	Care of Terminally ill, death and dying <ul style="list-style-type: none"> • Loss – Types • Grief, Bereavement & Mourning • Types of Grief responses • Manifestations of Grief • Factors influencing Loss & Grief Responses • Theories of Grief & Loss – Kubler Ross • 5 Stages of Dying • The R Process model (Rando's) • Death – Definition, Meaning, Types (Brain & Circulatory Deaths) • Signs of Impending Death • Dying patient's Bill of Rights • Care of Dying Patient • Physiological changes occurring after Death • Death Declaration, Certification • Autopsy • Embalming • Last office/Death Care • Counseling & supporting grieving relatives • Placing body in the Mortuary • Releasing body from Mortuary • Overview – Medico-legal Cases, Advance directives, DNI/DNR, Organ Donation, Euthanasia 	<ul style="list-style-type: none"> • Lecture • Discussion • Case discussions • Death care/last office 	<ul style="list-style-type: none"> • Essay • Short answer • Objective type
			PSYCHOSOCIAL NEEDS (A-D)		
XII	3 (T)	Develop basic understanding of self-concept	A. Self-concept <ul style="list-style-type: none"> • Introduction • Components (Personal Identity, Body Image, Role Performance, Self Esteem) • Factors affecting Self Concept • Nursing Management 	<ul style="list-style-type: none"> • Lecture • Discussion • Demonstration • Case Discussion/ Role play 	<ul style="list-style-type: none"> • Essay • Short answer • Objective type
XIII	2 (T)	Describe sexual development and sexuality	B. Sexuality <ul style="list-style-type: none"> • Sexual development throughout life • Sexual health • Sexual orientation • Factors affecting sexuality 	<ul style="list-style-type: none"> • Lecture • Discussion 	<ul style="list-style-type: none"> • Essay • Short answer • Objective type

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Unit	Time (Hrs)		Learning Outcomes	Content	Teaching/ Learning Activities	Assessment Methods
	T	P/L				
					<ul style="list-style-type: none"> • Prepare a report on current EHR standards in Indian setting 	
V	3		Describe the advantages and limitations of health informatics in maintaining patient safety and risk management	<p><u>Patient Safety & Clinical Risk</u></p> <ul style="list-style-type: none"> • Relationship between patient safety and informatics • Function and application of the risk management process 	<ul style="list-style-type: none"> • Lecture • Discussion 	(T) <ul style="list-style-type: none"> • Essay • Short answer • Objective type
VI	3	6	<p>Explain the importance of knowledge management</p> <p>Describe the standardized languages used in health informatics</p>	<p><u>Clinical Knowledge & Decision Making</u></p> <ul style="list-style-type: none"> • Role of knowledge management in improving decision-making in both the clinical and policy contexts • Systematized Nomenclature of Medicine, Clinical Terms, SNOMED CT to ICD-10-CM Map, standardized nursing terminologies (NANDA, NOC), Omaha system. 	<ul style="list-style-type: none"> • Lecture • Discussion • Demonstration • Practical session • Work in groups to prepare a report on standardized languages used in health informatics. • Visit health informatics department to understand the standardized languages used in hospital setting 	(T) <ul style="list-style-type: none"> • Essay • Short answer • Objective type
VII	3		<p>Explain the use of information and communication technology in patient care</p> <p>Explain the application of public health informatics</p>	<p><u>eHealth: Patients and the Internet</u></p> <ul style="list-style-type: none"> • Use of information and communication technology to improve or enable personal and public healthcare • Introduction to public health informatics and role of nurses 	<ul style="list-style-type: none"> • Lecture • Discussion • Demonstration 	<ul style="list-style-type: none"> • Essay • Short answer • Objective type • Practical exam
VIII	3	5	<p>Describe the functions of nursing information system</p> <p>Explain the use of healthcare data in management of health care organization</p>	<p><u>Using Information in Healthcare Management</u></p> <ul style="list-style-type: none"> • Components of Nursing Information system(NIS) • Evaluation, analysis and presentation of healthcare data to inform decisions in the management of health-care organizations 	<ul style="list-style-type: none"> • Lecture • Discussion • Demonstration on simulated NIS software • Visit to health informatics department of the hospital to understand use of healthcare data in decision making 	(T) <ul style="list-style-type: none"> • Essay • Short answer • Objective type
IX	4		<p>Describe the ethical and legal issues in healthcare informatics</p> <p>Explains the ethical and legal issues</p>	<p><u>Information Law & Governance in Clinical Practice</u></p> <ul style="list-style-type: none"> • Ethical-legal issues pertaining to healthcare information in contemporary clinical practice • Ethical-legal issues related to 	<ul style="list-style-type: none"> • Lecture • Discussion • Case discussion • Role play 	(T) <ul style="list-style-type: none"> • Essay • Short answer • Objective type

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Unit	Time (Hrs)		Learning Outcomes	Content	Teaching/ Learning Activities	Assessment Methods
	T	P				
			immunity, hyper sensitivity and immunization	<ul style="list-style-type: none"> • Immunity: Types, classification • Antigen and antibody reaction • Hypersensitivity reactions • Serological tests • Immunoglobulins: Structure, types & properties • Vaccines: Types & classification, storage and handling, cold chain, Immunization for various diseases • Immunization Schedule 	<ul style="list-style-type: none"> • Discussion • Demonstration • Visit to observe vaccine storage • Clinical practice 	<ul style="list-style-type: none"> • type • Visit report

SECTION B: INFECTION CONTROL & SAFETY

THEORY: 20 hours

PRACTICAL/LAB: 20 hours (Lab/Experiential Learning – L/E)

DESCRIPTION: This course is designed to help students to acquire knowledge and develop competencies required for fundamental patient safety and infection control in delivering patient care. It also focuses on identifying patient safety indicators, preventing and managing hospital acquired infections, and in following universal precautions.

COMPETENCIES: The students will be able to:

1. Develop knowledge and understanding of Hospital acquired Infections (HAI) and effective practices for prevention.
2. Integrate the knowledge of isolation (Barrier and reverse barrier) techniques in implementing various precautions.
3. Demonstrate and practice steps in Hand washing and appropriate use of different types of PPE.
4. Illustrate various disinfection and sterilization methods and techniques.
5. Demonstrate knowledge and skill in specimen collection, handling and transport to optimize the diagnosis for treatment.
6. Incorporate the principles and guidelines of Bio Medical waste management.
7. Apply the principles of Antibiotic stewardship in performing the nurses' role.
8. Identify patient safety indicators and perform the role of nurse in the patient safety audit process.
9. Apply the knowledge of International Patient Safety Goals (IPSG) in the patient care settings.
10. Identify employee safety indicators and risk of occupational hazards.
11. Develop understanding of the various safety protocols and adhere to those protocols.

COURSE OUTLINE

T – Theory, L/E – Lab/Experiential Learning

Unit	Time (Hrs)		Learning Outcomes	Content	Teaching/ Learning Activities	Assessment Methods
	T	P				
I	2	2 (E)	Summarize the evidence based and effective patient care practices for the prevention of common healthcare associated infections in the healthcare	HAI (Hospital acquired Infection) <ul style="list-style-type: none"> • Hospital acquired infection • Bundle approach <ul style="list-style-type: none"> - Prevention of Urinary Tract Infection (UTI) - Prevention of Surgical Site Infection (SSI) - Prevention of Ventilator 	<ul style="list-style-type: none"> • Lecture & Discussion • Experiential learning 	<ul style="list-style-type: none"> • Knowledge assessment • MCQ • Short answer

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Unit	Time (Hrs)		Learning Outcomes	Content	Teaching/ Learning Activities	Assessment Methods
	T	P				
			setting	Associated events (VAE) - Prevention of Central Line Associated Blood Stream Infection (CLABSI) • Surveillance of HAI – Infection control team & Infection control committee		
II	3	4 (L)	Demonstrate appropriate use of different types of PPEs and the critical use of risk assessment	Isolation Precautions and use of Personal Protective Equipment (PPE) • Types of isolation system, standard precaution and transmission-based precautions (Direct Contact, Droplet, Indirect) • Epidemiology & Infection prevention – CDC guidelines • Effective use of PPE	• Lecture • Demonstration & Re-demonstration	• Performance assessment • OSCE
III	1	2 (L)	Demonstrate the hand hygiene practice and its effectiveness on infection control	Hand Hygiene • Types of Hand hygiene. • Hand washing and use of alcohol hand rub • Moments of Hand Hygiene • WHO hand hygiene promotion	• Lecture • Demonstration & Re-demonstration	• Performance assessment
IV	1	2 (E)	Illustrates disinfection and sterilization in the healthcare setting	Disinfection and sterilization • Definitions • Types of disinfection and sterilization • Environment cleaning • Equipment Cleaning • Guides on use of disinfectants • Spaulding's principle	• Lecture • Discussion • Experiential learning through visit	• Short answer • Objective type
V	1		Illustrate on what, when, how, why specimens are collected to optimize the diagnosis for treatment and management.	Specimen Collection (Review) • Principle of specimen collection • Types of specimens • Collection techniques and special considerations • Appropriate containers • Transportation of the sample • Staff precautions in handling specimens	• Discussion	• Knowledge evaluation • Quiz • Performance assessment • Checklist
VI	2	2 (E)	Explain on Bio Medical waste management & laundry management	BMW (Bio Medical Waste Management) <i>Laundry management process and infection control and prevention</i>	• Discussion • Demonstration • Experiential learning through	• Knowledge assessment by short answers, objective type • Performance

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Unit	Time (Hrs)	Learning Outcomes	Content	Teaching/ Learning Activities	Assessment Methods
		Develop competency in providing pre and postoperative care	<ul style="list-style-type: none"> ○ Wound care and dressing technique ● Care of surgical patient <ul style="list-style-type: none"> ○ pre-operative ○ post-operative ● Alternative therapies used in caring for patients with Medical Surgical Disorders 		
II	15 (T) 4 (L/SL)	<p>Explain organizational set up of the operating theatre</p> <p>Differentiate the role of scrub nurse and circulating nurse</p> <p>Describe the different positioning for various surgeries</p> <p>Apply principles of asepsis in handling the sterile equipment</p> <p>Demonstrate skill in scrubbing procedures</p> <p>Demonstrate skill in assessing the patient and document accurately the surgical safety checklist</p> <p>Develop skill in assisting with selected surgeries</p> <p>Explain the types, functions, and nursing considerations for different types of anaesthesia</p>	<p>Intraoperative Care</p> <ul style="list-style-type: none"> ● Organization and physical set up of the operation theatre <ul style="list-style-type: none"> ○ Classification ○ O.T Design ○ Staffing ○ Members of the OT team ○ Duties and responsibilities of the nurse in OT ● Position and draping for common surgical procedures ● Instruments, sutures and suture materials, equipment for common surgical procedures ● Disinfection and sterilization of equipment ● Preparation of sets for common surgical procedures ● Scrubbing procedures – Gowning, masking and gloving ● Monitoring the patient during the procedures ● Maintenance of the therapeutic environment in OT ● Assisting in major and minor operation, handling specimen ● Prevention of accidents and hazards in OT ● Anaesthesia – types, methods of administration, effects and stages, equipment & drugs ● Legal aspects 	<ul style="list-style-type: none"> ● Lecture cum Discussion ● Demonstration, Practice session, and Case Discussion ● Visit to receiving bay 	<ul style="list-style-type: none"> ● Caring for patient intra operatively ● Submit a list of disinfectants used for instruments with the action and precaution
III	6 (T) 4 (L/SL)	<p>Identify the signs and symptoms of shock and electrolyte imbalances</p> <p>Develop skills in managing fluid and electrolyte imbalances</p>	<p>Nursing care of patients with common signs and symptoms and management</p> <ul style="list-style-type: none"> ● Fluid and electrolyte imbalance ● Shock ● Pain 	<ul style="list-style-type: none"> ● Lecture, discussion, demonstration ● Case discussion 	<ul style="list-style-type: none"> ● Short answer ● MCQ ● Case report

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UNIT - 14

Hours: 04

Legal Issues in Mental Health Nursing:

- The mental health act 1987: act, sections, articles and their implications etc
- Indian Lunacy Act. 1912
- Rights of mentally ill clients
- Forensic psychiatry
- Acts related to narcotic and psychotropic substances and illegal drug trafficking
- Admission and discharge procedure
- Role and responsibilities of nurse

UNIT - 15

Hours: 05

Community Mental Health Nursing:

- Development of community mental health services
- National mental health programme
- Institutionalization versus deinstitutionalization
- Model of preventive psychiatry: levels of prevention
- Mental health services available at the primary, secondary, tertiary levels including rehabilitation and role of nurse
- Mental health agencies: government and voluntary, national and international
- Mental health nursing issues for special populations: children, adolescence, women, elderly, victims of violence and abuse, handicapped, HIV/AIDS etc.

Teaching and Learning Activities:

- Lecture discussion/demonstration
- Case presentation/discussion,
- Role play
- Process recording
- Group work
- Clinical/field practice
- Field visits to mental health service agencies

- Palliative care: symptoms and pain management, nutritional support
- Home care
- Hospital care
- Stomal therapy
- Special therapies: psycho social aspects
- Nursing procedures

UNIT – 7

Hours: 10

Nursing Management of Patient in EMERGENCY & DISASTER Situations:

- Disaster nursing:
 - Concepts and principles of disaster nursing
 - Causes and types of disaster: natural and man-made:
 - Earthquakes, floods, epidemics, cyclones
 - Fire, explosion, accidents
 - Violence, terrorism; biochemical, war
 - Policies relate to emergency/disaster management; international, national, state, institutional
- Disaster preparedness
 - Team, guidelines, protocols, equipments, resources
 - Coordination and involvement of; community, various govt. departments, non-govt.organizations and international agencies
 - Role of nurse: working
 - Legal aspects of disaster nursing
 - Impact on health and after effects; post traumatic stress disorder
 - Rehabilitation: physical, psychosocial, financial, relocation emergency nursing
 - Concept, priorities, principles and scope of emergency nursing
 - Organization of emergency services: physical setup, staffing, equipment and supplies, protocols, concepts of triage and role of triage nurse
 - Coordination and involvement of different departments and facilities
 - Nursing assessment-history and physical assessment

Content:

UNIT – 1

Hours: 17

Introduction:

- Modern concepts of child care
- Internationally accepted rights of the child
- National policy and legislations in relation to child health and welfare
- National programmes related to child health and welfare
- Agencies related to welfare services to the children
- Changing trends in hospital care, preventive, promotive and curative aspects of child health
- Child morbidity and mortality rates
- Differences between an adult and child
- Hospital environment for a sick child
- Impact of hospital isolation on the child and family
- Grief and bereavement
- The role of a child health nurse in caring for a hospitalized child
- Principles of pre and post operative care of infants and children
- Child health nursing procedures

UNIT – 2

Hours: 24

The Healthy Child:

- Principles of growth and development
- Factors affecting growth & development
- Growth and development from birth to adolescence
- The need of normal children through the stages of developmental and parental guidance
- Nutritional needs of children & infants: breast feeding, exclusive breast feeding supplementary/artificial feeding and weaning
- Baby friendly hospital concept
- Accidents: causes and prevention

- Directing and leading: delegation, participatory management
 - Assignments, rotations, delegations
 - Supervision & guidance
 - Implement standards, policies, procedures and practices
 - Staff development and welfare
 - Maintenance of discipline

- Controlling/Evaluation:
 - Nursing rounds/Visits, Nursing protocols, Manuals
 - Quality Assurance Model, documentation – CD Records and reports performance appraisal

UNIT – 4

Hours: 10(T)

Organizational Behavior and Human Relations:

- Concepts and theories of organizational behaviours
- Review of channels of communication
- Leadership styles
- Review of Motivation: concept and theories
- Group dynamics
- Techniques of – communication, interpersonal relationships and human relations
- Public relations in context of nursing
- Relations with professional associations and employee unions and collective bargaining

UNIT – 5

Hours: 05(T), 05 (P)

In-service Education:

- Nature and scope of in-service education program
- Organization of in service education
- Principles of adult learning
- Planning for in-service education program, techniques, methods & evaluation of staff education program
- Preparation of report

UNIT – 6**Hours: 10(T)****Management of Nursing Educational Institutions:**

- Establishment of nursing educational institution – INC norms and guidelines
- Coordination with – Regulatory bodies, Accreditation, Affiliation philosophy/objectives: Organization, Structure, Committees physical facilities, College/School, Hostel students, Selection, Admission, Guidance and Counseling, Maintaining discipline: Faculty and staff a selection, Recruitment, Job description, Placement, Performance appraisal, Development and welfare
- Budgeting
- Equipment and supplies; audio visual equipments, laboratory equipment, books, journals etc.,
- Curriculum; Planning, implementation and evaluation
- Clinical facilities, transport facilities
- Institutional records: administrative, faculty

UNIT – 7**Hours: 10(T)****Nursing as a Profession:**

- Nursing as a profession
 - Philosophy; nursing practice, Aims and objectives, Characteristics of a professional nurse, Regulatory bodies, INC, SNC Acts: constitution, functions, current trends and issues in nursing
- Professional ethics:
 - Code of ethics, INC, ICN, and Code of Professional conduct: INC.ICN
 - Practice standards for nursing: INC
- Consumer protection act, Legal aspects in nursing
 - Legal terms related to practice; registration and licensing
 - Laws related to nursing practice; Breach and penalties
 - Malpractice and negligence

Content:

UNIT – 1

Hours: 04

Introduction:

- Definition, concept & scope of community health and community health nursing
- Historical development of community health, community health nursing – pre independence, post independence.

UNIT – 2

Hours: 06

Health Planning and Policies and Problems:

- National health planning in India – five year plans
- Various committees and commissions on health and family welfare.
- Central Council for health and family welfare (CCH and FW)
- National health policies (1983, 2002)
- National population policy
- Health Problems in India

UNIT – 3

Hours: 15

Delivery of Community Health Services:

- Planning, budgeting and material management of SCs, PHC and CHC
- Rural: Organization, staffing and functions of rural health services provided by government at: Village, Subcentre, Primary Health centre, Community health centre/subdivisional, Hospitals, District, Centre
- Urban: Organization, staffing and functions of urban health services provided by government at: Slums, Dispensaries, Maternal and child health centers, special clinics, Hospitals, Corporation/Municipality/Board.
- Components of health services: Environmental sanitation, Health education, Vital statistics, M.C.H. antenatal, natal, postnatal, MTP Act, female foeticide act, child adoption act, family welfare, National Health Programmes, School health services, Occupational health, Defence services, institutional services.

SYLLABUS

Post Basic B.Sc. in Nursing



Indian Nursing Council

Combined Councils Building, Kotia Road, Temple Lane, New Delhi - 110002

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SYLLABUS

B.Sc. in NURSING (Post Basic)



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Indian Nursing Council

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POST BASIC B.SC. NURSING YEAR- I

NURSING FOUNDATION

Placement: First Year

Time Allotted: - 45 Hrs

COURSE DESCRIPTION:

This course will help students develop an understanding of the philosophy, objectives and responsibilities of Nursing as a Profession. The purpose of the course is to orient to the current concepts involved in the practices of Nursing and developments in the Nursing Profession.

OBJECTIVES

At the end of the course, the student will:

1. Identify Professional aspects of Nursing.
2. Explain theories of Nursing.
3. Identify ethical aspects of Nursing Profession.
4. Utilize steps of Nursing Process.
5. Identify the role of the Nurse in various levels of health services.
6. Appreciate the significance of quality assurance in Nursing.
7. Explain current trends in health and Nursing.

COURSE CONTENTS

UNIT I

- Development of Nursing as a Profession:
- Its philosophy
- Objectives and responsibilities of a graduate Nurse.
- Trends influencing Nursing Practices.
- Expanded role of the Nurse.
- Development of Nursing Education in India and trends in Nursing Education.
- Professional organization, career planning.
- Code of ethics & Professional conduct for Nurse

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UNIT II

- Ethical, legal and other issues in Nursing.
- Concept of health and illness, effects on the person.
- Stress and adaptation.
- Health care concept and Nursing care concept.
- Development concept, needs, roles and problems of the development stages of individual newborn, infant, toddler, pre-adolescent, adolescent, adulthood, middle-age old age.

UNIT III

- Theory of Nursing practices.
- Meta-paradigm of Nursing – characterized by four central concepts i.e. Nurse, person (client/patient), health and environment.

UNIT IV

- Nursing process.
- Assessment: Tools for assessment, methods, recording.
- Planning: Teaching for planning care, types of care plans.
- Implementation: Different approaches to care, organizations and implementation of care, record.
- Evaluation: tools for evaluation, process of evaluation, types of evaluation.

UNIT V

- Quality assurance: Nursing Standards, Nursing audit, total quality management.
- Role of council and Professional bodies in maintenance of standards.

UNIT VI

- Primary health care concept:
- Community oriented Nursing
- Holistic Nursing
- Primary Nursing.
- Family oriented Nursing concept:
- Problem oriented Nursing
- Progressive patient care
- Team Nursing.

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MATERNAL NURSING

Placement: - First Year

**Time Allotted Theory -60 hrs
Practical-240 hrs**

COURSE DESCRIPTION:

This course is designed to widen the student's knowledge of obstetrics during pregnancy, labour and puerperium. It also helps to acquire knowledge and develop skill in rendering optimum Nursing care to a child bearing mother in a hospital or community and help in the management of common gynecological problems.

OBJECTIVES

At end of the course, the student will:

1. Describe the Physiology of pregnancy, labour and puerperium.
2. Manage normal pregnancy, labour and puerperium.
3. Explain the Physiology of lactation and advice on management of breast feeding.
4. Be skilled in providing pre and post operative Nursing care in obstetric conditions.
5. Identify and manage high risk pregnancy including appropriate referrals.
6. Propagate the concept and motivate acceptance of family planning methods.
7. Teach, guide and supervise auxiliary midwifery personnel.

COURSE CONTENTS

UNIT I

- Introduction and historical review.
- Planned Parenthood.
- Maternal morbidity and mortality rates.
- Legislations related to maternity benefits, MTP acts, incentives for family planning etc.

UNIT II

- Review of the Anatomy and Physiology of female reproductive system.
- Female pelvis (normal and contracted).
- Review of Foetal development.

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UNIT III

- Physiology and management of pregnancy, labour and puerperium.
- Signs and symptoms and diagnosis of pregnancy.
- Antenatal care.
- Pregnant woman with HIV/ AIDS.
- Management of common Gynaecological problems.

UNIT IV

- The new born body.
- Care of the baby at birth including resuscitation.
- Essential newborn care:
 - Feeding
 - Jaundice and infection
 - Small & large for date babies.
- Intensive care of the new born
- Trauma and hemorrhage.

UNIT V

- Management of abnormal pregnancy, labour and puerperium.
- Abortion, ectopic pregnancy and vesicular mole.
- Pregnancy induced hypertension, gestational diabetes, anaemia, heart disease.
- Urinary infection, Antepartum haemorrhage.
- Abnormal labour (malposition & malpresentation):
 - Uterine inertia
 - Disorders of puerperium
- Management of engorged breast, cracked nipples, breast abscess and mastitis
- Puerperal sepsis
- Post partum haemorrhage
- Inversion and prolapsed of uterus, obstetrical emergencies
- Obstetrical operation i.e. forceps, vacuum, episiotomy, caesarean section.

UNIT VI

- Drugs in obstetrics.
- Effects of drugs during pregnancy, labour and puerperium on mother & baby.

UNIT VII

- National Welfare Programmes for Women.
- National Family Welfare Programme.
- Infertile Family.
- Problems associated with unwanted pregnancy.

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CHILD HEALTH NURSING

Placement: - First Year

**Time Allotted Theory -60 hrs
Practical-240 hrs**

COURSE DESCRIPTION:

This course is aimed at developing an understanding of the modern approach to child care, the common health problems of children and neonates in health and sickness.

OBJECTIVES

At the end of the course, the student will:

1. Explain the modern concept of child care and the principles of Paediatric Nursing.
2. Describe the normal growth and development of children at different ages.
3. Manage sick as well as healthy neonates and children.
4. Identify various aspects of preventive Paediatric Nursing and apply them in providing Nursing care to children in hospital and community.

COURSE CONTENTS

UNIT I

- Introduction.
- Modern concept of child care.
- Internationally accepted rights of the child.
- National policy and legislations in relation to child health and welfare.
- National programmes related to child health and welfare.
- Changing trends in hospital care, preventive, promotive and curative aspects of child health.
- Child morbidity and mortality rates.
- Differences between an adult and child.
- Hospital environment for a sick child.
- The role of a Paediatric Nurse in caring for a hospitalized child.
- Principles of Pre and Post operative care of infants and children.
- Paediatric Nursing procedures.

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UNIT IV

- Social organization.
- Social groups, Crowds and Public groups, Nations, Race.
- Social Institutions: Family, Marriage, Education, Religion, Arts, Economic organization, Political organization.
- The Urban & Rural community in India: Ecology, characteristics of the village, characteristics of the town and city.
- Social stratification: Class and Caste.

UNIT V

- Social Process.
- Process of Social Interaction: Competition, Conflict- war, Cooperation, Accommodation and Assimilation.

UNIT VI

- Social Change.
- Nature and process of Social Change: Factors influencing cultural change.
- Cultural Lag.

UNIT VII

- Social Problems.
- Social disorganization control & planning: Poverty, Population Housing, Illiteracy, Food supplies, growth of urbanization, Prostitution, Minority groups, rights of woman & children, child labour, child abuse delinquency and crime, substance abuse.

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UNIT IV

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UNIT VI

- Social Change.
- Nature and process of Social Change: Factors influencing cultural change.
- Cultural Lag.

UNIT VII

- Social Problems.
- Social disorganization control & planning: Poverty, Population Housing, Illiteracy, Food supplies, growth of urbanization, Prostitution, Minority groups, rights of woman & children, child labour, child abuse delinquency and crime, substance abuse.

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INTRODUCTION TO NURSING ADMINISTRATION

Placement: - Second Year

**Time Allotted Theory -60 hrs
Practical-180 hrs**

COURSE DESCRIPTION:

, This course is designed to give an opportunity to the student to gain an understanding of the principle of administration and its application to nursing service. It is also intended to assist the students to develop an understanding of professional leadership need.

OBJECTIVES

At the end of the course, the student will:

1. Identify the principles of administration.
2. Describe the principles and techniques of supervision.
3. Explain the principles and methods of personnel management.
4. Explain the principles of budgeting.
5. Organize and manage a Nursing unit effectively.
6. Identify dynamics of organizational behavior, styles and functions of effective leadership.

COURSE CONTENTS

UNIT I

- Principles and Practices of administration.
- Significance, elements and principles of administration,
- Organization of Hospital – Definition, aims, functions, and classifications, health term.
- Policies of hospital, different departments with special emphasis to department of Nursing & office management.
- Responsibilities of the Nursing personnel especially of ward Sister, medico legal aspects, concept of cost effectiveness.

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UNIT III

- Organization and Administration of health services in India.
- National Health Policy.
- Health Care Delivery system in India.
- Health team concepts:
 - Centre, State, District, Urban Health Services, Rural Health Services
- System of medicines
- Centrally sponsored health schemes
- Role of voluntary health organizations and International Health Agencies
- Role of health personnel in the community
- Public Health Legislation.

UNIT IV

- Health Education:
 - Aims, Concepts and Scope of Health Education.
- National Plan for Health Education
- Communication Techniques
- Methods and media for health education programmes
- Planning for health education and role of nurse.

UNIT V

- Role of the Community Health Nurse.
- National Health Programmes:
 - Maternal and child health programmes
 - Family welfare and school health services
 - Occupational health services.
 - As a member of the health team.
 - Training and supervision of health care workers.

UNIT VI

- Epidemiology
 - Definition – concepts, aims, objectives, methods & principles,
 - Epidemiology – theories and models.
 - Application of Epidemiology, principles and concepts in community health.

UNIT VII

- Bio-Statistics and Vital Statistics.
 - Introduction, definition and scope, legislation.
 - Report, recording and compiling of vital statistics at the local, state, national and international level.
 - Definition and methods of computing vital statistics.
 - Methods of presenting data.
 - Management information system.

- Role play
- Panel discussion
- Symposium
- Seminar
- Field trip
- Workshop
- Exhibition
- Programmed instruction
- Computer assisted learning.
- Clinical teaching methods:
- Case methods
- Case presentation
- Nursing rounds and reports
- Bedside clinic
- Conference (individual and group)
- Recording of interaction process.

UNIT IV

- Educational media.
- Communication Process: Factors Affecting Communication.
- Purpose and Types of Audio-Visual Aids.
- Graphics aids: Chalk-board, Charts, Graphs, Poster, Flash Cards, Flannel graph / Khadigraph, Bulletin, Cartoon,
- Three Dimensional Aids: Objects, Specimen, Models, Puppets.
- Printed Aids: Pamphlets and Leaflets.
- Projected Aids: Slides, Films and Television, VCR, VCP, Overhead Projector, Camera, Microscope.
- Audio Aids: Tape Recorder, Public address system, Computer.

UNIT V

- Methods of assessment.
- Purpose and Scope of evaluation and assessment.
- Criteria for selection of assessment techniques and methods.
- Assessment of knowledge: essay type question, SAQ (short answer questions).
- MCQ (multiple choice questions).
- Assessment of skills: observation, check list. Practical examination Viva, objective structured clinical examination.
- Assessment of attitude: Attitude scale.

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- Classification of mental disorders.
- Etiological factors and psychopathology of mental disorders.
- History taking and assessment methods for mental disorders.

UNIT III

- Therapeutic communication.
- Communication process.
- Interview skills, therapeutic communication techniques. Nurse patient relationship, therapeutic impasse and its management process recording.

UNIT IV

- Management of mental disorders
- Etiological factors, psychopathology, types, clinical features, diagnostic criteria, treatment and Nursing management of patient with following disorders:
 - Neurotic disorders: Anxiety Neurosis, Depressive Neurosis, Obsessive Compulsive Neurosis, Phobic Neurosis and Hypochondriacal Neurosis, stress related and somatoform disorders.
 - Psychotic disorders: Schizophrenic form, Affective and Organic psychosis.
 - Organic Brain syndromes
 - Psychosomatic disorders
 - Personality disorders
 - Disorders of Childhood and Adolescence.

UNIT V


- Management of patients with Substance use disorders.
- Substance use and misuse.
- Dependence, Intoxication and Withdrawal
- Classification of Psychoactive Substances
- Etiological & Contributory factors
- Psychopathology
- Clinical features
- Diagnostic criteria.
- Treatment and Nursing management of patient with Substance use disorders.
- Preventive and rehabilitative aspects in substance abuse.

UNIT VI

- Management of mental sub-normality.
- Classification of mental sub-normality.
- Etiological factors, psychopathology, psychometric assessment. Diagnostic criteria and management of sub-normality.

UNIT VII

- Psychiatric emergencies.
- Types of emergencies, psychopathology, clinical features, assessment and diagnosis, treatment and Nursing management of patient with Psychiatric emergencies.
- Crisis intervention therapy.


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SYLLABUS AND REGULATIONS

M.Sc. (NURSING)



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Course Content

Unit	Hours	Content
I	10	<p>Nursing as a Profession</p> <ul style="list-style-type: none"> □ History of development of nursing profession, characteristics, criteria of the profession, perspective of nursing profession-national, global □ Code of ethics(INC), code of professional conduct(INC), autonomy and accountability, assertiveness, visibility of nurses, legal considerations, □ Role of regulatory bodies □ Professional organizations and unions-self defense, individual and collective bargaining □ Educational preparations, continuing education, career opportunities, professional advancement & role and scope of nursing education. □ Role of research, leadership and management. □ Quality assurance in nursing (INC). □ Futuristic nursing.
II	5	<p>Health care delivery</p> <ul style="list-style-type: none"> □ Health care environment, economics, constraints, planning process, policies, political process vis a vis nursing profession. □ Health care delivery system- national, state, district and local level. □ Major stakeholders in the health care system-Government, non-govt, Industry and other professionals. □ Patterns of nursing care delivery in India. □ Health care delivery concerns, national health and family welfare programs, inter-sectoral coordination, role of non-governmental agencies. □ Information, education and communication (IEC). □ Tele-medicine.
III	10	<p>Genetics</p> <ul style="list-style-type: none"> □ Review of cellular division, mutation and law of inheritance, human genome project ,The Genomic era. □ Basic concepts of Genes, Chromosomes & DNA. □ Approaches to common genetic disorders. □ Genetic testing – basis of genetic diagnosis, Pre symptomatic and predisposition testing, Prenatal diagnosis & screening, Ethical, legal & psychosocial issues in genetic testing. □ Genetic counseling. □ Practical application of genetics in nursing.
IV	10	<p>Epidemiology</p> <ul style="list-style-type: none"> □ Scope, epidemiological approach and methods, □ Morbidity, mortality, □ Concepts of causation of diseases and their screening, □ Application of epidemiology in health care delivery, Health surveillance and health informatics □ Role of nurse

Unit	Hours	Content
V	20	<p>Bio-Psycho social pathology</p> <ul style="list-style-type: none"> ❑ Pathophysiology and Psychodynamics of disease causation ❑ Life processes, homeostatic mechanism, biological and psycho-social dynamics in causation of disease, life style ❑ Common problems: Oxygen insufficiency, fluid and electrolyte imbalance, nutritional problems, hemorrhage and shock, altered body temperature, unconsciousness, sleep pattern and its disturbances, pain, sensory deprivation. ❑ Treatment aspects: pharmacological and pre- post operative care aspects, ❑ Cardio pulmonary resuscitation. ❑ End of life Care ❑ Infection prevention (including HIV) and standard safety measures, bio-medical waste management. ❑ Role of nurse- Evidence based nursing practice; Best practices ❑ Innovations in nursing
VI	20	<p>Philosophy and Theories of Nursing</p> <ul style="list-style-type: none"> ❑ Values, Conceptual models, approaches. ❑ Nursing theories: Nightingale's, Henderson's, Roger's, Peplau's, Abdella's, Lewine's, Orem's, Johnson's, King's, Neuman's, Roy's, Watson parse, etc and their applications, ❑ Health belief models, communication and management, etc ❑ Concept of Self health. ❑ Evidence based practice model.
VIII	10	<p>Nursing process approach</p> <ul style="list-style-type: none"> ❑ Health Assessment- illness status of patients/clients (Individuals, family, community), Identification of health-illness problems, health behaviors, signs and symptoms of clients. ❑ Methods of collection, analysis and utilization of data relevant to nursing process. ❑ Formulation of nursing care plans, health goals, implementation, modification and evaluation of care.
IX	30	<p>Psychological aspects and Human relations</p> <ul style="list-style-type: none"> ❑ Human behavior, Life processes & growth and development, personality development, defense mechanisms, ❑ Communication, interpersonal relationships, individual and group, group dynamics, and organizational behavior, ❑ Basic human needs, Growth and development, (Conception through preschool, School age through adolescence, Young & middle adult, and Older adult) ❑ Sexuality and sexual health. ❑ Stress and adaptation, crisis and its intervention, ❑ Coping with loss, death and grieving, ❑ Principles and techniques of Counseling.

Unit	Hours	Content
X	10	Nursing practice <ul style="list-style-type: none"> <input type="checkbox"/> Framework, scope and trends. <input type="checkbox"/> Alternative modalities of care, alternative systems of health and complimentary therapies. <input type="checkbox"/> Extended and expanded role of the nurse, in promotive, preventive, curative and restorative health care delivery system in community and institutions. <input type="checkbox"/> Health promotion and primary health care. <input type="checkbox"/> Independent practice issues,- Independent nurse-midwifery practitioner. <input type="checkbox"/> Collaboration issues and models-within and outside nursing. <input type="checkbox"/> Models of Prevention, <input type="checkbox"/> Family nursing, Home nursing, <input type="checkbox"/> Gender sensitive issues and women empowerment. <input type="checkbox"/> Disaster nursing. <input type="checkbox"/> Geriatric considerations in nursing. <input type="checkbox"/> Evidence based nursing practice- Best practices <input type="checkbox"/> Trans-cultural nursing.
XI	25	Computer applications for patient care delivery system and nursing practice <ul style="list-style-type: none"> <input type="checkbox"/> Use of computers in teaching, learning, research and nursing practice. <input type="checkbox"/> Windows, MS office: Word, Excel, Power Point, <input type="checkbox"/> Internet, literature search, <input type="checkbox"/> Statistical packages, <input type="checkbox"/> Hospital management information system: softwares.


Practical

Clinical posting in the following areas:

- Specialty area- in-patient unit - 2 weeks
- Community health center/PHC - 2 weeks
- Emergency/ICU - 2 weeks

Activities

- Prepare Case studies with nursing process approach and theoretical basis
- Presentation of comparative picture of theories
- Family case- work using model of prevention
- Annotated bibliography
- Report of field visits (5)


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Content Outline

Unit	Hours		Course Content
	Theory	Practical	
I	10		Introduction: <ul style="list-style-type: none"> <input type="checkbox"/> Methods of acquiring knowledge – problem solving and scientific method. <input type="checkbox"/> Research – Definition, characteristics, purposes, kinds of research <input type="checkbox"/> Historical Evolution of research in nursing <input type="checkbox"/> Basic research terms <input type="checkbox"/> Scope of nursing research: areas, problems in nursing, health and social research <input type="checkbox"/> Concept of evidence based practice <input type="checkbox"/> Ethics in research <input type="checkbox"/> Overview of Research process
II	5	5	Review of Literature <ul style="list-style-type: none"> <input type="checkbox"/> Importance, purposes, sources, criteria for selection of resources and steps in reviewing literature.
III	12		Research Approaches and designs <ul style="list-style-type: none"> <input type="checkbox"/> Type: Quantitative and Qualitative <input type="checkbox"/> Historical, survey and experimental –Characteristics, types advantages and disadvantages <input type="checkbox"/> Qualitative: Phenomenology, grounded theory, ethnography
IV	10	5	Research problem: <ul style="list-style-type: none"> <input type="checkbox"/> Identification of research problem <input type="checkbox"/> Formulation of problem statement and research objectives <input type="checkbox"/> Definition of terms <input type="checkbox"/> Assumptions and delimitations <input type="checkbox"/> Identification of variables <input type="checkbox"/> Hypothesis – definition, formulation and types.
V	5	5	Developing theoretical/conceptual framework. <ul style="list-style-type: none"> <input type="checkbox"/> Theories: Nature, characteristics, Purpose and uses <input type="checkbox"/> Using, testing and developing conceptual framework, models and theories.
VI	6		Sampling <ul style="list-style-type: none"> <input type="checkbox"/> Population and sample <input type="checkbox"/> Factors influencing sampling <input type="checkbox"/> Sampling techniques <input type="checkbox"/> Sample size <input type="checkbox"/> Probability and sampling error <input type="checkbox"/> Problems of sampling

Units	Hours	Content
		<ul style="list-style-type: none"> □ Stress as Transaction between the Individual and the Environment. □ Stress management.
V	10	<p>Therapeutic communication and interpersonal relationship</p> <ul style="list-style-type: none"> □ Review communication process, factors affecting communication □ Communication with individuals and in groups □ Techniques of therapeutic communication-touch therapy □ Barrier of communication with specific reference to psychopathology □ Therapeutic attitudes □ Dynamics of a therapeutic Nurse-client relationship; Therapeutic use of self Gaining self-awareness □ Therapeutic nurse-patient relationship its phases ; Conditions essential to development of a therapeutic relationship □ Therapeutic impasse and its management
VI	10	<p>Assertive Training</p> <ul style="list-style-type: none"> □ Assertive Communication □ Basic Human Rights □ Response Patterns <ul style="list-style-type: none"> • (Nonassertive Behavior • Assertive Behavior • Aggressive Behavior • Passive-Aggressive Behavior) □ Behavioral Components of Assertive Behavior □ Techniques that Promote Assertive Behavior □ Thought-Stopping Techniques Method <p>Role of The Nurse</p>
VII	10	<p>Promoting Self-Esteem</p> <ul style="list-style-type: none"> □ Components of Self-Concept □ The Development of Self-Esteem □ The Manifestations of Low-Self-Esteem □ Boundaries <p>Role of The Nurse</p>
	5	<p>Women and Mental Health</p> <ul style="list-style-type: none"> • Normal reaction to conception, pregnancy and puerperium • Problems related to conception, pregnancy and puerperium and its management. • Counselling – Premarital, marital and genetic

Unit	Hours	Content
IV	30	<p>Community health Nursing</p> <ul style="list-style-type: none"> <input type="checkbox"/> Philosophy, Aims, Objectives, Concepts, Scope, Principles, Functions <input type="checkbox"/> Community health Nursing theories and models <input type="checkbox"/> Quality assurance: Community health Nursing standards, competencies, Monitoring community health nursing, nursing audits <input type="checkbox"/> Family nursing and Family centered nursing approach <input type="checkbox"/> Family health nursing process <ul style="list-style-type: none"> ○ Family health assessment ○ Diagnosis ○ Planning ○ Intervention ○ Evaluation <input type="checkbox"/> Nursing care for special groups: children, adolescents, adults, women, elderly, physically and mentally challenged- Urban and rural population at large <input type="checkbox"/> Community nutrition <input type="checkbox"/> Concept, role and responsibilities of community health Nurse practitioners/nurse midwifery practitioners-decision making skills, professionalism, legal issues
V	45	<p>Maternal and neonatal care</p> <ul style="list-style-type: none"> <input type="checkbox"/> IMNCI(Integrated Management of Neonatal And Childhood Illnesses) module <input type="checkbox"/> Skilled Birth Attendant (SBA) module
VI	15	<ul style="list-style-type: none"> <input type="checkbox"/> Disaster nursing (INC module on Reaching out: Nursing Care in emergencies)
VII	10	<p>Information, education and communication</p> <ul style="list-style-type: none"> <input type="checkbox"/> IEC/BCC: Principles and strategies <input type="checkbox"/> Communication Skills <input type="checkbox"/> Management information and evaluation system: Records and reports <input type="checkbox"/> Information technology <input type="checkbox"/> Tele-medicine and tele-nursing <input type="checkbox"/> Journalism <input type="checkbox"/> Mass media <input type="checkbox"/> Folk media
VIII	15	<p>Health care delivery system: Urban, rural, tribal and difficult areas</p> <ul style="list-style-type: none"> <input type="checkbox"/> Health organization: National, State, District, CHC, PHC, Sub Centre, Village - Functions, Staffing, pattern of assistance, layout, drugs, equipments and supplies, Roles and Responsibilities of DPHNO <input type="checkbox"/> Critical review of functioning of various levels, evaluation studies, recommendations and nursing perspectives <input type="checkbox"/> Alternative systems of medicine <input type="checkbox"/> Training and supervision of health workers

Course Content

Units	Hours	Content
I	10	<p>Introduction</p> <ul style="list-style-type: none"> <input type="checkbox"/> Historical and contemporary perspectives <input type="checkbox"/> Epidemiological aspects of maternal and child health <input type="checkbox"/> Magnitude of maternal and child health problems <input type="checkbox"/> Issues of maternal and child health : Age, Gender, Sexuality, psycho Socio cultural factors <input type="checkbox"/> Preventive obstetrics <input type="checkbox"/> National health and family welfare programmes related to maternal and child health: health care delivery system- National Rural health mission, Role of NGO's <input type="checkbox"/> Theories, models and approaches applied to midwifery practice <input type="checkbox"/> Role and scope of midwifery practice: Independent Nurse midwifery practitioner <input type="checkbox"/> Legal and Ethical issues: Code of ethics and standards of midwifery practice, standing orders <input type="checkbox"/> Evidence based midwifery practice <input type="checkbox"/> Research priorities in obstetric and gynaecological nursing.
II	15	<p>Human reproduction</p> <ul style="list-style-type: none"> <input type="checkbox"/> Review of anatomy and physiology of human reproductive system: male and female <input type="checkbox"/> Hormonal cycles <input type="checkbox"/> Embryology <input type="checkbox"/> Genetics, teratology and counseling <input type="checkbox"/> Clinical implications
III	25	<p>Pregnancy</p> <ul style="list-style-type: none"> <input type="checkbox"/> Maternal adaptation : Physiological, psychosocial <ul style="list-style-type: none"> • Assessment – Maternal and foetal measures Maternal measures:History taking , exmanination-General,physical and obstetrical measure, identification of high risk, • Foetal measure- clinical parameters, biochemical- human estriol, Maternal Serum Alfa Feto Protein, Acetyl Choline esterase (AchE), Triple Test Aminocentesis, Cordocentesis, chorionic villus sampling (CVS)), • Biophysical- (US IMAGING, Foetal movement count, Ultra Sonography, Cardiotocography, cardiotomography, Non Stress Test(NST), Contraction stress test(CST), amnioscopy, foetoscopy, • Radiological examination, <input type="checkbox"/> Interpretation of diagnostic tests and nursing implications <input type="checkbox"/> Nursing management of the pregnant women, minor disorders of pregnancy and management, preparation for child birth and parenthood, importance of institutional delivery , choice of birth setting, importance and mobilizing of transportation, prenatal counseling, role of nurse and crisis intervention, identification of high risk pregnancy and refer <input type="checkbox"/> Alternative/complementary therapies

Course Content

Unit	Hours	Content
I	10	Introduction <ul style="list-style-type: none"> ❑ Historical development of Pediatrics and Pediatric Nursing in India; ❑ Current status of child health in India; ❑ Trends in Pediatrics and Pediatric Nursing, ❑ Ethical and cultural issues in pediatric care ❑ Rights of children ❑ National health policy for children, special laws and ordinances relating to children. ❑ National goals, ❑ Five year plans, ❑ National health programs related to child health.
II	10 Hrs	Assessment of pediatric clients <ul style="list-style-type: none"> ❑ History taking ❑ Developmental assessment ❑ Physical assessment ❑ Nutritional assessment ❑ Family assessment
III	10	Hospitalized child <ul style="list-style-type: none"> ❑ Meaning of hospitalization of the child, preparation for hospitalization, effects of hospitalization on the child and family ❑ Stressors and reactions related to developmental stages, play activities for ill hospitalized child. ❑ Nursing care of hospitalized child and family -principles and practices
IV	15	Pre-natal Pediatrics <ul style="list-style-type: none"> ❑ Embryological and fetal development, Prenatal factors influencing growth and development of fetus, ❑ Genetic patterns of common pediatric disorders, chromosomal aberrations, genetic assessment and counseling legal and ethical aspects of genetic, screening and counseling role of nurse in genetic counseling, ❑ Importance of prenatal care and role of pediatric nurse.
V	15	Growth and Development of children <ul style="list-style-type: none"> ❑ Principles of growth and development, ❑ Concepts and theories of growth and development, ❑ Developmental tasks and special needs from infancy to adolescence, developmental milestones, ❑ Assessment of growth and development of pediatric clients, ❑ Factors affecting growth and development.
VI	15	Behavioral Pediatrics and Pediatric Nursing <ul style="list-style-type: none"> ❑ Parent child relationship, ❑ Basic behavioral pediatric principles and specific behavioral pediatric concepts/disorders- maternal deprivation, failure

Unit	Hours	Content
		<p>to thrive, child abuse, the battered child,</p> <ul style="list-style-type: none"> □ Common behavioral problems and their management, □ Child guidance clinic.
VII	15	<p>Preventive Pediatrics and Pediatric Nursing</p> <ul style="list-style-type: none"> □ Concept, aims and scope of preventive pediatrics, □ Maternal health and its influence on child health antenatal aspects of preventive pediatrics, □ Immunization, expanded program on immunization/ universal immunization program and cold chain, □ Nutrition and nutritional requirements of children, changing patterns of feeding, baby- friendly hospital initiative and exclusive breast feeding, □ Health education, nutritional education for children □ Nutritional programs □ National and international organizations related to child health, <p>Role of pediatric nurse in the hospital and community.</p>
VIII	30	<p>Neonatal Nursing</p> <ul style="list-style-type: none"> □ New born baby- profile and characteristics of the new born, □ Assessment of the new born, □ Nursing care of the new born at birth, care of the new born and family, □ High risk newborn- pre term and term neonate and growth retarded babies, □ Identification and classification of neonates with infections, HIV & AIDS, Ophthalmia neonatorum, congenital syphilis. □ High risk new born- Identification, classification and nursing management . □ Organization of neonatal care, services(Levels), transport, neonatal intensive care unit, organization and management of nursing services in NICU.
IX	30	<p>IMNCI (Integrated management of neonatal and childhood illnesses)</p>

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13. Participate effectively as a member of Community Health team.
14. Coordinate and collaborate with various agencies operating in the community by using inter-sectoral approach.
15. Teach community health nursing to undergraduates, in-service nurses and the community health workers.
16. Demonstrate leadership and managerial abilities in community health nursing practice

Course Content

Unit	Hours	Content
I	10	Introduction <ul style="list-style-type: none"> <input type="checkbox"/> Historical development of Community Health and Community health Nursing- World and India, various health and family welfare committees <input type="checkbox"/> Current status, trends and challenges of Community Health Nursing <input type="checkbox"/> Health status of the Community-community diagnosis <input type="checkbox"/> Scope of Community health Nursing practice <input type="checkbox"/> Ethical and legal issues <input type="checkbox"/> Socio-cultural issues in Community health Nursing <input type="checkbox"/> National Policies, plans and programmes <ul style="list-style-type: none"> • National health policy • National Population policy • National Health and welfare Programmes • National Health goals/ indicators/ Millennium developmental goals(MDG)/ Strategies • Planning process: Five year plans • National Rural Health Mission • Panchayat raj institutions
II	10	Health <ul style="list-style-type: none"> <input type="checkbox"/> Concepts, issues <input type="checkbox"/> Determinants <input type="checkbox"/> Measurements <input type="checkbox"/> Alternate systems for health promotion and management of health problems <input type="checkbox"/> Health economics <input type="checkbox"/> Health technology <input type="checkbox"/> Genetics and health <input type="checkbox"/> Waste disposal <input type="checkbox"/> Eco system
III	15	Population dynamics and control <ul style="list-style-type: none"> <input type="checkbox"/> Demography <input type="checkbox"/> Transition and theories of population <input type="checkbox"/> National population policy <input type="checkbox"/> National population programmes <input type="checkbox"/> Population control and related programmes <input type="checkbox"/> Methods of family limiting and spacing <input type="checkbox"/> Research, Census, National Family Health Survey

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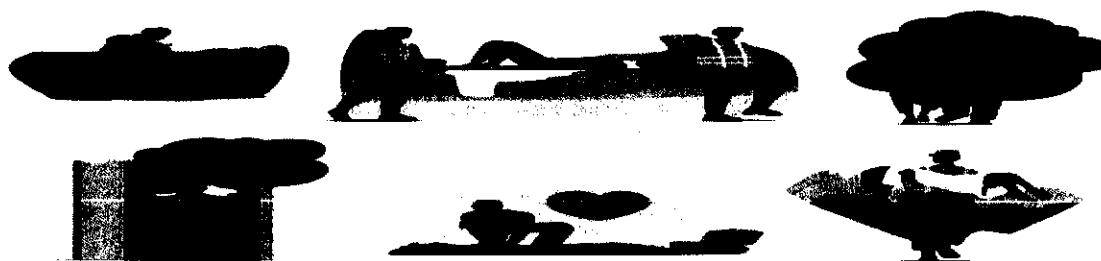
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LESSON PLAN

ON

DISASTER MANAGEMENT



Dr. B. Chinnay
Principal

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GENERAL INFORMATION

Name of the Faculty	: Mrs. N.Anjani devi, Ph.d ., (Nursing)
Subject	: Nursing management
Unit	: VII
Topic	: Disaster management
Group	: II M.Sc., Nursing
Venue	: II year M.Sc. nursing class room
Duration	:2 Hours
No.of students	:08
Previous Knowledge	: Students are aware of about the disaster topic in their B.sc nursing study
Method of Teaching	: Lecture cum Discussion
Media of Instruction	: White board, LCD and charts.

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GENERAL OBJECTIVES:

The students will be able to gain in depth knowledge regarding disaster management and acquire skills and apply in community settings.

SPECIFIC OBJECTIVES:

The student will be able to.

- define disaster management.
- explain the concept of disaster management.
- classify the disasters.
- enlist the principles of disaster management.
- describe the disaster management cycle.
- brief out the triage.
- explain the disaster response.
- describe role of nurse in disaster management.
- list out the parameters in nursing practice.
- determine the government and non-government organizations.
- explain responsibilities of community health nurse in disaster management.

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Planned date	Actual date & Duration	Time	Content	A.V. aids	Teacher activity.	evaluation
09/10/2024	12/10/2024 (9-11am)	2min	<p>INTRODUCTION:</p> <p>Disaster is a sudden, calamitous event bringing great damage, loss, and destruction and devastation to life and property. The damage caused by disasters is immeasurable and varies with the geographical location, climate and the type of the earth surface/degree of vulnerability. This influences the mental, socio-economic, political and cultural state of the affected area. Generally, disaster has the following effects in the concerned areas,</p> <ol style="list-style-type: none"> 1. It completely disrupts the normal day to day life 2. It negatively influences the emergency systems 3. Normal needs and processes like food, shelter, health, etc. are affected and deteriorate depending on the intensity and severity of the disaster. <p>It may also be termed as “a serious disruption of the functioning of society, causing widespread human, material or environmental losses which exceed the ability of the affected society to cope using its own resources.”</p> <p>DEFINITION:</p> <p>Disaster is —any occurrence that causes damage, economic disruption, loss of human life and deterioration of health and health service on a scale sufficient to warrant an extraordinary response from outside the affected community or area. (WHO)</p> <p>Disaster management can be defined as the organization and management of resources and responsibilities for dealing with all humanitarian aspects of emergencies, in particular preparedness, response and recovery in order to lessen the impact of disasters.</p> <p>Disaster can be defined as an overwhelming ecological disruption, which exceeds the capacity of a community to adjust and consequently</p>	Learning in the Humanities	Black Board & PPT	-
		Define disaster and disaster nursing		Learning in the Humanities	Black Board & PPT	MCQ's

	1 min	explain the concept of disaster management	<p>requires assistance from outside. -Pan American Health Organization (PAHO) Disaster is an event, natural or manmade, sudden or progressive, which impacts with such severity that the affected community has to respond by taking exceptional measures. (W. Nick Carter)</p> <p><u>CONCEPT OF DISASTER MANAGEMENT:</u> The concept and meaning of disaster management is based on the following words: D-Detection I-Incident command S-Safety and security A-Assess S-Support T-Triage E-Evolution R-Recovery</p>	Participatory Learning	Black board &PPT	MCQ's
	20 min	Classify Disasters	<p><u>CLASSIFICATION OF DISASTERS:</u> Disasters are commonly classified according to their causes into two distinct categories: ● Natural disaster ● Man-made disaster</p> <p><u>Natural disasters:</u> • <i>Metrollogical disaster:</i> Storms (Cyclones, typhoons, hurricanes, tornados, hailstorms, snowstorms), cold spells, heat waves and droughts. • <i>Typological Disaster:</i> landslides, avalanches, mudflows and floods. • <i>Telluric and Teutonic (Disaster originates underground):</i> Earthquake, volcanic eruptions and tsunamis (seismic sea waves). • <i>Biological Disaster:</i> communicable disease, epidemics and insect swarms (locusts).</p>	Learning in the Humanities	Black board & PPT	MCQ's

	2 min	Enlist principles of disaster management	<p><u>Man Made Disasters:</u></p> <ul style="list-style-type: none"> • Warfare: conventional warfare (bombardment, blockade and siege) and non-conventional warfare (nuclear, chemical and biological). • Civil disasters: riots and demonstration. • Accidents: transportation (planes, trucks, automobiles, trains and ships); structural collapse (building, dams, bridges, mines and other structures); explosions and fires. • Technological failures: A mishap at a nuclear power station, leak at a chemical plant causing pollution of atmosphere or the breakdown of a public sanitation. <p><u>PRINCIPLES OF DISASTER MANAGEMENT</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Prevent the disaster <input type="checkbox"/> Minimize the casualties <input type="checkbox"/> Prevent further casualties <input type="checkbox"/> Rescue the victims <input type="checkbox"/> First aid <input type="checkbox"/> Evacuate <input type="checkbox"/> Medical care <input type="checkbox"/> Reconstruction 	Participatory Learning	Black board & PPT	One word questions
	25 min	Enumerate disaster readiness	<p><u>READINESS FOR DISASTER</u></p> <p>Readiness for disaster involves two aspects:</p> <ol style="list-style-type: none"> 1. Resource for readiness. 2. Disaster pre planning. <p><u>1. Resources for readiness:</u></p> <p>RED CROSS: Its primary concern in a disaster situation is to provide relief for human suffering in the form of food, shelter, clothing,</p>	Self- directed Learning	Black board & PPT	MCQ's

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medical care, and occupational rehabilitation of victims.

COMMUNITY AND LOCAL GOVERNMENT: It shares the responsibility in clearing rubble, maintaining law and order, determining the safety of a structure of habitation, repairing bridges, resuming transportation, maintaining sanitation, providing safe food and drinking water, etc.

CIVIL DEFENCE SERVICES: The civil defense and its medical facility programmers provide for shelters, establishing communication linkage, post disaster services, assistance to affected community in the area of health, sanitation, maintaining law and order, fire fighting, clearing debris, prevention and control of epidemic of various diseases etc.

2. Disaster pre-planning: It is important to make the best possible use of the resources. Some of the pre-planning aspects for disaster related to medical care as follows:

HOSPITAL DISASTER PLANING: Depending upon the hospital's location and size, it mobilizes its resources to manage any disaster. It should provide for immediate action in the event of:

- i. An internal disaster in hospital itself eg. Fire, explosion, etc.
- ii. Some minor external disaster.
- iii. Major external disaster.
- iv. Threat of disaster.
- v. Disaster in neighboring communities/country.

EVACUATION: There is usually a system which on order of the medical superintendent, is activated: eg.

- i. Percentage of evacuation (discharge) of the patient from the hospital.
- ii. Addition of extra beds.

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- iii. Preparation of emergency ward.
- iv. Such facilities should be near to X-ray, operation theatre, central supply, medical store, etc.

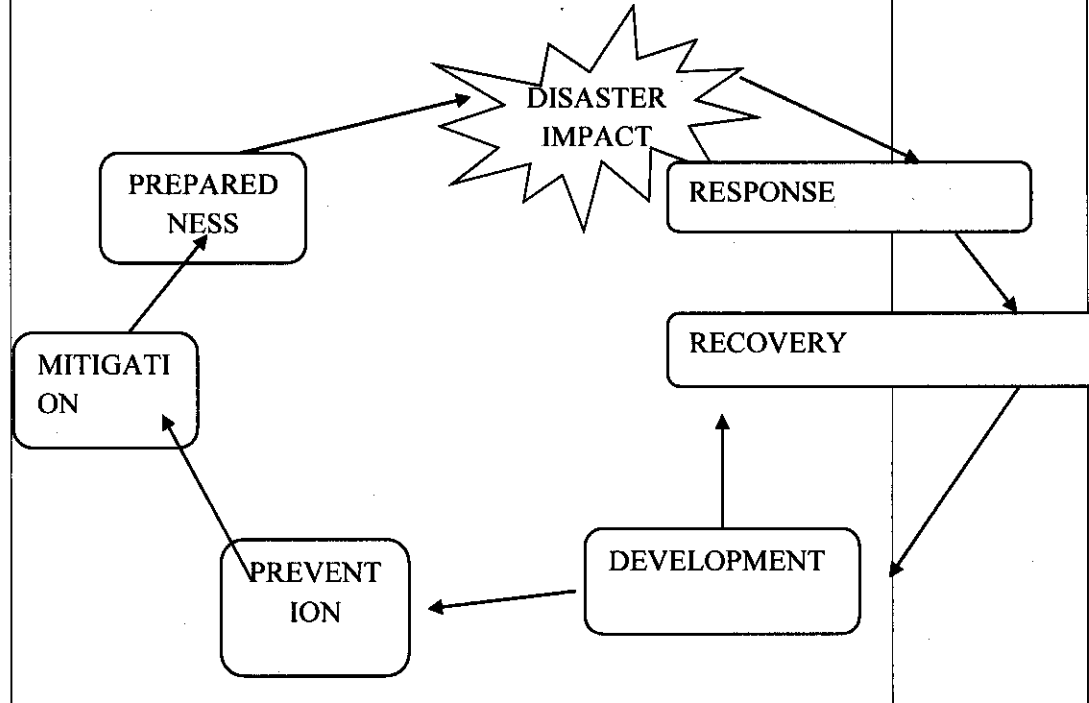
ORDERLY FLOW OF CASUALITY: It is important to minimize confusion in receiving casualties. A team of well qualified physician and nurses at the reception itself sorts out casualties and make quick decisions of the treatment.

- i. Additional nursing staff volunteers may be called and posted.
- ii. Services of all departments of the hospital should be well integrated in the disaster plan viz. dietary department, laundry, public works department (PWD), engineering unit, etc.
- iii. The planning should also take into consideration other aspects like traffic control, types of medical records to be maintained, standardization of emergency medical tags, public information centers, controlled dissemination of information without or with minimum distortion, preparation of emergency supplies kept ready, all ambulance kept ready, arrangement of additional vehicles.

COMMUNICATION SYSTEM: Additional communication system should be planned. It is also important to keep the hospital informed about the inflow of the casualties from the scene.

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THE DISASTER MANAGEMENT CYCLE:

1. **DISASTER EVENT:** This refers to the —REAL TIME event of the hazard occurring and affecting elements of risk.
2. **RESPONSE AND RELIEF:** This refers to the first stage response to any calamity, which include setting up control rooms, putting the contingency plan in action, issue warnings, evacuating people to safe areas, rendering medical aid to the needy, etc.

3. **RECOVERY:** It has three overlapping phases of emergency relief rehabilitation and reconstructing.
4. **DEVELOPMENT:** Evolving economy and long-term prevention/disaster reduction measures like construction of houses capable of withstanding the onslaught of heavy rains, wind speeds and shocks of earthquakes.
5. **REDUCTION AND MITIGATION:** Protective or preventive actions that lessens the scale of impact. Minimizing the effects of disaster. Eg. building codes and zoning, vulnerability analyses, public education.
6. **PREPAREDNESS:** Includes the formulation and development of viable emergency plans, of the warning system, the maintenance of inventories and the training of personnel.

TRIAGE: The word triage is derived from French word —trierl which means sorting or choosing.

Objectives of triage

An effective triage system should be able to achieve the following:

- Ensure immediate medical intervention in life threatening situations.
- Expedite the care of patents through a systematic initial assessment.
- Ensure that patients are prioritized for treatment in accordance with the severity of their medical condition.
- Reduce morbidity through early medical intervention.
- Improve public relations by communicating appropriate information to friends and relatives who accompany patients.
- Improve patients flow within emergency departments and/or disaster management situation.

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- Provide supervised learning for appropriate personnel.

Principles of triage

The main principles of triage are as follows:

- Every patient should be received and triaged by appropriate skilled health-care professionals.
- Triage is a clinic-managerial decision and must involve collaborative planning.
- The triage process should not cause a delay in the delivery of effective clinical care.

Triage system

Triage consists of rapidly classifying the injured on the bases of severity of their injuries and the likelihood of their survival with prompt medical intervention

1. GOLDEN HOUR

A seriously injured patient has one hour in which they need to receive Advanced Trauma Life Support. This is referred to as the golden hour

2. IMMEDIATE OR HIGH PRIORITY

Higher priority is granted to victims who's immediate or long term prognosis can be dramatically affected by simple intensive care.

- ✓ Immediate patients are at risk for early death
- ✓ They usually fall into one of two categories. They are in shock from severe blood loss or they have severe head injury
- ✓ These patients should be transported as soon as possible

3. DELAYED OR MEDIUM PRIORITY:

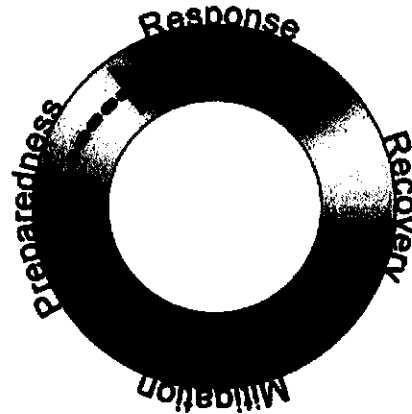
- ✓ Delayed patients may have injuries that span a wide range
- ✓ They may have severe internal injuries, but are still

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			<p>compensating</p> <p><u>Delayed patients have:</u></p> <ul style="list-style-type: none"> ✓ <input type="checkbox"/> Respirations under 30/minutes ✓ <input type="checkbox"/> Capillary refill under 2 seconds ✓ <input type="checkbox"/> Can do-follow simple commands <p>4. MINOR OR MINIMAL OR AMBULATORY PATIENTS Patients with minor lacerations, contusions, sprains, superficial burns are identified as "minor/minimall "</p> <p>5. EXPECTANT OR LEAST PRIORITY</p> <ul style="list-style-type: none"> ✓ Morbid patients who require a great deal of attention with questionable benefit have the lowest priority. ✓ Patients with whom there are signs of impending death or massive injuries with poor likelihood of survival are labeled as expectant <p><u>COLOR CODE</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Red indicate: high priority treatment or transfer <input type="checkbox"/> Yellow: signals medium priority <input type="checkbox"/> Green: indicate ambulatory patients <input type="checkbox"/> Black: indicates dead or moribund patients. <p><u>DISASTER RESPONSE:</u></p> <p>Definition A disaster drill is an exercise in which people simulate the circumstances of a disaster so that they have an opportunity to practice their responses.</p> <p>Features</p> <ul style="list-style-type: none"> ✚ On a basic level, drills can include responses by individuals to protect themselves, such as learning how to shelter in place, understanding what to do in an evacuation, and organizing meet 			
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			<p>up points so that people can find each other after a disaster.</p> <ul style="list-style-type: none"> ✚ Disaster drills handle topics like what to do when communications are cut off, how to deal with lack of access to equipment, tools, and even basic services like water and power, and how to handle evacuations. ✚ It also provides a chance to practice for events such as mass casualties which can occur during a disaster. ✚ Regular disaster drills are often required for public buildings like government offices and schools where people are expected to practice things like evacuating the building and assisting each other so that they will know what to do when a real alarm sounds. ✚ Community-based disaster drills such as whole-city drills provide a chance to practice the full spectrum of disaster response. These drills can include actors and civilian volunteers who play roles of victims, looters, and other people who may be encountered during a disaster, and extensive planning may go into such drills. A disaster drill on this scale may be done once a year or once every few years. <p><u>Benefits</u></p> <ul style="list-style-type: none"> ✓ Used to identify weak points in a disaster response plan ✓ To get people familiar with the steps they need to take so that their response in a disaster will be automatic. 			
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ROLE OF NURSES IN DISASTER MANAGEMENT: It is based on 3 following headings:



I. In disaster preparedness

1) To facilitate preparation with community

For facilitating preparation within the community, the nurse can help initiate updating disaster plan, provide educational programmes & material regarding disasters specific to areas.

2) To provide updated record of vulnerable populations within community

The nurse should be involved in educating these populations about what impact the disaster can have on them.

3) Nurse leads a preparedness effort

Nurse can help recruit others within the organization that will help when a response is required. It is wise to involve person in these efforts who

		<p>demonstrate flexibility, decisiveness, stamina, endurance and emotional stability.</p> <p>4) Nurse plays multi roles in community Nurse might be involved in many roles. As a community advocate, the nurse should always seek to keep a safe environment. She must assess and report environmental hazards.</p> <p>5) Nurse should have understanding of community resources Nurse should have an understanding of what community resources will be available after a disaster strikes and how community will work together. A community wide disaster plan will guide the nurse in understanding what should occur before, during and after the response and his or her role in the plan.</p> <p>6) Disaster Nurse must be involved in community organization Nurse who seeks greater involvement or a more in-depth understanding of disaster management can be involved in any number of community organizations such as the American Red Cross, Ambulance Corps etc.</p> <p><u>II. In disaster response</u></p> <p>1) Nurse must involve in community assessment, case finding and referring, prevention, health education and surveillance</p> <p>2) Once rescue workers begin to arrive at the scene, immediate plans for triage should begin. Triage is the process of separating casualties and allocating treatment based on the victim's potential for survival.</p> <ul style="list-style-type: none"> → Higher priority is always given to victim's potential who have life threatening injuries but who have a high probability of survival once stabilized. → Second Priority is given to victims who have injuries with systemic complications that are not yet life 			
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		<p>threatening but who can wait up to 45-60 minutes of treatment.</p> <p>→ Last priority is given to those victims who have local injuries without immediate complications and who can wait several hours for medical attention</p> <p>3) Nurse work as a member of assessment team Nurse working as members of an assessment team have the responsibility of give accurate feed back to relief managers to facilitate rapid rescue and recovery.</p> <p>4) To be involved in ongoing surveillance Nurse involved in ongoing surveillance uses the following methods to gather information – interview, observation, physical examination, health and illness screening surveys, records etc.</p> <p><u>III. In disaster recovery</u></p> <p><i>1) Successful Recovery Preparation</i> Flexibility is an important component of successful recovery preparation. Communities clean up efforts can incur a host of physical and psychological problems. E.g. Physical stress of moving heavy objects can cause back injury, severe fatigue and even death from heart attacks.</p> <p><i>2) Health teaching</i> The continuing threat of communicable disease will continue as long as the water supply remains threat and the relieving conditions remain crowded. Nurses must remain vigilant in teaching proper hygiene and making sure immunization records are up to date.</p> <p><i>3) Psychological support</i> Acute and chronic illness can be exacerbated by prolonged effects of disaster. The psychological stress of cleanup and moving can bring</p>			
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about feelings of severe hopelessness, depression and grip.

4) Referrals to hospital as needed

Stress can lead to suicide and domestic abuse. Although most people recover from disasters, mental distress may persist in vulnerable populations. Referrals to mental health professionals should continue as long as the need exists.

5) Remain alert for environmental health

Nurse must also remain alert for environment health hazards during recovery phase of a disaster. Home visit may lead the nurse to uncover situations such as lack of water supply or lack of electricity.

IV.in disaster mitigation

Mitigation efforts are attempts to prevent hazards from developing into disasters altogether or to reduce the effects of disasters.

- Mitigation is the effort to reduce loss of life and property by lessening the impact of disasters.
- This is achieved through risk analysis, which results in information that provides a foundation for mitigation activities that reduce risk, and flood insurance that protects financial investment.
- The mitigation phase differs from the other phases in that it focuses on long-term measures for reducing or eliminating risk.
- The implementation of mitigation strategies is a part of the recovery process if applied after a disaster occurs.
- Mitigation measures can be structural or non-structural. Structural measures use technological solutions like flood levees and building retrofitting for earthquakes.
- Non-structural measures include legislation, land-use planning

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		<p>(e.g. the designation of non-essential land like parks to be used as flood zones), and insurance.</p> <ul style="list-style-type: none"> ➤ Mitigation is the most cost-efficient method for reducing the effect of hazards although not always the most suitable. ➤ Mitigation includes providing regulations regarding evacuation, sanctions against those who refuse to obey the regulations (such as mandatory evacuations), and communication of risks to the public. Some structural mitigation measures may harm the <u>ecosystem</u>. ➤ A precursor to mitigation is the identification of risks. Physical risk assessment refers to identifying and evaluating hazards. ➤ The hazard-specific risk (R_h) combines a hazard's probability and effects. The equation below states that the hazard multiplied by the populations' vulnerability to that hazard produces a risk Catastrophe modelling. ➤ The higher the risk, the more urgent that the vulnerabilities to the hazard are targeted by mitigation and preparedness. If, however, there is no vulnerability then there will be no risk, e.g. an earthquake occurring in a desert where nobody lives <p><u>PARAMETERS FOR NURSING PRACTICE:</u> All nurses providing health care at mass gatherings must be competent in the basic principles of first aid including CPR and use of automated external defibrillator. In addition nurses should possess the following minimum care competencies. Nursing assessment</p> <ul style="list-style-type: none"> * Perform respiratory airway assessment * Perform a cardiovascular assessment including vital signs, monitoring for signs of shade. * Perform an Integumentary assessment, including burn assessment * Perform a pain assessment. 			
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- * Perform a trauma assessment from head to toe
- * Perform a mental status including Glasgow coma scale
- * Know the indications of intubation.

CO-ORDINATION AND INVOLVEMENT OF GOVERNMENT AND NON GOVERNMENT ORGANIZATIONS:

Non government organizations:

International Association of Emergency Managers

The International Association of Emergency Managers (IAEM) is a non-profit educational organization dedicated to promoting the goals of saving lives and protecting property during emergencies and disasters. The mission of IAEM is to serve its members by providing information, networking and professional opportunities, and to advance the emergency management profession.

It currently has seven Councils around the World: Asia, Canada, Europe International, Oceania, Student and USA.

The Air Force Emergency Management Association (www.af-em.org, www.3e9x1.com, and www.afema.org), affiliated by membership with the IAEM, provides emergency management information and networking for US Air Force Emergency Managers.

Red Cross/Red Crescent

National Red Cross/Red Crescent societies often have pivotal roles in responding to emergencies. Additionally, the International Federation of Red Cross and Red Crescent Societies (IFRC or "The Federation" may deploy assessment teams, e.g. Field Assessment and Coordination Team

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– (FACT) to the affected country if requested by the national Red Cross or Red Crescent Society. After having assessed the needs Emergency Response Units (ERUs)¹ may be deployed to the affected country or region. They are specialized in the response component of the emergency management framework.

United Nations

Within the United Nations system responsibility for emergency response rests with the Resident Coordinator within the affected country. However, in practice international response will be coordinated, if requested by the affected country's government, by the UN Office for the Coordination of Humanitarian Affairs (UN-OCHA), by deploying a UN Disaster Assessment and Coordination (UNDAC) team.

World Bank

Since 1980, the *World Bank* has approved more than 500 operations related to disaster management, amounting to more than US\$40 billion. These include post-disaster reconstruction projects, as well as projects with components aimed at preventing and mitigating disaster impacts, in countries such as Argentina, Bangladesh, Colombia, Haiti, India, Mexico, Turkey and Vietnam to name only a few.

Common areas of focus for prevention and mitigation projects include forest fire prevention measures, such as early warning measures and education campaigns to discourage farmers from slash and burn agriculture that ignites forest fires; early-warning systems for hurricanes; flood prevention mechanisms, ranging from shore protection and terracing in rural areas to adaptation of production; and earthquake-prone construction. In a joint venture with *Columbia University* under

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		<p>the umbrella of the <i>Prevention Consortium</i> the World Bank has established a Global Risk Analysis of Natural Disaster Hotspots</p> <p>In June 2006, the World Bank established the Global Facility for Disaster Reduction and Recovery (GFDRR), a longer term partnership with other aid donors to reduce disaster losses by mainstreaming disaster risk reduction in development, in support of the <i>Hyogo Framework of Action</i>. The facility helps developing countries fund development projects and programs that enhance local capacities for disaster prevention and emergency preparedness</p> <p>European Union</p> <p>Since 2001, the EU adopted Community Mechanism for Civil Protection which started to play a significant role on the global scene. Mechanism's main role is to facilitate co-operation in civil protection assistance interventions in the event of major emergencies which may require urgent response actions. This applies also to situations where there may be an imminent threat of such major emergencies.</p> <p>The heart of the Mechanism is the Monitoring and Information Centre. It is part of Directorate-General for Humanitarian Aid & Civil Protection of the European Commission and accessible 24 hours a day. It gives countries access to a platform, to a one-stop-shop of civil protection means available amongst the all the participating states. Any country inside or outside the Union affected by a major disaster can make an appeal for assistance through the MIC. It acts as a communication hub at headquarters level between participating states, the affected country and dispatched field experts. It also provides useful and updated information on the actual status of an ongoing emergency.</p> <p>International Recovery Platform</p>			
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		<p>The International Recovery Platform (IRP) was conceived at the World Conference on Disaster Reduction (WCDR) in Kobe, Hyogo, Japan in January 2005. As a thematic platform of the International Strategy for Disaster Reduction (ISDR) system, IRP is a key pillar for the implementation of the Hyogo Framework for Action (HFA) 2005–2015: Building the Resilience of Nations and Communities to Disasters, a global plan for disaster risk reduction for the decade adopted by 168 governments at the WCDR.</p> <p>The key role of IRP is to identify gaps and constraints experienced in post disaster recovery and to serve as a catalyst for the development of tools, resources, and capacity for resilient recovery. IRP aims to be an international source of knowledge on good recovery practice</p> <p><u>Government organizations:</u></p> <p>India</p> <p>The role of emergency management in <i>India</i> falls to <i>National Disaster Management Authority</i> of India, a government agency subordinate to the Ministry of Home Affairs. In recent years there has been a shift in emphasis from response and recovery to strategic risk management and reduction and from a government-centered approach to decentralized community participation. The Ministry of Science and Technology. Headed by Dr Karan Rawat, supports an internal agency that facilitates research by bringing the academic knowledge and expertise of earth scientists to emergency management.</p> <p>A group representing a public/private has recently been formed by the Government of India. It is funded primarily by a large India-based computer company and aimed at improving the general response of</p>			
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communities to emergencies, in addition to those incidents which might be described as disasters. Some of the groups' early efforts involve the provision of emergency management training for first responders (a first in India), the creation of a single emergency telephone number, and the establishment of standards for EMS staff, equipment, and training. It operates in three states, though efforts are being made in making this a nation-wide effective group.

GUIDELINES TO STATE GOVERNMENTS

- ↳ The State Department of Relief and Rehabilitation may be converted into Department of Disaster Management with the responsibility of looking at the whole cycle of disaster management- prevention, mitigation, preparedness, response, relief and rehabilitation. Steps for prevention/mitigation will need to be taken across a number of Departments.
- ↳ Mitigation, preparedness and response are multi-disciplinary activities involving a number of Departments. In order to ensure the fullest involvement of the relevant Departments, the State Government may consider setting up a State Disaster Management Authority under the Chairmanship of the Chief Secretary with the Secretaries of Departments of Water Resources, Health, Agriculture, Animal Husbandry, Roads, Communications, Rural Development, Public Works, Public Health Engineering, Finance and Home as Members. The Secretary of the Department of Disaster Management may be the member-Secretary. This authority will ensure coordinated steps towards mitigation and preparedness as also coordinated response when a disaster strikes.
- ↳ It has been decided that fire services may be trained and

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			<p>equipped to function as all hazard response units as in other countries. This will necessitate some additional equipment and training to the fire units for carrying out search and rescue in all types of disasters. The Government of India will be initiating a separate project for this.</p> <ul style="list-style-type: none"> ☞ The Ministry of Home Affairs had advised the State Governments that composite control rooms may be set up at the State level and at the district levels under the District Magistrates for coordinating law and order as well as disaster management and that allocations under the Modernization of Police Forces Schemes may be used for this purpose. Steps may be taken to put such control room in place quickly with standby communication systems. ☞ Disaster mitigation concerns/ aspects may be made an essential term of reference for every plan project/development scheme in the areas vulnerable to disasters. In other words, every plan project will need to state as to how it addresses mitigation concerns. Plans/projects specifically addressing mitigation/prevention may be given a priority. ☞ Funds available under the ongoing schemes may be used for mitigation/preparedness. For example funds under the rural development scheme can be used for construction of cycle shelters in areas prone to cyclones. Similarly, sites and designs of primary school buildings in flood prone areas may be so selected so that they can serve as shelters in times of floods. ☞ Every hazard prone district may draw up specific hazard related plans. These plans may be reviewed/updated in the months of April and May each year. Special efforts may be put in for 			
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education and awareness. This should include awareness of basic design requirements for constructing private housing in seismic zones IV and V as well as in the belt vulnerable to cyclones.

- ✦ AICTE have been advised to include engineering aspects of disaster mitigation in the engineering courses at the undergraduate level. State Governments may take similar action with reference to engineering colleges under their universities.

ROLE AND RESPONSIBILITIES OF COMMUNITY HEALTH NURSE IN DISASTER MANAGEMENT:

- ❖ Major responsibilities
 - ✓ Identify the disaster prone areas in a specific community.
 - ✓ Collect information about the type and magnitude of potential disaster.
 - ✓ Prepare the community to face the disaster.
 - ✓ Participate the people in planning and implementation of disaster management techniques.
 - ✓ Ensure that the appropriate rehabilitation services are available in the community.

Disaster nursing refers to nursing services offered to victims of disaster who experience trauma caused by disaster. The overall goal of the disaster nursing is to achieve the best possible level of health for the people and community involved in disaster.

The community health nurse has a pivot role in

- I. Preventing disaster
- II. Preparing people to accept and respond positively to any kind of disaster.
- III. Support people to recover from disaster situation.

The nurse in the disaster team has an important role in dealing with psychosocial problems of victims and there by prevents stress and

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promotes mental health. Initially she has to assess any physical problems and to treat them appropriately.

Assessment:

Nurse need to assess the victims who are at risk for developing mental disturbances and their need for crisis intervention as follows.

- Those victims who have lost their home or possession, who have lost one or more family members, who have suffered serious injuries.
- Victims with history of psychiatric disorder.
- Those who do not have adequate support systems.
- Elderly people.

Planning:

It includes:

- ↺ Personal preparation
- ↺ Rescue and recovery of victim triage.
- ↺ Immediate treatment and support of victims and families
- ↺ Identifying dead bodies.

INTERVENTIONS:

General interventions

- Keep families together, especially children & families
- Provide adequate shelter, food & rest.
- Promote awareness of what has happened.
- Assist the person to establish contact with relatives or friends.
- Encourage individuals to share their feelings and support each other.
- Give information about social financial health and other resources.
- Establish and maintain a communication network.

Specific intervention.

- Vitamin A supplementation
- Immunization & preventive health
- Safe drinking water supply

			<ul style="list-style-type: none"> ● Sanitation and waste disposal In addition to these mental health services to disaster victims include ● Education about coping strategies ● Crisis intervention ● Problem solving ● Counselling. <p><u>EMERGENCY SUPPORT SERVICES:</u></p> <ul style="list-style-type: none"> ❖ Transportation ❖ Communication ❖ Fire fighting ❖ Mass care ❖ Resource support ❖ Health and medical services ❖ Hazardous materials ❖ Food ❖ Energy. <p>Among these most important emergency support service unit is health and medical services, which provides co-ordinate federal assistance to communities following a major disease or emergency the purpose of this unit is</p> <ul style="list-style-type: none"> ✓ Health assessment and surveillance ✓ Medical supplies ✓ Victim evacuation ✓ Mental health care ✓ Vector control ✓ Victim identification ✓ Mortuary services ✓ Medical care personnel ✓ Food/drug personnel ✓ In hospital care. <p><u>Health assessment and surveillance:</u></p>			
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		<p>Assist in establishing surveillance systems to monitor the general population and special high risk population segments; carry out field studies and investigations, motor injury and disease patterns and consultation on disease and injury prevention and precautions.</p> <p><u>Disaster medical assistance team:</u> They assist in providing care for ill or injured victims at the location of a disaster or emergency.</p> <p><u>Medical equipment and supplies:</u> Provide health and medical equipment and supplies, including pharmaceuticals, biologic products and blood and blood products in an area affected by a major disaster or emergency.</p> <p><u>Victim evacuation:</u> Provide for movement of seriously ill or injured patients from the area affected by a major disaster or emergency to locations, where definitive medical care is available.</p> <p><u>Hazards consultation:</u> Assist in assessing health and medical effects of radiological chemical and biological exposure on the general population and on high risk population groups; conduct field investigation, including collection and analysis of relevant samples.</p> <p><u>Mental healthcare:</u> Assist in assessing mental health needs; provide disaster mental health training materials for disaster workers and provide liaison with assessment, training and programme development activities.</p> <p><u>Vector control:</u> Assist in assessing the threat of vector borne diseases following a major disaster or emergency. Provide vector control equipment and supplies technical assistance and consultation on protective actions regarding vector-borne diseases.</p> <p><u>Victim identification/mortuary services:</u> Assist in providing victim identification and mortuary services,</p>			
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including temporary morgue facilities, victim identification by fingerprint, forensic dental or forensic pathology/anthropology methods processing preparation, disposition of remains.

Food/drug safety:

Ensure safety and efficacy of regulated foods, drugs, biologic products and medical devices following a major disaster or emergency.

Public health information:

Assist by providing public health and disease and injury prevention information that can be transmitted to members of the general public who are located in or near areas affected by a major disaster.

In hospital care:

Provide definitive medical care to victims who become seriously ill or injured as a result of a major disaster or emergency.

FILL IN THE BLANKS:

1. The word triage is derived from French word _____ which means sorting or choosing.
2. _____ is any occurrence that causes damage, economic disruption, loss of human life and deterioration of health
3. Classification of disasters are _____
4. There are _____ steps in the disaster management cycle
5. Global Facility for Disaster Reduction and Recovery _____

ANSWERS:

1. Trier
2. Disaster
3. Natural & manmade disaster
4. six
5. GFDRR

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SUMMARY:

- ✓ I summarize that, the organization and management of resources and responsibilities for dealing with all humanitarian aspects of emergencies, in particular preparedness, response and recovery in order to lessen the impact of disasters. In all communities with the help of government and nongovernmental organization. The nurses can participate in every phase for delivering their care.

CONCLUSION:

- ✓ Disaster Management requires multi-disciplinary and pro-active approach. Besides various measures for putting in place institutional and policy framework, disaster prevention, mitigation and preparedness enunciated in this paper and initiatives being taken by the Central and State Governments, the community, civil society organizations and media also have a key role to play in achieving our goal of moving together, towards a safer India. The message being put across is that, in order to move towards safer and sustainable national development, development projects should be sensitive towards disaster mitigation.

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LESSON PLAN

ON


ETHICS



Dr. B. S. Srinivas
Principal
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GENERAL INFORMATION

Name of the Faculty : Mrs. Shanmuga vadivu M.Sc Nursing
Programme : B.Sc nursing
Subject : Nursing Foundation
Topic : ethics
UNIT : Unit -III
Group : I SEMSETER B.Sc (N)
No. of students : 85
Duration : 1 Hour
Venue : lecture hall
Methods of teaching : Lecture cum discussion
Teaching Aids : Roller Board , Hand outs, LCD, Pamphlets, Leaflet, Chart
Previous knowledge of the students : Students has already having knowledge regarding ethics.


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GENERAL OBJECTIVES:-

Help the student to gain knowledge about ethics to develop desirable attitude and acquire skills when providing care to clients in all health care settings in globally.

SPECIFIC OBJECTIVES:-

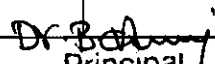
At the end of the class students will be able to:

- ❖ define the ethics
- ❖ enlist the principles of ethics
- ❖ explain the code of ethics
- ❖ narrate section of INC code of ethics
- ❖ mention the professional conduct for nurses

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		<p>enlist the principles of ethics</p>	<p>A code of ethics is a set of ethical principles that are accepted by all members of a profession.</p> <p style="text-align: center;">- Potter & Perry</p> <p style="text-align: center;">Or</p> <p>Code of ethics is a guideline for performance & standards & personal responsibilities.</p> <p>PRINCIPLE OF ETHICS</p> <p>Principles may be viewed here as „perspectives“ (they are also the premises of a logical argument). We may apply principles as we attempt to decide whether to act in one way or another. In doing so we obtain different perspectives, understand what the consequences of a particular course of action might be.</p> <p>Autonomy</p> <ul style="list-style-type: none"> Autonomy is the capacity to think, decide and act on the basis of such thought and decision, freely and independently (Gillon, 1986; Hope, 2004) <p>Beneficence</p> <ul style="list-style-type: none"> Beneficence emphasizes the moral importance of doing good to others; in the context of bioethics it refers to the promotion of what is best for the patient. 	<p>Learning in the Humanities</p>	<p>Black Board & PPT</p>	<p>MCQ'S</p>
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Non-maleficance

- Non-maleficance is often referred to as the opposite side of the coin to beneficence. It states that we should not harm patients. It differs from beneficence in the scope of its application: we have a prima facie duty not to harm anyone.

Justice

- Justice is a principle with four components: distributive justice; respect for the law; rights and retributive justice.
- Distributive justice is concerned with the equitable allocation of resources; the second refers to whether the fact that an act is or is not against the law, is of moral relevance; rights are considered to be special advantages with correlative duties to provide them; retributive justice refers to making right when a wrong has been perpetrated. In addition we have these duties:

Fidelity

- Fidelity refers to meeting the patients reasonable expectations regarding respect, competence, subscribing to a professional code of conduct,

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following policies and procedures honoring agreements made between clinician and patient.

Truth-telling

- Truth-telling relates to the disclosure of information in a respectful and compassionate way.

Accountability

- Accountability is accepting responsibility for one's own actions. Nurses are accountable for their nursing care and other actions. They must accept all of the professional and personal consequences that can occur as the result of their actions.

Veracity

- Veracity is being completely truthful with patients; nurses must not withhold the whole truth from clients even when it may lead to patient distress.

Confidentiality

- Confidentiality. Never revealing any personal information about the patient.

Respect

- Call by names
- Respect as an individual
- Respect their opinion

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- Respect relatives
- Especially respect the women in labour/delivery room

Respecting Privacy

- Establish a culture of privacy to ensure that personal information of patients is kept as private as possible
- Provide space
- Ensure that the patient's body is appropriately covered
- Informed consent
 - ♣ Working for a noble cause. Dealing with human life. Respect for human rights, including cultural rights. Right to life. Treating client with dignity.
- Responsibility
 - ♣ Remember you are taking responsibility of human life
 - ♣ Having to be answerable for the action
 - ♣ Willing to take responsibilities
 - ♣ Be accountable
- Need to remain competent-

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- Practice
- Attitude
- Knowledge
- Take those responsibility which are in your job descriptions

Advocacy

- Report any unethical occurrence that may cause harm to the clients
- Follow institutional policy and procedure
- As a nurse you support for the health ,safety, and rights of the clients.
- Support for a cause

Double Effect

Some actions can be morally justified even though consequences may be a mixture of good and evil

- Must meet 4 criteria:
 - The action itself is morally good or neutral
 - The agent intends the good effect and not the evil (the evil may be foreseen but not intended)
 - There is no favourable balance of good over evil
 - Good and bad

Nursing Paternalism

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			<ul style="list-style-type: none"> • To treat someone paternalistically is to treat the person in a way that ignores or discounts his/her wishes. When one individual assumes the right to make decisions for another • Limits freedom of choice • Think about parents making decisions for children <p>Sanctity of Life</p> <ul style="list-style-type: none"> • It depends in which context, law, religion, philosophy etc. But in general terms, it's the belief that all life, from the moment of conception is sacred and, therefore has the right to live • If life is the highest good, is it ethical to keep a brain dead person alive? <p>Capacity:</p> <ul style="list-style-type: none"> ➤ The ability to understand, deliberate and communicate a choice in relation to a particular healthcare decision at a particular time. <p>Clinical governance:</p>			
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➤ the system of authority to which healthcare teams are accountable for the quality, safety and satisfaction of patients in the care they deliver.

Colleagues:

➤ Co-workers, other health and social care professionals, other healthcare workers and nursing and midwifery students.

Competency:

➤ The ability of the nurse or midwife to practice safely and effectively fulfilling their professional responsibility within their scope of practice.

Conscientious objection:

- Where a nurse or midwife has a strong objection
- Based on religious or moral grounds
- To providing or participating in the provision of a particular service.

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			<p>Conduct:</p> <ul style="list-style-type: none"> • A person's moral practices, actions, beliefs and standards of behaviour <p>Informed consent:</p> <ul style="list-style-type: none"> • Means that each person who has any sort of procedure done to them in a healthcare context should give their approval for that procedure to be done to them. • In order to be fully informed, it is the duty of the healthcare worker to tell the person exactly what the procedure will involve as well as the things that might happen if the procedure is not carried out. <p>Patient:</p> <ul style="list-style-type: none"> • A person who uses health and social care services. In some instances, the terms 'client', 'individual', 'person', 'people', 'resident', 'service user', 'mother', or 'baby' are used in place of the term patient depending on the 			
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		<p>explain the code of ethics</p>	<p>health or social care setting.</p> <p>Integrity:</p> <ul style="list-style-type: none"> • Upholding the values of the profession and the accepted standards of practice. • Acting with integrity is acting honestly and behaving as expected under the Code of Professional Conduct and Ethics. <p>CODE OF ETHICS:</p> <p>A code of ethics is a guide of principles designed to help professionals conduct business honestly and with integrity. A code of ethics also referred to as an “ethical code “may encompass areas such as business ethics, a code of professional practice and an employee code of conduct</p> <p>DEFINITION:</p> <p>Ethics refers to the moral code of nursing & is based on obligation to service & respect for human life</p> <p style="text-align: center;">- Melanie & Evelyn</p> <ul style="list-style-type: none"> •A code of ethics is a set of ethical principles that are accepted by all members of a profession. 	<p>Participatory Learning</p>	<p>White board &PPT</p>	<p>MCQ,S</p>
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		<p>narrate section of INC code of ethics.</p>	<p style="text-align: center;">- Potter & Perry</p> <p>Code of ethics is a guideline for performance & standards & personal responsibilities.</p> <p>A code of ethics is a set of ethical principle that</p> <p>A.) is shared by members of a group B.) reflects their moral judgements over time C.) serves as a std for their professional actions</p> <p>ICN CODE OF ETHICS</p> <ul style="list-style-type: none"> • The International Council of Nursing (ICN) Code for Nurses (1973) is similar to the foundations of the ANA code. • It speaks to the responsibilities of the nurse to other people, to practice, to society, to co-workers, and to the profession as a whole. • ICN Code for Nurses (1973) Ethical Concepts Applied to Nursing. • The fundamental responsibility of the nurse is four fold : to promote health, to prevent illness, to restore health, and to alleviate suffering. • The need for nursing is universal. Inherent in nursing is respect for life, dignity and rights of man. It is 	<p>Participatory Learning</p>	<p>White board & PPT</p>	<p>MCQS</p>
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unrestricted by considerations.

Nurses and People:

- The nurses primary responsibility is to those people who require nursing care.
- The nurse, in providing care, promotes an environment in which the values, customs and spiritual beliefs of the individual are respected.
- The nurse holds in confidence personal information and uses judgment in sharing this information.
- The earlier term of patient has been replaced by that of people which makes these responsibilities much broader.
- The Code guides the nurse in two general areas of ethical behaviour towards being served.
- First a person's values, customs and religious beliefs must be respected.
- Second personal information about this person must be held in confidence or shared only with judgments.

Nurses and Practices:

- The nurse carries personal responsibility for nursing

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practices and for maintaining competence by continual learning.

- The nurse maintains the highest standards of nursing care possible within the reality of a specific situation.
- The nurse uses judgment in relation to individual competence when accepting and delegating responsibilities.
- The nurse when acting in a professional capacity should at all times maintain standards of professional conduct which reflect credit upon the profession.

Nurse and Society:

- The nurse shares with other citizens the responsibility for initiating and supporting action to meet the health and social needs of the public
- The code states the responsibility of the nurse for positive promotion of health for the public by both initiating and supporting action to meet the health and social needs”.
- Social needs are important because they are often closely related to the health needs of the people. Poor housing, unemployment, poor sanitation, malnutrition

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or illiteracy are thought as social needs only.
E .g. Poverty leads to lack of food and malnutrition which may cause serious illnesses especially in children. Illiteracy, which means people cannot read prevents educating the public in good health practices. Thus, helping to meet social needs of the general public in good health practices. Thus, helping to meet social needs of the general public is also a part of our responsibility. www.drjayeshpatidar.blogspot.in

Nurses and Co-workers


- The nurse sustains a co-operative relationship with co-workers in nursing and other fields. The nurse takes appropriate action to safeguard the individual when his care is endangered by a co-worker or any other

Nurse and the Profession

- The nurse plays the major role in determining and implementing desirable standards of nursing practice and nursing education.
- The nurse is active in developing a core of professional knowledge.

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		<p>mention the professional conduct for nurses</p>	<ul style="list-style-type: none"> • The nurse, acting through the professional organization, participates in establishing and maintaining equitable social and economic working conditions in nursing. <p>PROFESSIONAL CONDUCT FOR NURSES</p> <p>1. Professional Responsibility and accountability:</p> <ul style="list-style-type: none"> • Appreciates sense of self-worth and nurtures it. • Maintains standards of personal conduct reflecting credit upon the profession. • Carries out responsibilities within the framework of the professional boundaries. • Is accountable for maintaining practice standards set by Indian Nursing Council • Is accountable for own decisions and actions • Is compassionate • Is responsible for continuous improvement of current practices • Provides adequate information to individuals that allows them informed choices • Practices healthful behavior 	<p>Participatory Learning</p>	<p>White board & PPT</p>	<p>MCQ,S</p>
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			<p>2. Nursing Practice:</p> <ul style="list-style-type: none"> • Provides care in accordance with set standards of practice • Treats all individuals and families with human dignity in providing physical, psychological, emotional, social and spiritual aspects of care • Respects individual and families in the context of traditional and cultural practices and discouraging harmful practices • Presents realistic picture truthfully in all situations for facilitating autonomous decision-making by individuals and families • Promotes participation of individuals and significant others in the care • Ensures safe practice • Consults, coordinates, collaborates and follows up appropriately when individuals' care needs exceed the nurse's competence. <p>3. Communication and Interpersonal Relationships:</p> <ul style="list-style-type: none"> ▪ Establishes and maintains effective interpersonal relationship with individuals, families and communities 			
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			<ul style="list-style-type: none"> ▪ Upholds the dignity of team members and maintains effective interpersonal relationship with them ▪ Appreciates and nurtures professional role of team members ▪ Cooperates with other health professionals to meet the needs of the individuals, families and communities <p>4. Valuing Human Being:</p> <ul style="list-style-type: none"> ▪ Takes appropriate action to protect individuals from harmful unethical practice ▪ Consider relevant facts while taking conscience decisions in the best interest of individuals ▪ Encourage and support individuals in their right to speak for themselves on issues affecting their health and welfare ▪ Respects and supports choices made by individuals <p>5. Management:</p> <ul style="list-style-type: none"> ▪ Ensures appropriate allocation and utilization of available resources ▪ Participates in supervision and education of 			
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			<p>students and other formal care providers</p> <ul style="list-style-type: none"> ▪ Uses judgment in relation to individual competence while accepting and delegating responsibility ▪ Facilitates conducive work culture in order to achieve institutional objectives <p>6. Management:</p> <ul style="list-style-type: none"> ▪ Communicates effectively following appropriate channels of communication ▪ Participates in performance appraisal ▪ Participates in evaluation of nursing services ▪ Participates in policy decisions, following the principle of equity and accessibility of services ▪ Works with individuals to identify their needs and sensitizes policy makers and funding agencies for resource allocation <p>6. Professional Advancement:</p> <ul style="list-style-type: none"> ▪ Ensures the protection of the human rights while pursuing the advancement of knowledge ▪ Contributes to the development ▪ Participates in determining and implementing quality care <p>6.4 Takes responsibility for updating</p>			
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own knowledge and competencies

- Contributes to the core of professional knowledge by conducting and participating in research

MULTIPLE CHOICE QUESTION (5x1=5M) :5MINS

1. Ethics refers to the _____.
2. Code of ethics is _____.
3. Write any two principles of ethics _____
4. The nurse is active in developing _____.
5. Nursing Practice Provides care in accordance with set _____ of practice.

Key:

- a. Moral code of nursing
- b. guideline for performance
- c. Autonomy, Beneficence
- d. A core of professional knowledge.
- e. Standards

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SUMMARY: We discuss regarding the definition of ethics, principles of ethics, code of ethics, professional conduct for nurses so through this class the students can improve their knowledge

CONCLUSION: - Let me conclude the topic of ethics. The student can know anatomy of wrist joint. I hope that students can understand the topic.

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LESSON PLAN

ON

FAMILY AND MARRIAGE



Dr. B. B. Prasad
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GENERAL INFORMATION:

Name of the faculty : Mrs. Girija rani M.Sc., Nursing
Programme : PB B.Sc., nursing
Year : II year
Unit : IV
Subject : Sociology
Topic : Family and marriage
Time : 2 hours
Venue : Narayana College of Nursing
No .of students : 26
Methods of teaching : lecture cum discussion
A.V Aids : white board, Roller board, Leaflets, Handouts, Pamphlets, OHP

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GENERAL OBJECTIVES:-

The students will gain in depth knowledge about family and marriage and develops desirable attitude and acquire skills in understanding the relationship.

SPECIFIC OBJECTIVES:-

At the end of the class the students will be able to,

- define family
- list the family functions
- enumerate the types of family
- explain the family characteristics
- narrate the modern family ,changes, problem –dowry and welfare services, etc.,
- discuss the changes and legislation on family and marriage in India marriage act
- enumerate the marriage and family problems in India
- describe the family marriage and their influence on health and health practices.

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Planned date	Actual date & Duration	time	Content	content	A.V. aids	Teacher activity.
10/09/2024	14/09/2024	3mins	<p>INTRODUCTION:</p> <p>The family is a group defined by relationship sufficiently precise and enduring to provide for the procreation and upbringing of children.</p> <p>The family forms the basic unit of social organization and it is difficult to imagine how human society could function without it.</p> <p>The family has been seen as a universal social institution an inevitable part of human society. According to Burgess and Lock the family is a group of persons united by ties of marriage, blood or adoption constituting a single household interacting with each other in their respective social role of husband and wife, mother and father, brother and sister creating a common culture.</p> <p>The family is a social group characterized by common residence, economic cooperation and reproduction.</p>	<p>Learning in the Humanities</p>	<p>Black Board & PPT</p>	-
		define family	<p>DEFINITION:</p> <p>The family has been derived from Latin word "famulus" means</p>	<p>Learning in the Humanities</p>	<p>Black Board &</p>	<p>MCQ's</p>

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servant. It is a small social group consisting ordinarily of a father, mother, and one or more children. It provides for the most enduring relationship in the one form or other. It is an outstanding primary group, because, it is in the family that the child develops its basic attitudes. It is the simplest and the most elementary form of society. Of all human groups the family is the most important primary group.

- ↳ The biological social unit composed of husband, wife and children". -**Elliot and Merrill**.
- ↳ "Family is a system of relationship existing between parents and children". – **Clare**.
- ↳ "Family is a more or less durable association of husband and wife with or without children or of a man or woman alone, with children. - **Nimkoff** .
- ↳ "Family is a group defined by a sex relationship sufficiently precise and enduring to provide for the procreation and upbringing of children".- **MacIver**

Nature of Family

- ↳ Universality
- ↳ Emotional Basis
- ↳ Limited size

PPT

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- Fulfills the biological functions.
- Replacement of species through the propagation of progeny.
- Social repetition where the sex relations are controlled and regulated.
- Family is a medium of sex excretion and its regulation.
- Provision of food, housing and clothing, which are necessary to the existence of human life.

Essential functions of Family

Satisfaction of sex need:

- ✦ The satisfaction of sex instinct makes for normal personality.
- ✦ Satisfaction of sex instinct brings the desire for life-long partnership among male and female.
- ✦ Vatsyayan also looked upon sexual satisfaction as the primary objective of the family.
- ✦ Manu, the Ancient Indian Law-giver, regarded sexual satisfaction as the aim of family.

Production and rearing of children

- ✦ The Hindu scriptures hold that the religious activities of man cannot be consummated unless he has a son.

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- ✦ They permit a second marriage is there is no issue from the first wife.
- ✦ Family is an institution par excellence for the production and rearing of children.

Provision of a home:

- ✦ The psychologist hold that probably the greatest single cause of emotional difficulties, behaviour problems is lack of love, that is, lack of a warm, affectionate relationship within a small circle of intimate associates.
- ✦ The family satisfies the need for affection by human beings.
- ✦ Man after the hard toil of the day returns home where in the center of his wife and children he sheds off his fatigue.

Non-essential functions of Family

Educational:

- ✦ The child learns letters under the guidance of parents.
- ✦ Knowledge and experience in the family lays foundation for the Childs personality and character formation.

Religion:

- ✦ It is the centre of religious training of the children.

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			<ul style="list-style-type: none"> ✦ The family performs is of a religious character. <p>Economic</p> <ul style="list-style-type: none"> ✦ In the traditional family most of the goods for consumption were made at home. ✦ It serves as an economic unit. <p>Civic functions:</p> <ul style="list-style-type: none"> ✦ Affection ✦ Sympathy ✦ Love ✦ Security ✦ Attention ✦ Emotional satisfaction of responses ✦ Care of offspring's ✦ Sexual relationship ✦ Companionship ✦ Intimacy romantic fulfillments. ✦ co-operation, ✦ toleration, ✦ sacrifice, ✦ obedience and discipline <p>Recreation:</p>			
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		<ul style="list-style-type: none"> ✦ Family provides recreation to its members. ✦ They use to sing and dance together and visit the family relations. <p>Health:</p> <ul style="list-style-type: none"> ✦ A sick man was cared for in the family, by his own kith and kin. <p>Role of family in Socialization:</p> <ul style="list-style-type: none"> ✦ The family on account of its several characteristics is of strategic importance in socialization. E.g. imitation, suggestion, language etc., <p>Social</p> <ul style="list-style-type: none"> ✦ Family imparts the knowledge of social, mores etc., to the coming generation ✦ Its exercises social control over its members. <p>TYPES OF FAMILY</p> <ul style="list-style-type: none"> ✦ On the basis of Authority. ✦ On the basis of Structure. ✦ On the basis of Residence. ✦ On the basis of Marriage. ✦ On the basis of Ancestry. 			
	enumerate the types of family		Participatory learning	White board and ppt	Mcq's

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		<ul style="list-style-type: none"> ✦ On the basis of In-group and Out-group. ✦ On the basis of Blood Relations. <p>On the basis of authority:</p> <ul style="list-style-type: none"> ✦ Patriarchal – male dominant, female subordinate. ✦ Matriarchal – female dominant, male subordinate. <p>On the basis of Structure:</p> <ul style="list-style-type: none"> ✦ Nuclear – husband, wife with or without children ✦ Join Family or Extended family – two Nuclear family. <p>On the basis of Ancestry:</p> <ul style="list-style-type: none"> ✦ Matrilineal – ancestry continues through the mother. ✦ Patrilineal – ancestry continues through the father. <p>On the basis of Marriage:</p> <ul style="list-style-type: none"> ✦ Monogamous – one man marry one woman ✦ Polygamous – one man marry two or more women. ✦ Polyandrous: - one woman marry two or more men. <p>On the basis of In-group and Out-group marriage. :</p> <ul style="list-style-type: none"> ✦ Endogamous – sanctions marriage only among members of the in-group. ✦ Exogamous – sanctions marriage of members of an in-group with members of an out-group. <p>On the basis of Blood Relationships:</p>			
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- ✦ Conjugal family – consists of spouses, their offspring and relatives through marriage.
- ✦ Consanguineous family – consists of blood relatives together with their mates and children.

Joint Family

- ✦ The family in India is based on Patrilineal descent.
- ✦ The earnings of all the members are put in a common fund out of which family expenses are met.
- ✦ A son after marriage does not usually separate himself from the parents but continues to stay with them under the same roof and holding property in common.
- ✦ This system called Joint family or extended family system, is a peculiar characteristic of the Indian social life.
- ✦ The family in India does not consist only of husband, wife and their children but also of uncles, aunts and cousins and grandsons.

Definition of Joint Family

“we call that household a joint family which has greater generation depth than individual family and the members of which are related to one another by property, income and

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		<p>explain the characteristics of family</p>	<p>mutual rights and obligations". I.P. Desai .</p> <p>"A Joint Family is a group of people who generally live under one roof, who eat food cooked at one hearth, who hold property in common and who participate in common worship and are related to each other as some particular type of kindred". Iravati Karve .</p> <p>Characteristics of Joint Family:</p> <ul style="list-style-type: none"> ✦ Large Size. ✦ Joint Property. ✦ Common Residence. ✦ Co-operative Organization. ✦ Common Religion. ✦ A Productive Unit. ✦ Mutual Rights and Obligations. <p>Large size</p> <p>Joint family consists of parents, children, grand children and other near relatives along with their women.</p> <p>Joint Property:</p> <p>The ownership, production and consumption of wealth takes place on a joint basis.</p> <p>Residence:</p>	<p>Problem based learning</p>	<p>White board and ppt</p>	<p>Mcq's</p>
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			<p>Joint family usually live under same roof.</p> <p>Co-operative Organization:</p> <p>Joint family system is co-operation Common</p> <p>Mutual Rights and Obligations:</p> <p>The rights and obligations of the members of joint family are the same.</p> <p>If one female member works in the kitchen, the other does the laundry work, and the third one look after the children.</p> <p>A productive Unit:</p> <p>Joint family is found among agricultural families. All the members work at one and the same field.</p> <p>Common religion:</p> <p>Joint family believe in the same religion and worship similar deities.</p> <p>MERITS OF JOINT FAMILY SYSTEM:</p> <ul style="list-style-type: none"> ✦ Ensures Economic Progress. ✦ Division of Labour. ✦ Economy. ✦ Opportunity of Leisure. ✦ Social Insurance. ✦ Social virtues (moral quality). 			
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			<ul style="list-style-type: none"> ✦ Avoids Fragmentation of Holdings. ✦ Socialism <p>Demerits of Joint Family:</p> <ul style="list-style-type: none"> ✦ Home for Idlers. ✦ Hindrance in the development of personality. ✦ Encourages Litigation. ✦ Leads to Quarrels. ✦ Privacy denied. ✦ Unfavourable to accumulation of capital. ✦ Un-controlled procreation <p>Factors of Disintegration of Joint Family</p> <ul style="list-style-type: none"> ✦ Extension of Communication & Transport. ✦ Industrialization. ✦ Decline of agriculture & Village Trades. ✦ New Social Legislation. ✦ Impact of the West. <p>Nuclear Family</p> <ul style="list-style-type: none"> ✦ The individual nuclear family is a universal social phenomenon. It also called Modern Family. ✦ A nuclear family is one which consists of the husband, wife and their children 			
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- ✦ The children leave the parents as soon as they are married.
- ✦ A nuclear family is an autonomous unit free from the control of elders.
- ✦ There is minimum interdependence between them.
E.g. American family

Blended Family

- ✦ A social unit consisting of two previously married parents and the children of their former marriages.
- ✦ The term Blended family or Step Family describes families with mixed parents: one or both parents remarried, bringing children of the former family into the new family
- ✦ A Stepfamily is the family one acquires when a parent enters a new marriage, whether the parent was widowed or divorced.
- ✦ For example, if one's father dies and one's mother marries another man, the new man is one's stepfather and vice versa.

Extended Family

- ✦ An extended family can be viewed as a merger of

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			<p>several nuclear families.</p> <ul style="list-style-type: none"> ✦ An extended family may be crammed into a single house, or it may occupy a cluster of houses within an extended family compound ✦ There are two types of extended family <p>Small extended family. May included an old man and his wife, their son, the son's wife and the son's children.</p> <p>Large extended family. May include the old man and his wives, their unmarried children and married sons, and the son's wives along with their unmarried children</p> <p>THE MODERN FAMILY:</p> <ul style="list-style-type: none"> ✦ The family has undergone some radical changes in the past half a century. ✦ Its structure has changed, its functions have been altered and its nature has been affected. ✦ That is various factors – social, economic, educational, legal, cultural, scientific, technological etc., 			
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			<p>✦ The modern family is democratic bases on equality between husband and wife.</p> <p>Changes or features of Modern Family</p> <ul style="list-style-type: none"> ✦ Decline of religious control. Changes in the relationship of man and woman. ✦ Laxity in sex relationships. ✦ Economic independence ✦ Smaller family. ✦ Decreased control of the marriage contract. ✦ Separation of non-essential functions. ✦ Filocentric family. <p>Laxity in sex relationships: Illegitimate sex relationship of the husband and wife too can be seen in modern family.</p> <p>Changes in the relationship of man and woman: In modern family the woman is not the devotee to man but an equal partner in life with equal rights.</p> <p>Decreased control of the marriage contract: The modern family people are less subject to the parental control concerning whom and when they will marry.</p> <p>Decline of religious control:</p>			
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			<p>The modern family is secular in attitude.</p> <p>The religious rites of the traditional family such as early prayer, yagya etc., are not longer performed in modern family.</p> <p>Smaller family</p> <p>The modern family is a smaller family.</p> <p>Economic independence:</p> <p>Women in modern family have attained an increasing degree of economic independence.</p> <p>Filocentric family:</p> <p>Filocentric family is one wherein the children tend to dominate the scene and their wishes determine the policy of the family</p> <p>Separation of non-essential functions:</p> <ul style="list-style-type: none"> ✦ The traditional family functions have now been taken over by specialized agencies. ✦ Hospital offers room for the birth of child. ✦ The kindergarten he is educated ✦ The playground he recreates. <p>DOWRY</p> <ul style="list-style-type: none"> ✦ It is the property that is given to women at the time of 			
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marriage.

- ✦ In the Vedic age dowry system was unknown, since women enjoyed equal status with men.
- ✦ Parents will give gifts as a token of love and affection for the newly married couple, who were forming or starting a new life.
- ✦ Gifts given at the time of marriage are intended to help them to set-up house.
- ✦ But after that Religion, customs, age-old prejudice, etc., have kept Indian woman is a exploitable, lack of economic independence, value bias operating against them have resulted in the women being depended on men, his family, neighborhood and large society.
- ✦ Education and gainful employment do not make women equal to men in matrimonial matters.
- ✦ Mahatma Gandhiji, believed that “the dowry system is nothing but the sale of girls”.
- ✦ In the recent years, it has grown into a social evil.
- ✦ It has become a status symbol for both the parties.

“Property or money brought by a bride to her husband when

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she marries him”. - **The Oxford Dictionary** –
“Gifts and values received in marriage by the bride and
bridegroom and from his relatives”. □- **Ram Ahuja** –

The Dowry is considered as a social evil

- ✦ Dowry is causing suffering of the people and parents.
- ✦ It is the corruption and bribe in the society.
- ✦ It has deteriorated the status of women.
- ✦ It has deteriorated the status of women.
- ✦ Dowry system is considered to be a prestigious issues.
- ✦ It practiced by all the castes.

Factors responsible for the dowry system

- ✦ False belief of social status
- ✦ Aspiration to money in rich families
- ✦ Physical handicaps
- ✦ unavailability of marriage
- ✦ Social custom
- ✦ Caste system

**CHANGES & LEGISLATION ON FAMILY AND
MARRIAGE IN INDIA – MARRIAGE ACTS**

legislation on family and marriage in India – Marriage

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acts

- ✦ Family Court Act 1984.
- ✦ Medical Terminal of Pregnancy Act 1971.
- ✦ The Hindu Adoption and Maintenance Act 1956.
- ✦ The Child Marriage Restraint Act 1929.
- ✦ The Dowry Prohibition Act 1961.
- ✦ The Hindu Marriage Act 1955.
- ✦ The Civil (or special) Marriage Act 1872.
- ✦ The Hindu widow Remarriage Act 1856.
- ✦ The prevention of Sati Act 1829.

The prevention of Sati Act 1829

- ✦ Widows are often forced to make a vow or sankalpa to die after their husband's death.
- ✦ Sri Rajaram Mohan Roy took up the causes of women and impressed upon.
- ✦ Lord Bentinck, the British Governor General of India brings out a legislation prohibiting the of "Sati". The formation of Sati Act, 1829 includes saving the lives of widows, and punishing and fining those instigates the practice of "Sati"

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Hindu Widow Remarriage Act 1855

- ✦ Through prevention of Sati Act, even though widows were saved, but they were subjected to exploitation and humiliation.
- ✦ Pandit Ishwara Chandra Vidya Sagar brought pressure on the British Government to make legal provision for widow remarriage.

The Civil (or Special) Marriage Act 1872.

- ✦ This is provided legal permission for inter-caste, inter-religious and registered marriages
- ✦ It was modified in 1954.
- ✦ Couple has to inform the marriage officer a month before the scheduled marriage and two witnesses has to be present during the time of marriage

The Hindu Marriage Act 1955.

This Act is applicable for the total India and Jains, Sikhs, Buddhists and the scheduled castes.

Condition for Valid Marriage as Provided under this Act

- Prohibits polygyny, polyandry and child marriage
- The bridegroom must have completed 21 years of the age and bride 18 years of age.

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- equal rights for men and women in marriage.
- Given permission for inter-caste and inter-religion marriages.

Conditions Under which Divorce as per this Act;

- ✦ Lunatic (mad) at the time of marriage.
- ✦ The spouse must have been impotent (useless) at the time of marriage.
- ✦ The wife was pregnant by some person other than the petitioner at the time of marriage.
- ✦ The dissolution of marriage may be obtained on the grounds of cohabitation not resumed after 2 years judicial separation; adultery; unsound mind; rejection; conversion of religion; sexual transmitted disease; leprosy; desertion for 7 years.

Dowry Prohibition Act 1961.

- ✦ It permits exchange of gifts for not more than Rs.2000
- ✦ It prescribes the penalty of 6 months imprisonment or a fine up to Rs. 5000/- or both.
- ✦ The act got amended in 1986 and there after its rules became still more severe.

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✦ It does not apply to Muslims.

Child Marriage Restraint Act 1929.

- ✦ According to this Act boys under 18 years of age, girls under 14 years of age, if get married is an offence. Provides justice to women who get involved in family disputes.
- ✦ Later the Act was amended in 1978 to 21 years of age for boys and 18 years of age for girls.
- ✦ Violation of the Act prescribes penalty of 3 month imprisonment and Rs.1000/- fine.

The Hindu Adoption and Maintenance Act 1956.

- ✦ It provides provision for childless women the right to adopt a child.
- ✦ To claim maintenance from the husband is she is divorced.

Medical termination of pregnancy act 1971

- ✦ Legalizes abortion conceding the right of a woman to undergo abortion on the ground of physical and mental health.

Family Court Act 1984.

Provides justice to women who got involved in family

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disputes.

MARRIAGE

Meaning :

- ✦ Marriage is an institution which admits men and women to family life
- ✦ It is a stable relationship in which a man and a woman are socially permitted to have children implying the right to sexual relations.
- ✦ Marriage is a ritual enjoined the husband to regard his wife as a god-given gift.

Definition of Marriage

“Marriage is the approved social pattern whereby two or more persons establish a family”.- **Horton and Hunt.**

“Marriage as a contract for the production and maintenance of children”. - **Malinowski .**

Forms of marriage

One wife, many husbands: Polyandry.

- Fraternal polyandry
- Non Fraternal polyandry

One husband many wives: Polygyny.

- Non Sororal polygyny

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- Sororal polygyny

One husband and one wife: Monogamy

Companionate marriage

Experimental marriage

Polyandry: It is a form of marriage whereas one woman marries more than one man at a given time.

This form of marriage is further divided into two as Fraternal polyandry and Non-fraternal polyandry.

Fraternal Polyandry: It is a form of marriage whereas one woman marries more than one man at a given time those who are related as brothers by birth.

The children are treated as the offspring of the eldest brother.

Non-fraternal Polyandry: It is a form of marriage whereas one woman marries more than one man at a given time those who are not related as brothers by birth.

Polygyny: It is a form of marriage in which one man marries more than one woman at a given time. This form of marriage is divided into two. .

Sororal Polygyny: It is a form of marriage wherein one man marries more than one woman at a given time those are related as sisters by birth.

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Non-Sororal Polygyny: It is a form of marriage wherein one man marries more than one woman at a given time those are not related as sisters by birth.

Monogamy:

- It is a form of marriage wherein one man marries one woman at a time.
- This is the leading form of marriage.
- Its advantages are now well recognized.
- It produces the highest types of affection and sincere devotion.
- Affection between parents, between parents and children and between children themselves is more wholesome under this monogamy.

Experimental Marriage:

- In this form of marriage a man and a woman may be allowed to lead marital life temporarily in order to find out if they can settle down permanently in matrimonial relations.
- If they find that they have well-matched personality: they may enter into permanent marriage relations; otherwise depart from each other.

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Companionate Marriage

- The marriage of two persons on the understanding that as long as there are no children.
- The marriage may be dissolved simply by mutual consent.

Functions of Marriage:

- ✦ Regulation sex life and sex relations of the individual.
- ✦ Establishes family formation.
- ✦ Marriage insists the couple to establish family by procreation.
- ✦ Provides economic co-operation
- ✦ Marriage develops intense love and affection towards each other.
- ✦ Its help intellectual co-operation among them.
- ✦ Minimizes the social distance between groups.

MARRIAGE AND FAMILY PROBLEMS IN INDIA:

Present lower status of women:

- ✦ The Indian family system says that Indian women do not enjoy equal rights with men in the social, political, religious and economic fields.

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- ✦ That they are ill treated and that they cannot claim any share in the family property.
- ✦ Before marriage a woman depends on her father, after marriage on her husband, and in old age on her sons.
- ✦ She never has an independent living according to her own dislikes.

Dowry system:

- ✦ Its considered regarding marriage problems in India is the commercial aspects of the marriage
- ✦ The father of girls commits suicide because he has not been able to manage for the dowry demanded by the parents of the boy.
- ✦ Sometimes the girl herself commits suicide on that account.
- ✦ The parents often commit theft, forgery or misappropriation, to arrange for dowry.

FAMILY, MARRIAGE AND THEIR INFLUENCE ON HEALTH AND HEALTH PRACTICES

- ✦ Family is the most important social unit which fulfills the needs of the individual.

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			<ul style="list-style-type: none"> ✦ Every individual is living in the family from the time of birth to death. ✦ If largely determines the health of the individuals. ✦ Positive conditions of the family promote the health of its members and negative conditions causes health problems to them. ✦ Consanguineous Marriage of the Parents. ✦ Economic status of the family. ✦ personality of the parents. ✦ Culture and Caste Background of the family. Alcoholism and drug addiction. ✦ Gender inequality. ✦ Occupational background of the parents. ✦ Educational level of the family. <p>Conclusion: Marriage represents a multi-level commitment, one that involves person-to-person, family-to-family, and couple-to-state commitments. In all societies, marriage is viewed as a relatively permanent bond, so much so that in some societies it is virtually irrevocable.</p>			
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SUMMARY:

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At the end of the class the students can able to understand the topic family and marriage. Then summarizing the heading includes meaning of family, family functions, types of family, family characteristics, modern family, changes ,problems, dowry and welfare services, changes and legislation on family and marriage in Indian marriage act. Marriage and family problem in India, family marriage and their influence on health and health practices.

CONCLUSION:

Marriage promotes the common good by building families and raising children. Those of you who have children know that every day that goes by is about selfless acts in nurturing children. But society is failing to affirm the vital institution of marriage on any level--legal, societal, any level--and for this reason, marriage is under assault, with high rates of divorce and out-of-wedlock births pummeling the traditional family.

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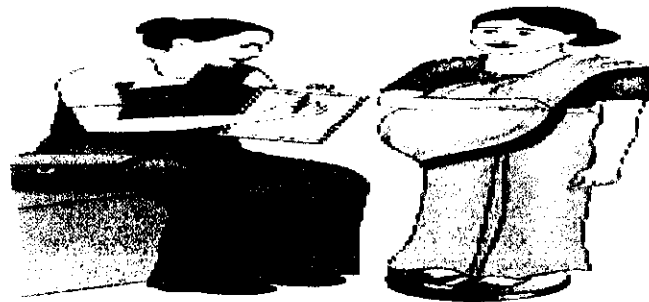
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LESSON PLAN

ON

DETERMINANTS OF HEALTH



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GENERAL INFORMATION

Name of the Faculty : Mrs.G. Pavithra,M.Sc., (Nursing)

Subject:Community Health Nursing -II

Unit : I

Topic:Déterminants of Health

Group :IV Year

Venue : Lecture hall

Duration:1 Hour

No.ofstudents: 99

PreviousKnowledge:Studentsmay gain someknowledgeregardingcommunity in 2ndYear B.Sc Nursing .

Method of Teaching: Lecture cum Discussion

Media of Instruction:White board, LCD and charts.

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GENERAL OBJECTIVES:

Student will be able to gain in depth knowledge regarding concept Scope of community & Community health Nursing and develop desirable attitude, skills in identifying the needs of the community and provide services to meet the health status.

SPECIFIC OBJECTIVES:

The student will be able to:

1. introduce the topic
2. define community
3. define community health
4. define community health nursing
5. enumerate concept of community health nursing
6. describe objectives of community health nursing
7. enumerate scope of community health nursing

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Planned date	Actual date & Duration	Time	Specific Objectives	Content	Teacher & Learner Activity	A.V. Aids	Evaluation
12/06/24	14/06/24 II Hour (10 :00 A.M to 11 :00 A.M)	5min	Introduce the topic	<p>INTRODUCTION :</p> <p>Community health Nursing is the synthesis of nursing and public health practice applied to promote and protect the health of population. It combines all the basic elements of professional, clinical nursing public health and community practice.</p>	Learning in the Humanities	Black Board & PPT	-
		5min	Define community	<p>DEFINITION :</p> <p>Community is defined as human population living within a limited geographical area and carrying on a common interdependent life.</p> <p style="text-align: right;">-Lund burg</p> <p>Community is a group of people living in a continuous geographical area, having common centres of interest and activities and functioning together in the chief concerns of life.</p>	Learning in the Humanities	Black Board & PPT	MCQ's

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		5min	Define community health	<p align="center">- Osborne and Newmeyer</p> <p>Definition of community health: Community health is defined as the health status of the members of the community and problems affecting their health and the totality of health care provided to them . -WHO</p> <p>Definition of community health nursing: Community health nursing is synthesis of nursing and public health practice applied to promoting and preserving the health of people. The practice is general and comprehensive. It is not limited to a particular age group or diagnosis and is continuing, not episodic. The dominant responsibility is to the people as a whole, nursing directed to individuals, families or groups contributes to the health of the total population. Health education, promotion, and maintenance and management, co-ordination of continuity of health care are utilized in a holistic approach to the management of the health care of the individuals, families and groups in a</p>	Participatory Learning	Black Board & PPT	MCQ's
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				<p>community. The nurses actions acknowledge the need for comprehensive health planning, recognize the influences of social and ecological issues, give attention to populations at risk and utilize dynamic forces which influence change</p> <p style="text-align: right;">-ANA</p>			
		3min	Describe concept of community health nursing	<p>Concept of community: It is inevitable that a people who reside in a particular locality for long time should develop common social ideas traditions and a sense of belongingness. This fact of social living gives birth to the concept of community</p> <p>Definition of Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.</p> <p>Concept of community health: Community health is a field within public health. It is a discipline that concerns itself with</p>	Learning in the Humanities	Black board &PPT	MCQ's

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		3mins	list out the objectives of community	<p>the study of health characteristics of biological communities. While the term community can be broadly defined community health tends to focus on geographic area rather than people with shared characteristics</p> <p>Concept of community health nursing: The field of nursing that is a blend of primary health and nursing practice with public health is referred to as community health nursing</p> <ul style="list-style-type: none"> • A community health nurse has to conduct continuing and comprehensive practice that is in the aspects of promotive, preventive, curative and rehabilitative care. • The philosophy of care is based on the belief that care directed to the individual, family and the group contribute to the health care of the population as a whole <p>Objectives of community health nursing:</p> <p>Health promotion: Health promotion assumes that individual have</p>	Participatory Learning	Black board & PPT	One word questions
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			<p>health nursing</p> <p>a higher potential of health than they presently realize</p> <ul style="list-style-type: none"> ▪ Health promotion is to increase the level of understanding and the expectation of the families, groups and communities to cope with health and illness problems ▪ Thos may include changing or modifying health practices, increasing health knowledge and developing understanding of normal growth and development <p>Health maintenance: Maintenance of health the through and periodic assessment of the individual and community to ensure that they continue to function at the same level. The therapeutic nursing services help in the time of crisis such as illness, birth or hospitalization</p> <p>Prevention of illness: It is the avoidance of changes in health status that are harmful to the individual. For ex; it encompasses such things as immunization</p>			
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		15 Min	describe the scope of community health nursing	<p>against communicable diseases, increasing knowledge about preventive measures in relation to specific disease such as special diets, self examination of breast, environmental sanitation measures etc..</p> <p>Restoration of health: It is help the individual to return to an optimum state of health and wellbeing and recovering to as great extent as possible, what ever health functioning has been lost</p> <p>Scope of community health nursing The nurse today performs demanding tasks to meet the needs of the society. Her job is not only limited to the sick but has equal responsibility to prevent the diseases and to preserve and promote the health of the people.</p> <p>The scope of nursing is described below: Home care: A large number of clients can be adequately cared for at home by extending certain hospital services.</p>	Self- directed Learning	White board, PPT	MCQ's
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				<ul style="list-style-type: none"> ▪ The hospital takes up the responsibility in co-ordinating there services by providing personnel or equipment ▪ The nurse practitioners in USA replace physicians in providing primary care. In order to carry out this responsibility, the nurse requires certain additional skills like history taking and recognition of physical signs for proper treatment. <p>Nursing homes: They are privately run. They have better medical care facilities than the Govt hospitals because they charge more fees</p> <p>MCH and family planning: The public health nurse plays a major role in the MCH and family planning services. It comprises antenatal, postnatal and child care services. During pregnancy or illness, people listen to the suggestions and advises for their welfare</p> <p>School health nursing:</p>			
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Dr. B. Anuraj
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		5mins	To list out the community health nursing services	<p>School health nursing is not yet well developed in India.</p> <ul style="list-style-type: none"> • The school health nurse renders services to promote and protect the health of the school children • She provides her services in the area like health education, early education of diseases, immunization, first aid, dental health, school sanitation, maintenance of health records, follow up and referral services • The school health committee in India recommended an additional medical officer and ANMs to carry out the school health programme in every primary health centre <p>Community health nursing services: Community health nursing includes nursing care of the family in sickness and health <i>The community health nurse should be able</i></p>	Problem solving methodoogies	Black board & PPT	One word questions
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				<p>to:</p> <ul style="list-style-type: none"> ▪ To provide community health care in the community ▪ To conduct routine antenatal and postnatal visits and to conduct deliveries when required ▪ To carry out immunization <p>To promote the health of the children by conducting under five clinics and referring</p> <ul style="list-style-type: none"> ▪ cases who require medical care ▪ To assess the social, environmental and nutritional needs of the community and get the help of social workers to meet their needs <p>Industrial nursing services: Nurse are employed in industries; There is provision for appointment of medical and nursing staff in factories where 500 or more workers are employed</p> <p>Domiciliary nursing services: The areas where domiciliary nursing practiced</p>			
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		5mins	Enumerate the qualities of	<p>in this country are maternity services, health supervision and disease prevention services and services for illness and accidents.</p> <p>Mental health nursing services:</p> <p>Many developing countries have mental health services today. These services include early diagnosis and treatment, rehabilitation, psycho therapy, use of modern psycho tropic drugs.</p> <p>Mental health nursing is yet to be developed in India</p> <p>Rehabilitation centres:</p> <p>Rehabilitation means restoration of all treated cases to the highest level of functional ability.</p> <p>Geriatric nursing services:</p> <p>The number of old people is increasing in the world today. The need of the old is different and they need more care than the younger age groups. In many countries the old people are visited by the nurses and other health workers.</p> <p>Qualities of Community Health Nurse</p> <p>1. Communication Skills</p>	Problem solving methodologies	Black board & PPT	MCQ's
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			<p>community health nursing</p>	<p>Solid communication skills are a basic foundation for any career. But for nurses, it's one of the most important aspects of the job. A great nurse has excellent communication skills, especially when it comes to speaking and listening. Based on team and patient feedback, they are able to problem-solve and effectively communicate with patients and families.</p> <p>Nurses always need to be on top of their game and make sure that their patients are clearly understood by everyone else. A truly stellar nurse is able to advocate for her patients and anticipate their needs.</p> <p>2. Emotional Stability</p> <p>Nursing is a stressful job where traumatic situations are common. The ability to accept suffering and death without letting it get personal is crucial. Some days can seem like non-stop gloom and doom.</p> <p>That's not to say that there aren't heartwarming moments in nursing. Helping a patient recover,</p>			
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reuniting families, or bonding with fellow nurses are special benefits of the job. A great nurse is able to manage the stress of sad situations, but also draws strength from the wonderful outcomes that can and do happen.

3. Empathy

Great nurses have empathy for the pain and suffering of patients. They are able to feel compassion and provide comfort. But be prepared for the occasional bout of compassion fatigue; it happens to the greatest of nurses. Learn how to recognize the symptoms and deal with it efficiently.

4. Flexibility

Being flexible and rolling with the punches is a staple of any career, but it's especially important for nurses. A great nurse is flexible with regards to working hours and responsibilities. Nurses, like doctors, are often required to work long periods of overtime, late or overnight shifts, and weekends.

5. Attention to Detail

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Every step in the medical field is one that can have far-reaching consequences. A great nurse pays excellent attention to detail and is careful not to skip steps or make errors.

6. Interpersonal Skills

Nurses are the link between doctors and patients. A great nurse has excellent interpersonal skills and works well in a variety of situations with different people. They work well with other nurses, doctors, and other members of the staff.

7. Physical Endurance

Frequent physical tasks, standing for long periods of time, lifting heavy objects (or people), and performing a number of taxing maneuvers on a daily basis are staples of nursing life. It's definitely not a desk job.

8. Problem Solving Skills

A great nurse can think quickly and address problems as — or before — they arise.

With sick patients, trauma cases, and emergencies,

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nurses always need to be on hand to solve a tricky situation. Whether it's handling the family, soothing a patient, dealing with a doctor, or managing the staff, having good problem solving skills is a top quality of a great nurse.

9. Quick Response

Nurses need to be ready to respond quickly to emergencies and other situations that arise. Quite often, health care work is simply the response to sudden incidences, and nurses must always be prepared for the unexpected.

10. Respect

Respect goes a long way. Great nurses respect people and rules. They remain impartial at all times and are mindful of confidentiality requirements and different cultures and traditions. Above all, they respect the wishes of the patient him- or herself.

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SUMMARY:

Till now we discussed about definition of community, community health and community health nursing, concept and scope of community health nursing.

Recapitulation :

1. introduce the topic
2. define community
3. define community health
4. define community health nursing
5. enumerate concept of community health nursing
6. describe objectives of community health nursing
7. enumerate scope of community health nursing

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**GENDER SENSITIZATION
AND
PROFESSIONAL ETHICS
PROGRAMS**



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NCON/ ACD/2024/ 01

31.12.2023

CIRCULAR

This is kind for your notice that Narayana College of Nursing conducting **Professional ethics program on “Patient Rights and Ethical Nursing Care”** on 02.04.2024 at Smart Class Room, in 2nd floor.

All the faculties and students are informed to attend the program and make it grand success.

Dr. Bethany
Principal

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REPORT ON "PATIENT RIGHTS AND ETHICAL NURSING CARE"

Objectives:

- ✓ Promote awareness of patient rights and their role in ensuring high-quality, respectful, and compassionate care.
- ✓ Equip participants with knowledge of ethical guidelines and legal frameworks essential for professional nursing.
- ✓ Foster ethical decision-making skills in complex clinical situations.
- ✓ Encourage the application of ethical principles in daily nursing care to improve patient outcomes and trust.
- ✓ Develop a professional and ethical culture within the nursing community at Narayana College of Nursing.

Target Group: 1st year students & teaching faculty.

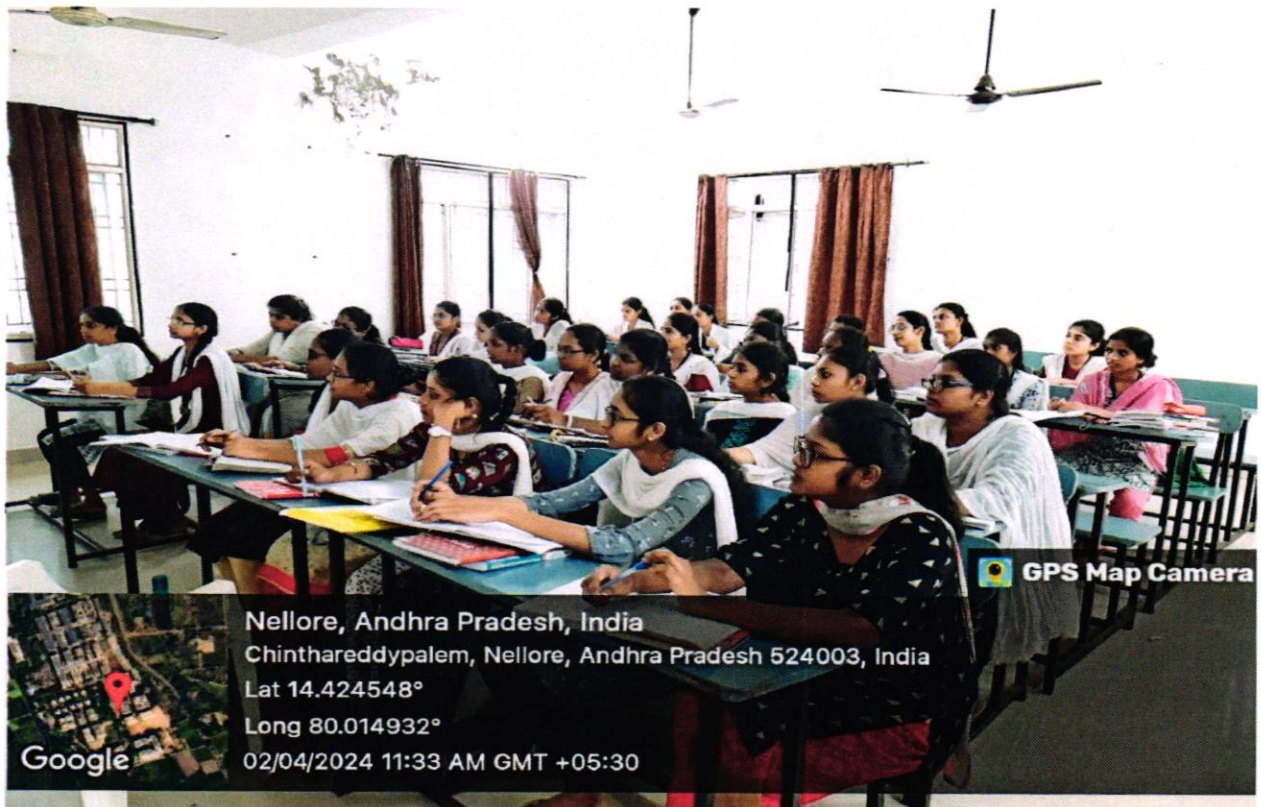
Name of the activity arranged	Professional Ethics Program
Topic	"Patient Rights and Ethical Nursing Care"
Date of the program	02.04.2024
Name of the program coordinator	Mrs. Subhashini, Professor.
Resource Person	Mrs. K. Jyothirmai, Nellore.
Place of activity	2 nd floor smart Class room, at NCON.
Number of participants	137

On April 2, 2024, the Department of Nursing Foundation at Narayana College of Nursing organized a program on "**Patient Rights and Ethical Nursing Care**" aimed at raising awareness among faculty and students. The program was started with prayer song by 1st year

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Principal

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B.Sc. nursing students followed by lamp lighting by the dignitaries. The event focused on educating attendees about the importance of ethical practices in nursing, particularly in safeguarding patients' rights. Mrs. K. Jyothirmai served as the resource person for the session, offering insights on ethical responsibilities and the legal aspects of patient care. The program emphasized the significance of upholding professional ethics to ensure compassionate, respectful, and accountable nursing care. The program was adjourned with vote of thanks by Mrs. Subhashini, Associate Professor ended with national anthem.



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NCON/ ACD/2023/ 01

02.01.2023

CIRCULAR

This is kind for your notice that Narayana College of Nursing conducting **Professional ethics program on "Code of Ethics for Nurses"** on 03.01.2023 at Smart Class Room, in 2nd floor.

All the faculties and students are informed to attend the program and make it grand success.

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REPORT ON “CODE OF ETHICS FOR NURSES “

Ojectives:

- ✓ To provide a comprehensive understanding of the Code of Ethics for Nurses.
- ✓ To highlight the significance of ethical principles in guiding nursing decisions and actions.
- ✓ To encourage the integration of ethical guidelines into everyday nursing practice.
- ✓ To foster a sense of moral responsibility among nursing professionals in delivering patient care.

Name of the activity arranged	Professional Ethics Program
Topic	“Code of Ethics for Nurses “
Date of the program	03.01.2023.
Name of the program coordinator	Mrs. A. Latha, HoD & Professor.
Resource Person	Dr. Ashok, Principal, KIMS, Nellore.
Place of activity	2 nd floor smart Class room, at NCON.
Number of participants	183

On January 3, 2023, Narayana College of Nursing organized a Professional Ethics Program on the topic “**Code of Ethics for Nurses**” in the 2nd floor smart classroom. Coordinated by Mrs. A. Latha, Head of the Department and Professor, the program aimed to educate 183 participants, including both faculty and students, on the ethical principles guiding nursing practice. Dr. Ashok, Principal of KIMS, Nellore, served as the resource person, offering valuable insights into the ethical standards and responsibilities that nurses must uphold in their profession. The session

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emphasized the importance of adhering to the code of ethics to ensure the delivery of compassionate, competent, and morally sound care. At the end vote of thanks given by Ms. Vani, Asst. Professor.



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Long 80.014793°
03/01/2023 11:38 AM GMT +05:30

A. Indira

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Dr. B. Anny

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NCON/ ACD/2022/ 01

07.01.2022

CIRCULAR

This is kind for your notice that Narayana College of Nursing conducting **Professional ethics program on "Professional Boundaries and ethical responsibilities"** on 08.01.2022 at Smart Class Room, in 2nd floor.

All the faculties and students are informed to attend the program and make it grand success.

A. Indira

Principal

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REPORT ON "PROFESSIONAL BOUNDARIES AND ETHICAL RESPONSIBILITIES"

- ✓ To define professional boundaries in nursing and their importance in maintaining effective patient-nurse relationships.
- ✓ To emphasize the ethical responsibilities of nurses in safeguarding patient dignity and privacy.
- ✓ To raise awareness about the potential risks of boundary violations and their impact on patient care.
- ✓ To promote the integration of ethical decision-making in handling complex situations that test professional boundaries.
- ✓ To foster a professional culture that prioritizes ethical integrity and accountability in nursing practice.

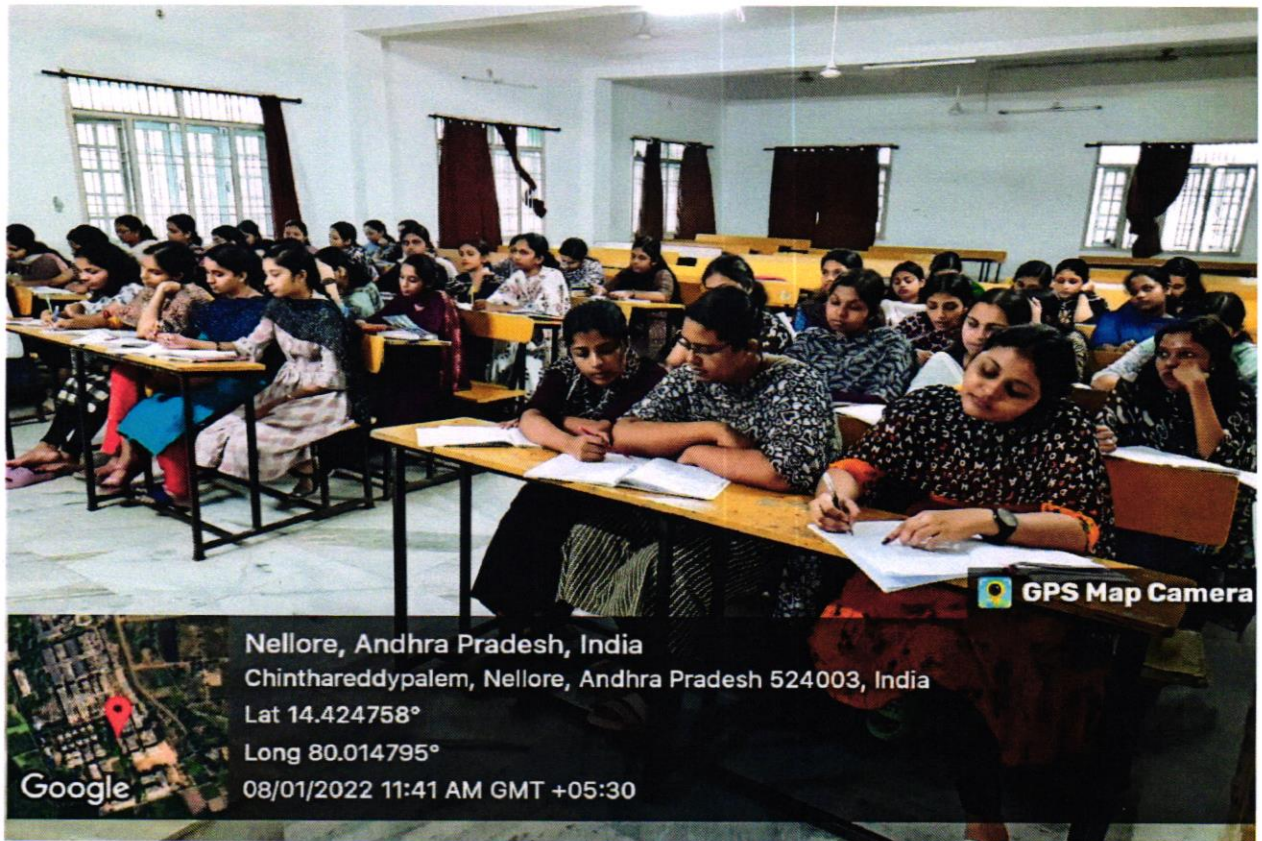
Name of the activity arranged	Professional Ethics Program
Topic	"Professional Boundaries and Ethical responsibilities"
Date of the program	08.01.2022
Name of the program coordinator	Mrs. N. Subhshini, Professor.& HoD, Department of Nursing Management.
Resource Person	Dr. N. Srinivas, Dean, Dental College, NMCH,
Place of activity	2 nd floor smart Class room, at NCON.
Number of participants	52

On January 8, 2022, Narayana College of Nursing conducted a Professional Ethics Program on the topic "Professional Boundaries and Ethical Responsibilities." The event, held in the 2nd floor smart classroom, was coordinated by Mrs. N. Subhashini, Professor and Head of the Department

Dr. B. Chinnayya
Principal

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of Nursing Management. Dr. N. Srinivas, Dean of Dental College, NMCH, served as the resource person, addressing an audience of 94 participants, including both faculty and students. The session focused on defining and maintaining professional boundaries in healthcare, emphasizing the ethical responsibilities of nurses in patient care. Participants were encouraged to reflect on how clear professional boundaries can enhance trust, patient safety, and the quality of care.



A. S. Srinivas

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07.01.2020

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This is kind for your notice that Narayana College of Nursing conducting **Professional ethics program on "Ethical Decision Making in Nursing"** on 08.01.2020 at Smart Class Room, in 2nd floor.

All the faculties and students are informed to attend the program and make it grand success.

A. Indira

Principal

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REPORT ON "ETHICAL DECISION MAKING IN NURSING"

Objectives:

- ✓ To enhance awareness of ethical principles in nursing.
- ✓ To educate nurses on the importance of ethical decision-making in clinical practice.
- ✓ To provide a platform for discussing real-world ethical dilemmas in nursing.
- ✓ To encourage critical thinking and professional responsibility among nursing professionals.

Name of the activity arranged	Professional Ethics Program
Topic	"Ethical Decision Making in Nursing"
Date of the program	08.01.2020
Name of the program coordinator	Mrs. N. Subhshini, Professor. & HoD, Department of Nursing Management.
Resource Person	Dr. P.Sudharani, Principal, SVIMS, Tirupathi
Place of activity	2 nd floor smart Class room, at NCON.
Number of participants	138

On January 8, 2020, a "Professional Ethics Program" on the topic "Ethical Decision Making in Nursing" was conducted at the 2nd -floor Smart Classroom of NCON. Organized under the leadership of Mrs. N. Subhshini, Professor and Head of the Department of Nursing Management, and featuring Dr. P. Sudharani, Principal of SVIMS, Tirupathi, as the resource person, the event brought together 138 participants. Dr. Sudharani shared her expertise on ethical decision-making and its role in nursing, addressing key ethical dilemmas nurses face in clinical settings. The

Dr. B. Anjali
Principal

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session fostered an interactive environment for participants to explore ethical principles and apply them in their professional practice.



A. S. S. S. S.

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Dr. Babu
Principal

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07.01.2020

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All the faculties and students are informed to attend the program and make it grand success.

B. Srinivas
Principal

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NCON/ ACD/2024/ 01

31.12.2023

CIRCULAR

This is kind for your notice that Narayana College of Nursing conducting **Professional ethics program on “Patient Rights and Ethical Nursing Care”** on 02.04.2024 at Smart Class Room, in 2nd floor.

All the faculties and students are informed to attend the program and make it grand success.

Copy to:

1. The Principal office
2. IQAC
3. Class Coordinators
4. All HoDs
5. Notice Board

Dr. B. Chandy
Principal

NARAYANA COLLEGE OF NURSING
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NELLORE - 524 003



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REPORT ON "PATIENT RIGHTS AND ETHICAL NURSING CARE"

Objectives:

- ✓ Promote awareness of patient rights and their role in ensuring high-quality, respectful, and compassionate care.
- ✓ Equip participants with knowledge of ethical guidelines and legal frameworks essential for professional nursing.
- ✓ Foster ethical decision-making skills in complex clinical situations.
- ✓ Encourage the application of ethical principles in daily nursing care to improve patient outcomes and trust.
- ✓ Develop a professional and ethical culture within the nursing community at Narayana College of Nursing.

Target Group: 1st year students & teaching faculty.

Name of the activity arranged	Professional Ethics Program
Topic	"Patient Rights and Ethical Nursing Care"
Date of the program	02.04.2024
Name of the program coordinator	Mrs. Subhashini, Professor.
Resource Person	Mrs. K. Jyothirmai, Nellore.
Place of activity	2 nd floor smart Class room, at NCON.
Number of participants	137

On April 2, 2024, the Department of Nursing Foundation at Narayana College of Nursing organized a program on "**Patient Rights and Ethical Nursing Care**" aimed at raising awareness among faculty and students. The program was started with prayer song by 1st year

D. B. Chandy
Principal

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B.Sc. nursing students followed by lamp lighting by the dignitaries. The event focused on educating attendees about the importance of ethical practices in nursing, particularly in safeguarding patients' rights. Mrs. K. Jyothirmai served as the resource person for the session, offering insights on ethical responsibilities and the legal aspects of patient care. The program emphasized the significance of upholding professional ethics to ensure compassionate, respectful, and accountable nursing care. The program was adjourned with vote of thanks by Mrs. Subhashini, Associate Professor ended with national anthem.

Dr. B. S. Srinivas
Principal

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NCON/ ACD/2023/ 01

02.01.2023

CIRCULAR

This is kind for your notice that Narayana College of Nursing conducting **Professional ethics program on "Code of Ethics for Nurses"** on 03.01.2023 at Smart Class Room, in 2nd floor.

All the faculties and students are informed to attend the program and make it grand success.

Copy to:

1. The Principal office
2. IQAC
3. Class Coordinators
4. All HoDs
5. Notice Board

Dr. B. Anny
Principal

Principal
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Chinthareddypalem,
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REPORT ON “CODE OF ETHICS FOR NURSES “

Objectives:

- ✓ To provide a comprehensive understanding of the Code of Ethics for Nurses.
- ✓ To highlight the significance of ethical principles in guiding nursing decisions and actions.
- ✓ To encourage the integration of ethical guidelines into everyday nursing practice.
- ✓ To foster a sense of moral responsibility among nursing professionals in delivering patient care.

Name of the activity arranged	Professional Ethics Program
Topic	“Code of Ethics for Nurses “
Date of the program	03.01.2023.
Name of the program coordinator	Mrs. A. Latha, HoD & Professor.
Resource Person	Dr. Ashok, Principal, KIMS, Nellore.
Place of activity	2 nd floor smart Class room, at NCON.
Number of participants	183

On January 3, 2023, Narayana College of Nursing organized a Professional Ethics Program on the topic “Code of Ethics for Nurses” in the 2nd floor smart classroom. Coordinated by Mrs. A. Latha, Head of the Department and Professor, the program aimed to educate 183 participants, including both faculty and students, on the ethical principles guiding nursing practice. Dr. Ashok, Principal of KIMS, Nellore, served as the resource person, offering valuable insights into the ethical standards and responsibilities that nurses must uphold in their profession. The session emphasized the importance of adhering to the code of ethics to ensure the delivery of compassionate, competent, and morally sound care. At the end vote of thanks given by Ms. Vani, Asst. Professor.

Dr. B. Ashok
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NCON/ ACD/2022/ 01

07.01.2022

CIRCULAR

This is kind for your notice that Narayana College of Nursing conducting **Professional ethics program on "Professional Boundaries and ethical responsibilities"** on 08.01.2022 at Smart Class Room, in 2nd floor.

All the faculties and students are informed to attend the program and make it grand success.

Copy to:

1. The Principal office
2. IQAC
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5. Notice Board

Dr. B. S. Kumar
Principal
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REPORT ON "PROFESSIONAL BOUNDARIES AND ETHICAL RESPONSIBILITIES"

- ✓ To define professional boundaries in nursing and their importance in maintaining effective patient-nurse relationships.
- ✓ To emphasize the ethical responsibilities of nurses in safeguarding patient dignity and privacy.
- ✓ To raise awareness about the potential risks of boundary violations and their impact on patient care.
- ✓ To promote the integration of ethical decision-making in handling complex situations that test professional boundaries.
- ✓ To foster a professional culture that prioritizes ethical integrity and accountability in nursing practice.

Name of the activity arranged	Professional Ethics Program
Topic	"Professional Boundaries and Ethical responsibilities"
Date of the program	08.01.2022
Name of the program coordinator	Mrs. N. Subhshini, Professor.& HoD, Department of Nursing Management.
Resource Person	Dr. N. Srinivas, Dean, Dental College, NMCH,
Place of activity	2 nd floor smart Class room, at NCON.
Number of participants	52

On January 8, 2022, Narayana College of Nursing conducted a Professional Ethics Program on the topic "Professional Boundaries and Ethical Responsibilities." The event, held in the 2nd floor smart classroom, was coordinated by Mrs. N. Subhashini, Professor and Head of the Department of Nursing Management. Dr. N. Srinivas, Dean of Dental College, NMCH, served as the resource person, addressing an audience of 94 participants, including both faculty and students.

D. Reddy
Principal
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The session focused on defining and maintaining professional boundaries in healthcare, emphasizing the ethical responsibilities of nurses in patient care. Participants were encouraged to reflect on how clear professional boundaries can enhance trust, patient safety, and the quality of care.

Dr. B. Chinnay
Principal

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WOMEN SAFETY AWARENESS PROGRAM ON

DISHA APP INSTALATION

CIRCULAR

Circular No: NCON/NSS/06

Date: 24/08/2021

Narayana College of Nursing have great pleasure to extend our cordial welcome for the "WOMEN SAFETY AWARENESS PROGRAM and DISHA APP INSTALLATION" (Theme: "Help women in distress") program at our college campus from 31/08/2021 to 01/09/2021 at 12.00 pm. Everyone is requested to be present.

A. Edu
PRINCIPAL

Principal
NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
NELLORE - 524 003.



Copy to:

Class Coordinator

Student Notice Board

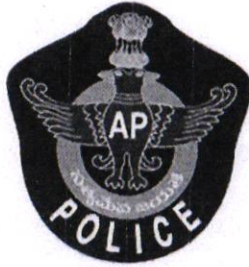
Dr. Bahmy
Principal
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COLLEGE OF NURSING

Chinthareddypalem, Nellore.



DISHA PROGRAMME



DISHA APP



PRESS SOS
WE'LL BE THERE FOR YOU



NSS UNIT

Date: 31. Aug. 2021 & 01. Sep. 2021 || Venue: Auditorium, 3rd Floor, NCN.



Dr. Bhanu
Principal
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NELLORE - 524 003

A. S. Reddy
Principal
NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
NELLORE - 524 003.

-: Agenda :-

Prayer Song

Welcome Song

Welcome Address

Lamp Lightening

Gender Equality Programme on Women

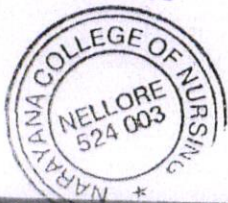
Safety Awareness Programme & Disha App

Installution - Help women in Distress

Vote of Thanks

National Anthem

Dr. B. Anjali
Principal
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A. S. Anjali
Principal
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Brochure

Gender Equality Programme on Women Safety Awareness Programme & Disha App Installation



Date: 31.08.2021

Time: 12:00 pm

Venue: III Floor, Auditorium, NCON.



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WOMEN SAFETY AWARENESS PROGRAM – 2021

Name of Activity organized	Women safety Awareness program
Title of the Activity	Disha App installation
Date of activity organized	31 st Aug 2021 to 1 st Sep 2021
Name of the coordinator of Activity	Ms. T.Usha Kiran
Place of the Activity	Narayana College of Nursing
No. of participant (student +staff)	435
Name of the sponsored organization	NSS cell
Nature of sponsorship	Regular NSS Activity
Objective of the Activity	Disha App installation
Outcome of the Activity	Installed the Disha app

Activity Report

Narayana College of Nursing NSS unit conducted an Awareness program on women safety in collaboration with Officials from Disha Police Station of Nellore on from 31/08/2021 to 01/09/2021, an awareness program was conducted into two sessions at Narayana College of Nursing campus to B.Sc Nursing students. Program started with Welcoming the officials with a Prayer song, lamp lighting.

Dr.Indira.A Principal Narayana College of Nursing spoke about the importance of women safety and the current problems facing by the women. Dr.Rajeswari Vice Principal, HOD Mental Health Nursing department Narayana College of Nursing spoke about the need of women safety and technology to protect women. Mr.Nagarjuna reddy, Sub inspector of police explained about the Disha App that it sends an alert to the control room when a woman or a girl in distress by shaking the smart phone. And also he mentioned the app has a single touch SOS button that would alert the police control room in case of distress and ensure speedy response. Family members along with police in case a woman or a girl is in danger including five members of family and friends can be added to alerts list to receive the SOS alerts.

Dr. B. Achary
Principal

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A. J. Reddy
PRINCIPAL

Principal
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Award: (Higher Education Review Top 10 Nursing College - 2020)

IAO (International Accreditation Organization (2020 - 2025))



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Disha App Install



Students Downloaded – Dt. 31.08.2021



Police Personal with Administrations – Dt. 01.09.2021

Dr. B. Anny
Principal
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A. S. Reddy
Principal
NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
NELLORE - 524 003.

Award: (Higher Education Review Top 10 Nursing College - 2020)
IAO (International Accreditation Organization (2020 - 2025))



Table No.1: Frequency and Percentage Distribution of Feedback analysis on Disha app installation program

(N=435)

SL.NO	Grade	Frequency	Percentage
1	Excellent	320	74%
2	Very good	95	21%
3	Good	20	5%
4	Average	0	0%
	Total	435	100

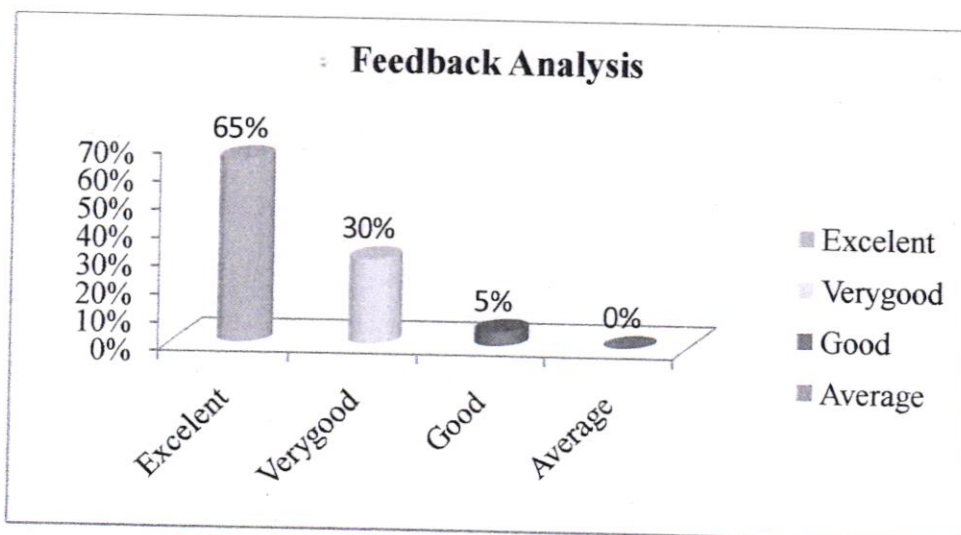


Fig No 1: Frequency and Percentage Distribution of Feedback analysis on Disha app installation program

Dr. B. B. B. B.
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A. S. S.
Principal
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DISHA APP INSTALATION PROGRAM- 2021

ATTENDANCE

S.NO	NAME OF THE STUDENT	SIGNATURE
1.	ABHIRAMI MANOJ	
2.	AKSA ELISABATH THOMAS	
3.	AKSHAYA SHIBU	
4.	ALEENA ANNA JOGY	
5.	ALEENA BABU	
6.	ALEENA BABY	
7.	ALEENA BENNY	
8.	ALEENA K J	
9.	ALEENA MARIA BABU	
10.	ALEENA ROY	
11.	ALEENA SHAJI	
12.	ALEENAMOL REJI	
13.	ALPHIYA SUSAN VARGHESE	
14.	AMRUTHA HARIHAR	
15.	ANCY CHERIYAN	
16.	ANEETA T M	
17.	ANGEL RIJU	
18.	ANIJAMOL SEBASTIAN	
19.	ANISHA ANIL	
20.	ANITTA JOY	
21.	ANNETTE SELIN MATHEW	

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Principal
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22.	ANSU RAJ	Ansu
23.	ANU ELIZABETH THOMAS	Anu
24.	ANUPAMA BIJU	Anupama
25.	ANUPRIYA DENNIS	Anupriya
26.	APARNA BOSE	Aparna
27.	ARATHY M V	Arathy
28.	ARCHANA BIJU	Archana
29.	ARYA S NAIR	Arya
30.	ARYA THANKACHAN	Arya
31.	ASHAMOL A K	Ashamol
32.	ASHINA S	Ashina
33.	ASHNA JINTO	Ashna
34.	ASHNA JOSE	Ashna
35.	ATHIRA VINOD	Athira
36.	AXEA P ABY	Axea
37.	AYONA SABU	Ayona
38.	BIJIMOL ANTONY	Bijimol
39.	BISMI MARIA	Bismi
40.	CHRISTEENA BAIJU	Christeena
41.	DAGGUPATI BHUVANESWARI	Daggu B.
42.	DATTAM PUJITHA	Dattam
43.	DEEPTHI SATHEESH	Deepthi
44.	DEETHI THOMAS	Deethi
45.	DONA BENNY	Donay
46.	ELSA REJI	Elsa
47.	ELSITTA JIJ	Elsitta

Dr. B. Anuj
Principal
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A. S. Sune
Principal
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48.	EMILIN ISSAC	Emilin
49.	FEBIN REJI	Febin
50.	GAYATHRI JALEDHAN	Gayathri
51.	GIYA MOL ABRAHAM	Giya
52.	HRIDYA MARIA	Hridya
53.	ILLURU NISSI MOULIKA	Nissi
54.	ITREDDY HEMALATHA	Hema
55.	JENCY MARIYA JOSEPH	Jency
56.	JESMI JOMON	Jesmi
57.	JIYA MATHEW	Jiya
58.	JOMOL JOY	Jomol
59.	JOSNA JOSE	Josna
60.	KRISHNA BIJU	Krishna
61.	KRISHNENDHU K S	Krishnendhu
62.	KUNDURTHI PRAVALLIKA	Pravalika
63.	LINI GEORGE	Lini
64.	MABLE JACOB	Mable
65.	MARIA MATHEW	Maria
66.	MARIA OUSEPH	Maria
67.	MARIA SHAJI	Maria
68.	MARIYA SANTHOSH	Mariya
69.	MARIYA THOMAS	Mariya
70.	MEKHAMOL BINU	Mekha
71.	MELFY PHILIP	Melfy
72.	MUDI SRIVIDYA	Mudi
73.	MUTHYALA RAMA SRI PRIYA	Muthyala

Dr. B. Anuj
Principal
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M. S. D. Praveen
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74.	NIKHITHA ALEYAMMA VARGHESE	
75.	NIMMY C J	<i>Nimmy</i>
76.	PARVATHY SABU	<i>Parvathy</i>
77.	PATTAPU HARSHA	<i>Harsha</i>
78.	PHIONA TOM	<i>Phiona</i>
79.	PUSAPATI LEELAVATHI	<i>Pusapati</i>
80.	RESHMI MOHANAN	<i>Reshmi</i>
81.	REVATHY V R	<i>Revathy</i>
82.	RIYA ALEX	<i>Riya</i>
83.	ROSEMARIYA V P	<i>Rosemaria</i>
84.	SANDRA JAYAKUMAR	<i>Sandra</i>
85.	SANDRA S	<i>Sandra</i>
86.	SHINCY SHIJU	<i>Shincy</i>
87.	SINGIRI BHANUSRI	<i>Bhanu</i>
88.	SIYAMOL SIBY	<i>Siyamol</i>
89.	SNEHA MANOJ	<i>Sneha</i>
90.	SNEHA SHAJI	<i>Sneha</i>
91.	SNEHA SIBY	<i>Sneha</i>
92.	SNEHA VARGHESE	<i>Sneha V</i>
93.	SONIA ANTONY	<i>Sonia</i>
94.	SOUMI SUNNY	<i>Soumi</i>
95.	SREELAKSHMI T G	<i>Sreelakshmi</i>
96.	SURYA SURENDRAN	<i>Surya</i>
97.	TEENA MARY JOSE	<i>Teena</i>
98.	TESA TOMY	<i>Tesa</i>
99.	THEERTHA R	<i>Theertha</i>

Dr. B. Anny
Principal
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A. S. An
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100.	VIBISHNA NARAYANAN	Vibishna
101.	ABHIRAMI K S	Abhirami
102.	ABHIRAMI R	Abhirami
103.	AISWARYA M S	Aiswarya
104.	AISWARYA SURESH	Aiswarya
105.	AISWARYA VINOD	Aiswarya
106.	AKHILA BABY	Akhila
107.	AKSA M PAUL	Aksh
108.	ALEENA JOSEPH	Aleena
109.	ALEENA RAJU	Aleena
110.	ALEENA SHAJI	Aleena
111.	ALFA MATHEW	Alfa
112.	ALKA AJITH	Alka
113.	ALPHY MOL T S	Alphy
114.	AMALA THOMAS	Amala
115.	ANAMIKA K SHAJI	Anamika
116.	ANCY MOL WILSON	Ancy
117.	ANINA SAHADEVAN	Anina
118.	ANITTA BIJU	Anitta
119.	ANITTA JOJAN	Anitta
120.	ANJIMA P S	Anjima
121.	ANJU ANTONY	Anju
122.	ANJU P	Anju
123.	ANN MARIA ROY	Ann Maria
124.	ANNA MATHEN ULAHANNAN	Anna
125.	ANNA VARGHESE	Anna

Dr. Balamy
Principal

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NELLORE - 524 003



A. Suresh
Principal

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214.	BIJITHA BIJU	<i>Bijitha</i>
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222.	DONA SUNIL	<i>Dona</i>
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241.	SIMI SABU	<i>Simi</i>
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252.	ANAGHA ANILKUMAR	<i>Anagha</i>
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261.	BONCEY B KOTTOOR	Boncy
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264.	ELSA K ABUGY	Elsa.
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270.	HEBZEEBA BABU	Hebzeeba
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329.	SNEHA THOMAS	<i>Sneha</i>
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331.	SOJA THOMAS	<i>Soja</i>
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346.	ANN MARIATOMY	<i>Ann</i>
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351.	ANU THOMAS	<i>Anu</i>
352.	ANU THOMAS	<i>Anu</i>
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355.	ANUMOL BIJU	<i>Anumol</i>
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358.	ASHA JOSE	<i>Asha</i>
359.	ASHIN MARIA BABICHAN	<i>Ashin maria</i>

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390.	AMALA BABY	<i>Amala</i>
391.	ATHIRA S	<i>Athira</i>
392.	BOYA NAGAPALLAVI	<i>Boya</i>
393.	BUDHILI GAYATHRI	<i>Budhili</i>
394.	BUNGA BHANU	<i>Bungas</i>
395.	CHEMURU SUPRAJA	<i>Supraja</i>
396.	CHINTHAGUNTA SANDHYARANI	<i>Chinthagunta</i>
397.	J PRAMEELA	<i>Prameela</i>
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401.	MATTUPALLI SATYAVATHI	<i>Satyavathi</i>
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403.	SNEHA SOJAN	<i>Sneha</i>
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405.	VUNNAM KRISHNAVENI	<i>Krishna</i>
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NELLORE - 524 003



A. J. Sreenivasulu Reddy
Principal
NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
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Chinthareddypalem, Nellore - 524003. A.P.

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Recognized by Indian Nursing Council and A.P. Nurses & Midwives Council
Affiliated to NTR University of Health Sciences, A.P. Vijayawada.

Accredited by "International Accreditation Organization (IAO)"

website: www.narayanannursingcollege.com || e-mail: narayana_nursing@yahoo.co.in



412.	VIDYA N	Vinuchaya
413.	RAYAPU MOUNIKA	Mounika
414.	MALLELA SHAKEENA	Shakeena
415.	PRAMEELA KARNI	Prameela
416.	SAROJA WAHENGBAM	Saroja
417.	MEENA V	Meena
418.	MAYENGBAM JENI DEVI	Jeni
419.	D BHANU PRIYA	Bhanu
420.	AVULA SRAVANTHI	Sravanthi
421.	SANGEETHAM RAJESH	Rajesh
422.	GODUGUNURU BHARATHI	Bharathi
423.	VANDANA JUJUVARAPU	Vandana
424.	BELLAMKONDA INDRAJA	Indraja
425.	KURAPATI INDIRA PRIYADARSHINI	Indira
426.	PANGULURI RAJITHA	Rajitha
427.	BOLLI RAJAMANI	Rajamani
428.	T CHANDANA	Chandana
429.	V SAKTHI	Sakthi
430.	PENAKALAPADU BOYASOWMYA	Boyasowmya
431.	THOUDAM RANJANA CHANU	Ranjana
432.	VIDYA N	Vinuchaya
433.	RAYAPU MOUNIKA	Mounika
434.	MALLELA SHAKEENA	Shakeena
435.	PRAMEELA KARNI	Prameela

Dr. B. Anny
Principal

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A. Rave
PRINCIPAL

Principal
NARAYANA COLLEGE OF NURSING
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Women Safety Awareness Programme

Certificate of Participation

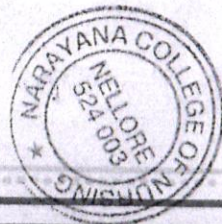
This is to Certify that

Ms. Akshaya Shibu

Has participated in Women Safety Awareness Programme on Instalation of
Disha App from 31-08-2021 to 01-09-2021.

Dr. B. S. Srinivas
Principal
NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
NELLORE - 524 003

[Signature]
Vice-Principal



[Signature]
Principal
NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
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[Signature]
Principal



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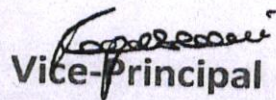
Women Safety Awareness Programme

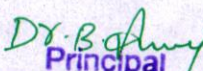
Certificate of Participation

This is to Certify that

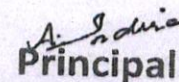
Ms. Aleena Babu

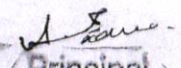
Has participated in Women Safety Awareness Programme on Instalation of
Disha App from 31-08-2021 to 01-09-2021.


Vice-Principal

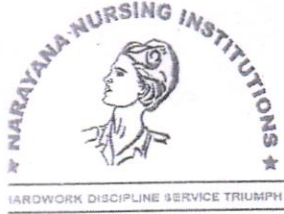

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PROFESSIONAL ETHICS PROGRAM ON ADMINISTRATIVE STAFF

CIRCULAR

Circular No: NCON/IQAC/04

Date: 12/02/2019

This is kind notice that Narayana College of Nursing conducting Professional ethics program on Administrative staff, Theme: "Regulatory bodies" on 19/02/2019 at seminar hall between 10.00am-12.00 Noon. Here all are requested to attend the program and make it grand success.

Copy to:

All Dept HODs

Class Coordinator



A. S. Sive
PRINCIPAL

Principal
NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
NELLORE - 524 003.

IQAC COORDINATOR
NARAYANA COLLEGE OF NURSING
CHINTHAREDDYPALEM
NELLORE - 524 003

Dr. B. S. Sive
Principal
NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
NELLORE - 524 003

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BANNER





NARAYANA
COLLEGE OF NURSING



NARAYANA COLLEGE OF NURSING

Chinthareddypalem, Nellore.

Internal Quality Assurance Cell (IQAC)
Programme on Professional Ethics for Administrative Staff
Theme : Regulatory Bodies



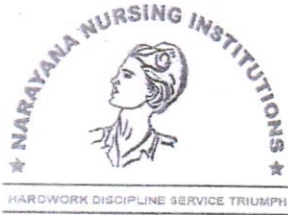
Date: 19. Feb. 2019 || Time: 10:00 am - 12:00 noon || Venue: Seminar Hall, NCN.



A. S. Saini
PRINCIPAL

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NELLORE - 524 003.

Dr. B. Srinivas
Principal
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PROFESSIONAL ETHICS PROGRAMME ON ADMINISTRATIVE STAFF 2019

Name of Activity organized	Professional ethics programme
Title of the Activity	Regulatory bodies
Date of activity organized	19/02/2019
Name of the coordinator of Activity	Mrs. Usha Kiran
Place of the Activity	Narayana college of nursing
No. of participant (Administrative staff+Faculties)	29
Name of the sponsored organization	IQAC
Nature of sponsorship	Regular Activity
Objective of the Activity	Awareness of professional ethics
Outcome of the Activity	Awareness of norms and standards

Activity Report

Narayana college of Nursing NSS conducted professional ethics programme on administrative staff, theme: Regulatory bodies on 19/02/2019 at 10.00am to 12.00pm, the programme was organized at seminar hall with administrative staff members and welcoming the officials with a Prayer song, welcome song, lamp lighting. The first session started by the Principal of Narayana college of Nursing with a talk about the Key notes of norms and standards. Dr.Rajeswari HOD of Mental health Nursing presented a topic on organizational preconditions. Mrs. Vanaja Kumari Vice Principal, HOD community Health Nursing, Narayana College of Nursing, presented a topic on key skills for nursing professionals. Mrs.Latha HOD, department of Medical Surgical Nursing, presented a topic on knowledge development. Ms. Ramya, HOD department of Pediatric Nursing presented a topic on ethics in healthcare administration. The programme was participated by administrative staff other than the faculties. The programme was concluded by Ms.Ushakiran, Asso professor, Narayana College of Nursing. The programme concluded with vote of thanks followed by National Anthem.

Dr. B. Anuj
Principal
NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
NELLORE - 524 003



A. Anuj
Principal
NARAYANA COLLEGE OF NURSING
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Fig: Presenting the topic

Dt:19/02/2019



Fig: Prof.Vanaja Kumari interacting with the administrative staffs

Dt:19/02/2019

Dr. B. Raju
 Principal
 NARAYANA COLLEGE OF NURSING
 Chinthareddypalem,
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A. Sune
 PRINCIPAL

Principal
 NARAYANA COLLEGE OF NURSING
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Table 4: Frequency and Percentage Distribution of Feed back analysis on Professional Ethics for Administrative staff

S.No.	Grade	Frequency	Percentage
1	Excellent	14	75%
2	Very good	11	14%
3	Good	4	11%
4	Average	0	0
		29	

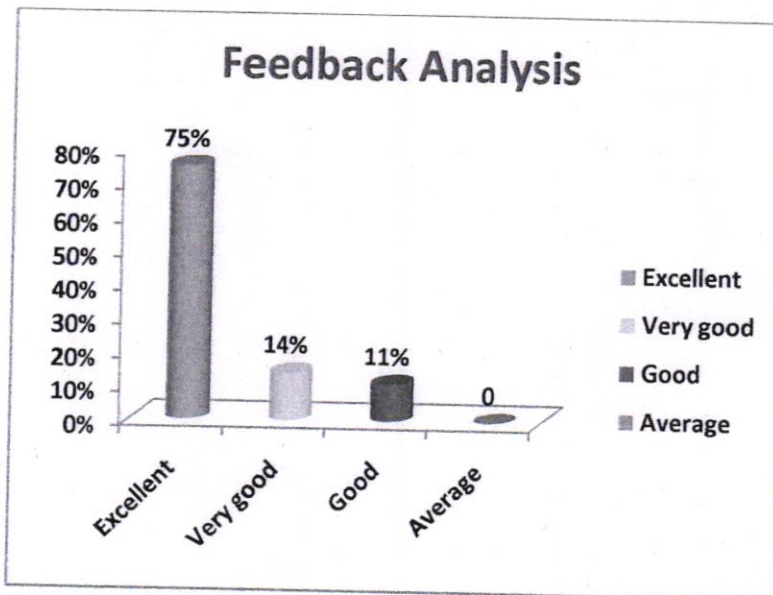


Fig. No. 4: Frequency and Percentage Distribution of Feed back analysis on Professional Ethics for Administrative staff

Dr. B. Anuraj
Principal

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NELLORE - 524 003



A. Indu
Principal

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PROFESSIONAL ETHICS PROGRAMME ON ADMINISTRATIVE STAF-2019

ATTENDANCE

S.No	Name of the student	Signature
1	Dr. Indira. A	A. Indira
2	Dr. Rajeswari. H	Rajeswari
3	Mrs. A. Latha	Latha
4	Mrs. Merlingolda. V	Merlingolda
5	Mr. J. Kishore	J. Kishore
6	Mrs. K. Madhavalatha	Madhavalatha
7	Mrs. Kanakalakshmi. R	Kanakalakshmi
8	Mrs. Shankari. D	Shankari
9	Ms. Padma. K	Padma
10	Ms. K. Ramya	K. Ramya
11	Mrs. R. Sirisha	Sirisha
12	Ms. Jyothi Samhitha	Jyothi
13	Dr. P. Mangala Gowri	Mangala
14	Mrs. B. Vanaja Kumari	Vanaja
15	Mrs. Gomathi. M	Gomathi
16	Mrs. K. Kantha	K. Kantha
17	Mrs. J. Anusha	Anusha
18	Mrs. Smitha. P.M	Smitha
19	Ms. Anjanidevi. N	Anjanidevi



Dr. B. Anuj
Principal

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20	Ms. Shabana. S	<i>Shabana</i>
21	Mrs. Suchitra.S	<i>Suchitra</i>
22	Dr. V. Kumari	<i>Kumari</i>
23	Mrs. C. Megilin Bose	<i>Megilin Bose</i>
24	Mrs. Viji. A	<i>Viji</i>
25	Mrs. Latha. P	<i>Latha</i>
26	Mrs. Sujatha. A	<i>Sujatha A</i>
27	Ms.S. Elizabeth Jasmine	<i>Elizabeth Jasmine</i>
28	Mrs. T. Ushakiran	<i>Ushakiran</i>
29	Ms. Dadam Revathi	<i>Dadam</i>



A. S. Raju
PRINCIPAL

Principal
NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
NELLORE - 524 003.

Dr. B. Anuj
Principal
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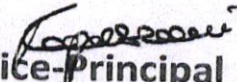
Professional Ethics Program on Administrative Staff
Theme: Regulatory Bodies


Certificate of Participation

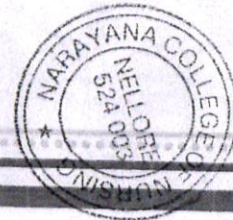
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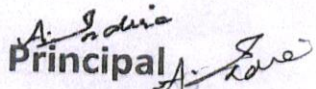
Mr. J. Kishore

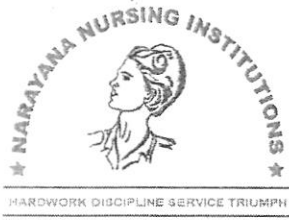
Has participated in Professional
Ethics Program on Administrative Staff on 19-02-2019.


Vice-Principal


Principal
NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
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Principal
NARAYANA COLLEGE OF NURSING
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PROFESSIONAL ETHICS PROGRAM ON STUDENTS

CIRCULAR

Circular No: NCON/18/04

Date: 27/07/2018

This is kind notice that Narayana College of Nursing conducting Professional ethics program on students, Theme: "Human values and professional ethics" on 03/08/2018 at auditorium 3rd floor between 2.00pm-4.00pm. Here all are requested to attend the program and make it grand success.



A. S. Reddy
PRINCIPAL
Principal
NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
NELLORE - 524 003.

Copy to:

Class Coordinator

Student Notice Board



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BANNER

NARAYANA COLLEGE OF NURSING
Chinthareddypalem, Nellore.

Programme on Professional Ethics for Students
Theme : Human Values

Date: 03. Aug. 2018 || Time: 02:00 pm - 04:00 pm || Venue: 3rd Floor, Auditorium, NCN.



A. Jais
PRINCIPAL
Principal
NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
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PROFESSIONAL ETHICS PROGRAMME ON STUDENTS 2018

Name of Activity organized	Professional ethics program
Title of the Activity	Human values and professional ethics
Date of activity organized	03/08/2018
Name of the coordinator of Activity	Ms. R.T.GIRIJARANI
Place of the Activity	Narayana College of Nursing
No. of participant (student +staff)	94
Name of the sponsored organization	Narayana College of Nursing
Nature of sponsorship	Regular Activity
Objective of the Activity	Awareness of professional ethics
Outcome of the Activity	Awareness of human values and professional ethics

Activity Report

Narayana College of Nursing conducted Professional ethics program on Ideal of the Profession by Nursing students on 03/08/2018 from 2pm to 4pm, Program was started with a Prayer song, welcome song, lamp lighting. Dr.Indira,A, Principal of Narayana College of Nursing presented a key note on ethical principles .Dr. Rajeswari HOD of Psychiatric Nursing presented a topic on types of ethics. Mrs. Vanajakumari Vice Principal , HOD Community Health Nursing Narayana College of Nursing, presented a topic on Code of Ethics. Mrs.Latha HOD,



A. Indira
Principal
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department of Medical Surgical Nursing, presented a topic on Professional Values. Ms. Ramya, HOD department of Pediatric Nursing presented a topic on Ethical Responsibilities. The awareness program were participated by B.Sc Nursing I and II year students of 94 members in Auditorium 3rd floor from 2pm to 4pm and M.Sc Nursing students were also participated in the awareness programme. The programme was concluded by Ms.Ushakiran ,Asso professor, Narayana college of Nursing. The programme was organized by R.T. Girija Rani Assist professor, Narayana college of Nursing. The programme ended vote of thanks followed by National Anthem.



Fig: Prof. Vanaja Kumari interacting with the students

Dt:03/08/2018



A. S. S. S.
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Table 3: Frequency and Percentage Distribution of Feed back analysis on Professional Ethics for students

S.No.	Grade	Frequency	Percentage
1	Excellent	45	48%
2	Very good	31	33%
3	Good	18	19%
4	Average	0	0
		94	

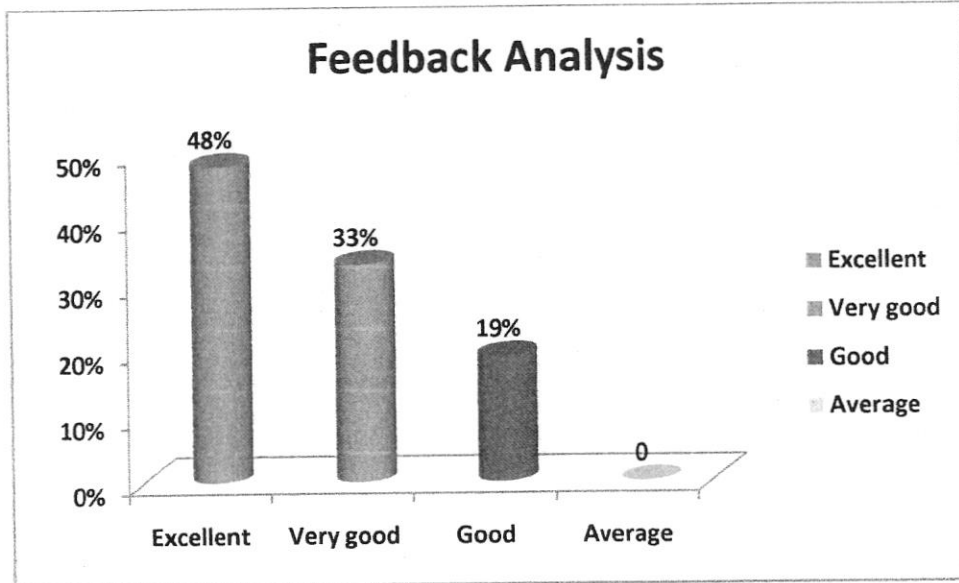


Fig. No. 3: Frequency and Percentage Distribution of Feed back analysis on Professional Ethics Students



[Signature]
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PROFESSIONAL ETHICS PROGRAMME ON STUDENTS -2018

ATTENDANCE

S.No	Name of the student	Signature
1.	ADITHYALAKSHMI T A	<i>Adithya</i>
2.	AISWARYA D	<i>Aiswarya</i>
3.	AKSA MARIAM JOHNSON	<i>Aksha</i>
4.	AKSA REJIMON	<i>Aksha</i>
5.	ALEENA JOBY	<i>Aleena</i>
6.	ALEENA SABU	<i>Aleena</i>
7.	ANEENA GEORGE	<i>Aneena</i>
8.	ANITHAMOL JOY	<i>Anithamol</i>
9.	ANJAL ANIL	<i>Anjali</i>
10.	ANJALY MARTIN	<i>Anjali</i>
11.	ANNA MARIA SOY	<i>Anna</i>
12.	ANNU THOMAS	<i>Annu</i>
13.	ANU JAMES	<i>Anu</i>
14.	ASHILY ROSE BABY	<i>Ashly</i>
15.	ASHLY BIJU	<i>Ashly</i>
16.	BIJITHA BIJU	<i>Bijitha</i>
17.	BLESSY BENNY	<i>Blessy</i>
18.	BLESSY MARIYA MATHEW	<i>Blessy</i>



A. Sani
Principal
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Chinthareddypalem,
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19.	DARSHANA JOSEPH	<i>Darshan</i>
20.	DAYANA ANNA ABRAHAM	<i>Dayana</i>
21.	DEVIKA BINU	<i>Devika</i>
22.	DEVIKA SANTHOSH	<i>Devika</i>
23.	DIVYA BABU	<i>Divya</i>
24.	DONA SUNIL	<i>Donna</i>
25.	JANCY JEMINI	<i>Jancy</i>
26.	JOICE GEORGE	<i>Joice</i>
27.	JUBY JOSE	<i>Juby</i>
28.	KRIPA SREEKUMAR	<i>Kripa</i>
29.	LISBET JOSHY	<i>Lisbet</i>
30.	MARIYA ABY	<i>Mariya</i>
31.	MARIYA FRANCIS	<i>Mariya</i>
32.	MARIYA MATHEW	<i>Mariya</i>
33.	MEERA V MURALIDHARAN	<i>Meera</i>
34.	MIBILA BABY	<i>Mibila</i>
35.	PRIYANKA JOHNY	<i>Priyanka</i>
36.	REMYA GEORGE	<i>Remya</i>
37.	RINTA SEBASTIAN	<i>Rinta</i>
38.	SAINU SUSAN SUNNY	<i>Sainu</i>
39.	SANJANA SABU	<i>Sanjana</i>
40.	SANNU SAJI	<i>Sannu</i>
41.	SEEBA BIJU	<i>Seeba</i>
42.	SELIN SUSAN CHACKO	<i>Selin</i>



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43.	SHINTU ANNA KURIAKOSE	Shintu
44.	SIMI SABU	Simi
45.	SINJUMOL SABU	Sinjumol
46.	SNEHA BABU	Sneha
47.	SNEHA JOMON	Sneha
48.	SREEKUTTY K S	Sreekutty
49.	SRUTHY S K	Sruthy
50.	SURYALAKSHMY S	Suryalakshmy
51.	TINTUMOL JOSEPH	Tintumol
52.	VINAYA THILAK	Vinaya
53.	AKSHA THERESA KURIAN	Akshi
54.	AKZA VARGHESE	Akzaraghese
55.	ALINA THOMAS	Alina
56.	ANAGHA ANILKUMAR	Anaghi
57.	ANI ELIZABATH ANTONY	Ani
58.	ANNE SUSMITHA	Anne
59.	ANNU ABRAHAM	Annu
60.	ANSU SAJI	Ansu
61.	ASHLY SALI	Ashly
62.	ASWATHY K A	Aswathy
63.	BESNA BABU	Besna
64.	BINCYP BENSON	Bincy
65.	BONCEY B KOTTOOR	Boncey
66.	DIVYA BABU	Divya



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67.	DONA MARIA TOMY	<i>Dona</i>
68.	ELSA K ABUGY	<i>Elsa</i>
69.	GANGA S	<i>Ganges</i>
70.	GOPIKA M G	<i>Gopika</i>
71.	GOWRI JAYAPRAKASH	<i>Gowri</i>
72.	GRACE MARY P M	<i>Grace</i>
73.	HARSHA BABU	<i>Harsha</i>
74.	HEBZEEBA BABU	<i>Hebzeeba</i>
75.	JELITA MARIA JOHN	<i>Jelita</i>
76.	JISINI ANNIE JOHN	<i>Jisni</i>
77.	KOCHURANY VARGHESE	<i>Kochurany</i>
78.	LINTU V JOSEPH	<i>Lintu</i>
79.	MARIYA SKARIA	<i>Mariya</i>
80.	NAYANA RAJEEV	<i>Nayana</i>
81.	NEENU SABU	<i>Neenu</i>
82.	NEETHU SABU	<i>Neethu</i>
83.	NITHY K TOMY	<i>Nithy</i>
84.	RANI RAJ B R	<i>Rani</i>
85.	SHALU MARY SHAJI	<i>Shalu</i>
86.	SHERINE S THOMAS	<i>Sherine</i>
87.	SNEHA KUNJUMON	<i>Sneha</i>
88.	SONA K	<i>Sona</i>
89.	SOPHY ROSE DEVASIA	<i>Sophy</i>
90.	SRUTHI L	<i>Sruthi</i>

A. Raju
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91.	STEPHY JACOB	<i>Stephy</i>
92.	SURYA SURESH	<i>Surya</i>
93.	VINAYA ANNA VINOD	<i>Vinaya</i>
94.	YEMEMMA JOSE	<i>Yememma</i>



A. S. Reddy
PRINCIPAL

Principal
NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
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ISO CERTIFICATES

Certificate of Registration

This is to Certify that
Energy Management System of

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has been assessed and found to conform to the requirements of

ISO 50001:2018

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1st Surv. Due	: 04/09/2025	2nd Surv. Due	: 04/09/2026



Director



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Dr. B. D. Srinivas
Principal
NARAYANA COLLEGE OF NURSING
Chinthareddypalem
NELLORE - 524 003

CERTIFICATE ZERTIFIKAT
CERTIFICATO
CERTIFICADO
CERTIFICA



CERTIFICATE OF REGISTRATION

This is to certify that Environment Management System of

NARAYANA COLLEGE OF NURSING

Chinthareddypalem, Nellore - 524003. Andhra Pradesh, India

Is in accordance with the requirement of the following
standard

ISO 14001:2015

(Environment Management System)

SCOPE OF CERTIFICATION

**"IMPARTING EDUCATION LEADING TO DIPLOMA, UG, PG AND
Ph.D DEGREES IN NURSING"**

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1st Surveillance Date : 14 Dec 2022
2nd Surveillance Date : 14 Dec 2023
Certificate Expiry Date : 14 Dec 2024

To verify certificate, visit at :
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Principal
NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
NELLORE - 524 003.

A. S. Prasad
Principal
NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
NELLORE - 524 003

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ANDHRA PRADESH – 524 003, INDIA

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Dr. B. Chinnai
Principal
NARAYANA COLLEGE OF NURSING
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Date of Expiry	: 03/10/2027		
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