

# SUMANDEEP VIDYAPEETH

(Declared as Deemed to be University under Section 3 of the UGC Act 1956)  
Accredited by NAAC with a CGPA of 3.53 out of four-point scale at 'A' Grade  
Category – I deemed to be university under UGC Act - 2018

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**CURRICULUM**

**DIPLOMA**

**In**

**AUXILIARY NURSE AND MIDWIVES  
(ANM)**

**Attested CTC**

*Sharaney*  
15/2/2021

**Vice-Chancellor**

**Sumandeep Vidyapeeth**

**An Institution Deemed to be University**

**VIII. Piparia, Taluka: Waghodia.**

**Dist. Vadodara-391 760. (Gujarat)**



*Sharaney*



*Shree'la*  
30/11/21

**PRINCIPAL**

**SUMANDEEP NURSING COLLEGE  
PIPARIA, WAGHODIA, VADODARA**

**AMENDED UP TO DECEMBER -2020**

## PHILOSOPHY

### The Sumandeep Nursing College believes that

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

ANM/FHW plays a vital role in the rural health care delivery system. She should be sensitive and accountable to meet the health needs of the community. She should be able to provide accessible, equitable, affordable and quality health care. ANM/FHW can act as a catalyst for promoting inter-sectorial convergence in preventive healthcare.

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

### OUR VISION:

To educate, illuminate & train ANM students for a better tomorrow.

### OUR MISSION:

To be one of the best ANM Institutions on the global map by developing individuals thought skilled, well planned, coordinated Nursing training, conducting applied research & developing institutional resources.

### AIM:

The aim of the undergraduate nursing program is to:

- The purpose of the ANM/FHW course is to prepare an ANM to function at the community level/village with specific skills to fulfill the health needs of the community. She will be an active link between the community and the health care system.
- Prepare nurses who can make independent decisions in nursing situations, protect the rights of and facilitate individuals and groups in pursuit of health, function in the hospital, Community nursing services, and conduct research studies in the areas of nursing practice. They are also expected to assume the role of teacher, supervisor, and manager in a clinical/public health setting.

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## OBJECTIVES:

**Sumandeep Nursing College endeavors to develop a graduate level nurse who will be able to:**

1. Appreciate the concept of holistic health and understand the influence of socioeconomic and environmental factors on the health status of the community.
2. Identify health problems/needs and resources in the community and mobilize social support for active participation of the community in health care activities.
3. Provide preventive, promote, restorative and emergency health care to individuals and community as required.
4. Provide skilled midwifery services to all mothers in the community and refer mothers at risk to hospitals.
5. Provide skilled care to all neonates in community and refer neonates at risk to the appropriate levels.
6. Guide/Train birth attendants, Anganwadi workers (AW\Y)s , other community health activists and volunteers.
7. Provide need-based information and counseling related to health of individuals, family and groups.
8. Participate in all the National health and Family welfare programs at community level.
9. Act as a team member in the health care delivery system.
10. Coordinate and collaborate with the other health team members and community based organizations, non-govt. organizations (NGO) and village administration.
11. Manage the health center including equipment and supplies, and maintain the records in order to provide quality based people friendly services.
12. Update knowledge and skills for professional and personal growth.

**Programme Outcome:** After completion of ANM program students shall be able to:

1. Appreciate the concept of holistic health and understand the influence of socioeconomic and environmental factors on the health status of the community.
2. Provide skilled midwifery services to all mothers in the community and refer mothers at risk to hospitals.
3. Manage the health center including equipment and supplies, and maintain the records in order to provide quality-based services in the community by using scientific nursing knowledge.

4. Engage in continuous professional and personal development in nursing practice.



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5. Perform nursing practice within the framework of the code of ethics and professional conduct and ensure acceptable standards of practice.

### **Guidelines for starting a School of Nursing for conducting ANM/ FHW Training**

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

#### **Note:**

1. A school for training of the ANMs should be located in a Community Health Centre or a Rural Hospital (RH) having minimum bed strength of 30 and maximum 50 and serving an area with community health program. The school should also be affiliated to a district hospital or a secondary care hospital in order to provide experiences of secondary level health care and an extensive gaynec-obstertical care.
2. An organization having a hospital with 150 beds with minimum 3j>50 obstetrics and gynecology beds , and 100 delivery cases monthly can also open ANM school They should also have an affiliation of PHC/CHC for the community health nursing field experience.
3. Clinical Facilities: School has to be affiliated to district hospital or a secondary care hospital with minimum 150 beds, in order to provide adequate maternity, childcare and basic medical surgical experiences. The hospital to have adequate number of trained nursing staff round the clock. Bed occupancy on the average to be between 60% -70%..

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## Teaching faculty:

Teaching faculty for 20-40 annual admission:

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

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

## Non Teaching Staff

1. Accountant cum cashier: One
2. Clerk cum typist: One
3. Driver: One
4. Cleaner: One
5. Office attendant: One
6. Sweeper: One

## Staff for the hostel:

1. Warden cum house keeper: one
2. Cook cum helper: Three
3. Sweeper: One
4. Chowkidar/Security Guard: Three

## ANM School Management committee

The school should have a management committee comprisingof:

- Principal /PrincipalNursingOfficer - Chairperson  
NursingTutor - Secretary  
NursingTutor/PHN -  
MemberDistrict Public health Nurse/Nursing Officer -  
Member  
Nursing Superintendent/Nursing in charge of the Hospital- Member  
Superintendent/Medical Officer in charge of hospital/ CHC - Member

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

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## Annual Admission

1. Minimum students intake is 20
2. Maximum students intake is 40

## Duration of Course

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

### First Year:

i.	Total weeks	- 52weeks
ii	Vacation	- 4weeks
iii	Gazatted holidays	- 2 weeks
iv	Preparatory holidays and examination	-3weeks
v.	Teaching hours in weeks	- 43weeks
vi.	Teaching hours per week	-43weeksx40hours/weeks=1720hrs

### Second Year (including internship)

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

## Admission Terms and Condition

1. The minimum age for admission shall be 17 years on or before 31<sup>st</sup> December of the year in which admission is sought.
2. The maximum age for admission shall be 30 years.
3. The minimum educational requirements shall be the passing of 12 years of schooling (10+2 year course) recognized by CBSE/ICSE/SSSCE/HSCE or a recognized equivalent examination.
4. Medical Fitness: Admission is subject to satisfactory medical examination report.

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## Course of Study

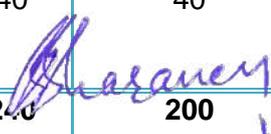
### First Year

Sr. No.	Nursing Courses Course title and description	Class room hours			Experience		
		Theory	Demo	Total	Hospital	Community	Total
I	Community Health Nursing	120	50	170	10	100	<b>110</b>
	A. Health Promotion	120	75	195	20	180	<b>200</b>
	a. Nutrition	35	30	65			
	b. Human body and Hygiene	35	20	55			
	c. Environmental Sanitation	20	15	35			
	d. Mental health	30	10	40			
II	Primary health care nursing I-	130	150	280	90	300	<b>390</b>
	A. Infection and Immunization	25	20	45			
	B. Communicable disease	40	25	65			
	C. Community Health Problems	30	50	80			
	D. Primary Medical care	20	20	40			
	E. First Aid and Referral	25	35	60			
III	Child health nursing	75	110	185	80	100	<b>180</b>
<b>Total hours</b>		<b>450</b>	<b>385</b>	<b>835</b>	<b>200</b>	<b>680</b>	<b>880</b>

### Second Year (First six months)

S. No	Nursing Courses Course Title and description	Class room hours			Experience		
		Theor y	Demonstratio n	Tota l	Hospita l	Communit y	Tota l
I	Midwifery	200	160	360	220	160	<b>380</b>
II	Health center Management	40	40	80	-	60	<b>60</b>
<b>Total hours</b>		<b>240</b>	<b>200</b>	<b>440</b>	<b>220</b>	<b>220</b>	<b>440</b>



  
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## Second Year (Internship-six months)

Sr. No.	Nursing Courses Course title and description	Experience		
		Hospital	Community	Total
I.	Midwifery	240	240	<b>480</b>
	A. Antenatal ward	40	--	--
	B. Intra-natal/ labour room	120	--	--
	C. Post natal ward	40	--	--
	D. Neonatal care unit	40	--	--
II.	Child Health	80	160	<b>240</b>
III.	Community health and health center management		160	<b>160</b>
<b>Total hours</b>			<b>880</b>	

Total= 880 hours in the internship period

Grand total- 1760 hrs.

### Scheme of Examination:

Theory and practical examinations at the end of the first year

Paper	Course	External	Internal	Duration
<b>Theory Paper-i</b>	Community Health Nursing	75	25	<b>3 hrs.</b>
<b>Theory Paper-II</b>	Health Promotion	75	25	<b>3 hrs.</b>
<b>Theory Paper-III</b>	Primary Health Care Nursing	75	25	<b>3 hrs.</b>
<b>Theory Paper-IV</b>	Child Health Nursing	75	25	<b>3 hrs.</b>
<b>Practical I</b>	CHN & Health promotion	100	100	-
<b>Practical II</b>	Child Health Nursing	100	100	-
	<b>Total</b>	<b>500</b>	<b>300</b>	-

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

Paper	Course	External Assessment	Internal Assessment	Duration
<b>Theory Paper V</b>	Midwifery	75	25	<b>3 hrs.</b>
<b>Theory Paper VI</b>	Health Centre management	75	25	<b>3 hrs.</b>
<b>Practical III</b>	Midwifery	100	100	-
<b>Practical IV</b>	Primary health care nursing and health care management	<b>100</b>	<b>100</b>	<b>3 hrs</b>

Grand total for second year 600 marks.

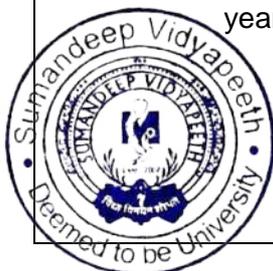
**Note:**

1. Question paper for Nursing courses to be set by qualified nursing teachers only. The venue for practical examination shall be Government District Hospital for all the students of government and private ANM institutions.
2. Practical examination should be for only 10 students per day.
3. Supplementary examination should be conducted at six monthly intervals for the failures.
4. Internal assessment should be done on class test, assignments, report of visits and group work.
5. All practical examinations must be held in the respective clinical areas and on patients.
6. One internal and One external examiners should jointly conduct practical examination for each student.
7. An examiner should be a BSc nursing teacher with minimum of 5 years of teaching experience in ANM program or M.Sc. (N) with 3 years of teaching experience in ANM program Internal assessment will be made on the basis of classroom tests, written assignments, performance in the community and clinical area along with records and reports maintained by the students.
8. Pass mark for each nursing subject on aggregate will be 50% : A candidate has to pass in theory and practical exam separately in each of the paper. Average internal marks of the total students shall not be more than 75% i.e, if 40 students are admitted in a course the average score of the 40 students shall not exceed 75% of total internal marks.
9. Maximum number of attempts permitted for each paper is 3 including first attempt: Maximum duration of completion of the course is 4 years. A candidate failing in more than one subject will not be promoted to the next year. No candidate shall be permitted to appear in the second year examination unless the candidate has passed the first year examination.

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### **Eligibility for Admission to Examination**

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

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## ANM FIRST YEAR

**Subject: Community Health Nursing Theory – 120 Hours**

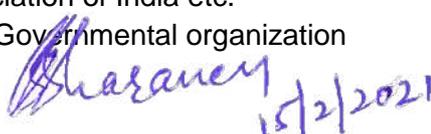
**Course Outcome:** At the completion of course, student shall be able to work which includes maternal and child health along with family planning services, health and nutrition education, efforts for maintaining environmental sanitation, immunization for the control of communicable diseases, treatment of minor injuries, and first aid in emergencies and disasters.

**Learning Objectives:** At the end of the course, the students shall be able to,

1. Describe the concept of community health, primary healthcare.
2. Understand health policies, plans and program of the country,
3. Understand the concept of community.
4. Appreciate the role of the health team.
5. Demonstrate home visit techniques and practices in the community
6. Describe structure, function, characteristics and administrative set up of a community.

Unit	Time (Hrs.)		Contents
	Th.	Demo	
I	10	-	<b>1. Concept of Health</b> A. Health and its changing concepts. B. Dimensions of health C. Determinants of health D. Primary healthcare, definition, components, significance, community application
II	10	-	<b>2. Community Health practices</b> A. Health concepts of people and health care providers. B. Health behaviors, beliefs and cultural practice of community. C. Ethics and behavior related to community practices D. Method of home
III	15	5	<b>3. Health problems and policies</b> A. Overview of health problems of communities in India. B. Participate in national health and family welfare programs. C. Field Visits: Village, Sub center, Primary health center, Community health center.
IV	10	5	<b>4. Health Organization</b> A. Organization of SC, PHC, CMC and district hospital. B. Organization of health care delivery system at different levels C. Referral system D. Health agencies: International: WHO, UNICEF, UNFPA, UNDP, World Bank, FAO, DANIDA, European Commission. Red Cross, US aid, UNESCO. Colombo Plan, ILO, CARE etc. E. National: Indian Red Cross, Indian Council for child welfare, Family planning association of India etc. F. Non- Governmental organization



  
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V	-	-	<b>5. Role of health team</b> A. Team concept and functions of the health team B. Role and responsibilities of ANM/FHW C. Code of ethics for ANM
VI	10	5	<b>6. Structure of community</b> A. Rural community- B. Characteristics, changes in the village community development, major rural problems C. Urban Community- Characteristics, changes and adjustments to urban environment, major urban problems D. Village:Physical structure, Administrative set up E. Function of Panchayat F. 73 <sup>rd</sup> and74 <sup>th</sup> amendments to Constitution and role of Panchayat in health. G. Structure of urban community slum Social group's organizations.leaders H. Community resources
VII	10	5	<b>7. Dynamics of community</b> A. Social processes- individual and process of socialization B. Interaction between different social groups in the village. C. Traditions and customs and their influence on health. D. Social stratification: Influence of Class. Caste and Race on health and health practices E. Family and marriage: Types F. Changes & legislations on family and marriage in India
VIII	20	6	<b>8. Scope and Methods of community need assessment</b> A. Survey: Planning Preparation of tools: questionnaires, interview schedules, check listetc. B. Community survey: Principles and methods: data collection, conducting interviews,focus group discussions and case studies. C. Participatory learning for action (PLA) D. Analysis of data, Preparation of report
IX	20	15	<b>9. Communication methods &amp; media</b> A. Principles, Methods and Process of communication. B. Inter personal relationship (IPR): communication with different groups and health teammembers. C. Types and use of AV aids D. Use of local folk methods and media for disseminating health messages. E. BCC(Behavioral change communication), IEC (Information, Education and communication): Aims, Scope,concept andapproaches F. Teaching learning process, concept , characteristics, steps of learning, characteristics of learner G. Principles, methods ofteaching H. Planning ofhealth education activities: Role and responsibilities of ANM's/Health workers in BCC
X	5	5	<b>10. Counseling.</b> A. Concept, Principles and Techniques of counseling. B. Identifying needs and areas for counseling in the community. C. Role of counselor



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			D. Role of ANM/ Female Healthworker as counselor
XI	5	2	<b>11. Community based rehabilitation</b> A. Health Conditions needing rehabilitation B. Community Resources available C. Educate individuals, family and community.

**Subject: Nutrition**

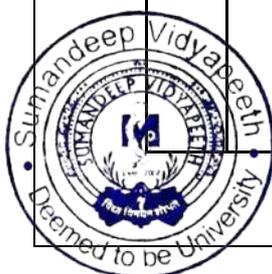
Theory – 35 Hours

**Course Outcome:** At the completion of course, student shall be able to provide preventive, promotive, restorative services related nutritional advice, environmental sanitation and hygiene practices.

Learning Objectives: - At the end of the course, the students shall be able to,

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

Unit	Time (Hrs.)		Contents
	Th.	Demo	
I	10	5	<b>1. Essential nutrients</b> A. Importance of nutrition in health and sickness B. Essential nutrients, functions, sources and requirements C. Classification of foods and their nutritive value D. Normal requirements at different ages. E. Balanced diet for different age group
II	10	5	<b>2. Nutritional problems Nutritional deficiencies</b> A. Deficiencies, correction, treatment and referral - protein energy malnutrition B. Vitamin and mineral deficiencies: Nutritional anaemia in women C. Under five nutrition D. The role of ANM's/ FHW/ AWWs in supplementary food. E. Special diets of individuals for different age group.
III	5	5	<b>3. Nutritional assessment</b> A. Methods of nutritional assessment of individual and family: mother and child B. Identification of local food sources and their value in enriching diet. C. Food fads, taboos, customs and their influence on health.
IV	10	15	<b>4. Promotion of nutrition</b> A. Planning diets and special diets for a family B. Methods of using locally available foods for special diet C. Principle and methods of cooking D. Promotion of kitchen gardens



			<p>E. Food hygiene and safe preparation</p> <p>F. Storage and preservation</p> <p>G. Food adulteration</p> <p>H. Precautions during festivals and Melas</p>
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## B. Human body and hygiene

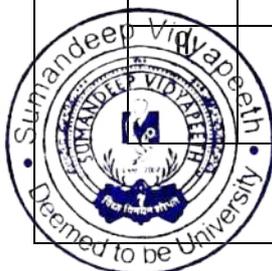
Theory – 35 hours

Unit	Time (Hrs.)		Content
	Theory	Demo	
I	20	-	<p><b>1. The human body</b></p> <p>A. Structure and functions of human body.</p> <p>B. Body systems and their functions digestive system respirator' system, genito urinary system, cardiovascular system, nervous system, muscular system, endocrine system, special sensory organs.</p>
II	5	15	<p><b>2. Hygiene of the body</b></p> <p>A. Personal and individual hygiene Care of mouth skin, hair and nails.</p> <p>B. Sexual hygiene</p> <p>C. Menstrual hygiene.</p> <p>D. Hygiene and comforts needs of the Sick: Care of skin: Bath sponging, back care, care of pressure points, position changing,</p> <p>E. Care of hair: hair wash</p> <p>F. Care of hand and nails: hand washing</p> <p>G. Care of eyes: eye wash,</p> <p>H. Mouth care:</p> <p>I. Elimination Care of bowels and bladder</p>
III	5	5	<p><b>3. Optimal functioning of the body</b></p> <p>A. Basic human needs</p> <p>B. Rest, sleep, activity, exercise, posture etc.</p> <p>C. Food, eating and drinking habits</p> <p>D. Participation in social activities.</p> <p>E. Self-actualization and spiritual need.</p> <p>F. Interpersonal and human relations</p> <p>G. Lifestyle and healthy habits</p>

## C. Environmental Sanitation

Theory : 20 hours

Unit	Time (Hrs.)		Content
	Theory	Demo	
I	5	2	<p><b>1. Environmental Sanitation</b></p> <p>A. Environment and ecology for healthy needs.</p> <p>B. Light and ventilation</p> <p>C. Home environment smoke, animals water, drains and toilets</p>
	5	4	<p><b>2. Safe water</b></p> <p>Sources of water &amp; characteristics of safe water - sources of contamination and prevention.</p>



			B. Purification of water for drinking methods- small and large scale. C. Disinfections of well, tube well tank and pond in a village. D. Water borne diseases and prevention.
III	5	4	<b>3. Disposal of excreta and waste.</b> A. Methods of excreta disposal - types of latrine. B. Handling animal excreta. C. Methods of waste disposal D. Hazards due to waste
IV	5	5	<b>4. Community participation</b> A. Drainage and preparation of soak pits. B. Maintaining healthy environment within and around village- cleaning and maintenance of village drains, ponds and wells. C. Common waste, excreta and animal waste - disposal in village.

#### D. Mental Health

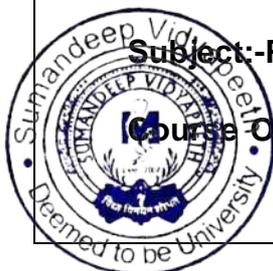
Theory: 30 Hours

Unit	Time (Hrs.)		Content
	Theory	Demo	
I	10	2	<b>1. Mental Health</b> A. Concept of mental health B. Body-mind Relationship. C. Factors influencing mental health. D. Characteristics of a mentally healthy person. E. Developmental tasks of different age groups F. Different defense mechanisms
II	3	2	<b>2. Maladjustment</b> A. Features of a maladjusted individual. B. Common causes of maladjustment. C. Counseling an individual, family and community.
III	12	4	<b>3. Mental illness</b> A. Identify abnormal behaviors. B. Types of mental illnesses and treatments. C. Early detection and referral of mentally ill D. Prevention of mental illness E. Home care and counseling F. Refer psychiatric emergencies.
IV	5	2	<b>4. Old age care</b> A. Process of ageing - physical, psychological changes. B. Needs and problems C. Care of elderly at home. D. Rehabilitation and agencies of caring elderly.

Attested CTC

Subject:- Primary Health Care: Theory – 130 Hours

Course Outcome: At the completion of course, student shall be able to provide basic services o



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basic services for communicable and non-communicable diseases including disease surveillance, depending upon the specific needs of the population

Learning Objectives: - At the end of the course, the students shall be able to,

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

### A. Infection and Immunization

Theory: 25 hours

Unit	Time (Hrs.)		Content
	Theory	Demo	
I	2	-	<b>1. Concept of disease.</b> A. Concept and definition of illness B. Disease causation C. Classification of diseases.
II	4	2	<b>2. Infection</b> A. Meaning and types of infection. B. Causes of infection C. Classification and characteristics of micro organisms: Pathogenic and Non-pathogenic D. Incubation period and spread of infection transmission E. Factors affecting growth and destruction of microbes.
III	6	2	<b>3. Immunity and body defense mechanisms</b> A. Body's defense mechanism B. Immunity –concept C. Hypersensitivity: Antigen antibody reaction D. Types of immunity E. Types of vaccines F. Storage and care - cold chain maintenance.
IV	6	4	<b>4. Immunization</b> A. Immunization against different infections immunization schedule B. Injection safety C. Methods of administering vaccine D. Sterilization of syringes and needles. E. Immunization in the community F. <del>Precautions while giving vaccines</del> G. Precautions while giving vaccines H. Special immunization drives and programmes. Records and reports
	2	4	<b>5. Collection of specimen</b>



			<p>A. Principles and methods of collection of specimens and handling body discharges.</p> <p>B. Collection of specimens of blood, sputum, urine, stool</p> <p>C. Safe disposal of body discharges.</p>
VI	3	6	<p><b>6. Disinfection and sterilization</b></p> <p>A. Principles and methods of antisepsis, disinfection and sterilization</p> <p>B. Methods of disinfecting different equipments</p> <p>C. Methods of sterilizing different equipments</p>
VII	2	2	<p><b>7. Waste Disposal</b></p> <p>A. Waste disposals- infectious and non- infectious: concepts, principles, and methods at different levels</p>

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## B. Communicable Diseases

Unit	Time (Hrs.)		Content
	Theory	Demo	
I	7	5	<b>1. Introduction to communicable diseases</b> A. Common communicable diseases; Epidemiological concepts - Incidence and prevalence, mortality and morbidity. B. Levels of prevention C. Control and prevention of Communicable diseases General measure. D. Surveillance, isolation, notification. reporting
II	25	5	<b>2. Communicable diseases.</b> A. Signs, Symptoms, care and prevention of the following: a. Diphtheria, pertussis, tetanus, poliomyelitis, measles and tuberculosis b. Chickenpox, mumps, rubella, enteric fever, hepatitis, rabies, malaria, dengue, filaria, kala-azar trachoma, conjunctivitis, scabies, STDs and HIV/AIDS c. Encephalitis d. Leptospirosis e. Acute respiratory infections. f. Diarrhoeal diseases g. Worm infestations h. leprosy. i. Role and responsibilities of health worker/ANM
III	6	8	<b>3. Care in communicable diseases</b> A. Care of patients with communicable diseases. B. Isolation methods. C. Standard safety measures(Universal precautions) D. Health education and messages for different communicable diseases. E. Role and responsibilities of health worker /ANM
IV	2	7	<b>4. Epidemic Management</b> A. Definitions and causes of epidemics. B. Epidemic enquiry in a community and epidemic mapping C. Relief work and role of health worker/

## C. Community Health Problems

Theory : 30 hours

Unit	Time (Hrs.)		Content
	Theory	Demo	
I	3	10	<b>1. Care of the sick in the community</b> A. Common health conditions in the community -danger signs of ill-ness. B. Health assessment: Taking history, Physical examination: Vital signs. Weight, Height



			<p>recognition of abnormalities</p> <p>C. Identification of health problems</p> <p>D. Management of the sick: home and community nursing procedures, care of the sick, referral</p> <p>E. Health education: individual and family</p>
II	3	8	<p><b>2. Fever</b></p> <p>A. Vital signs: Temperature, pulse, respiration, blood, pressure</p> <p>B. Temperature maintenance and the physiology of fever</p> <p>C. Fever: Types and stages</p> <p>D. Causes of fever– common conditions causing fever, malaria, typhoid, Acute respiratory Infection (ARI) etc</p> <p>E. Nursing management of patient with fever</p> <p>F. Alternate system of medicine</p>
III	4	6	<p><b>3. Respiratory problems</b></p> <p>A. Common respiratory problems: types, classifications- cold and cough, ARI, Asphyxia, tonsillitis, asthma, bronchitis pneumonia and tuberculosis</p> <p>B. Causes, sign and symptoms, treatment of respiratory problems</p> <p>Management: Role and responsibilities of ANM/health workers in care of respiratory problems including Home care remedies.</p> <p>C. Integrate accepted practices of AYUSH</p>
IV	2	2	<p><b>4. Aches and pains</b></p> <p>A. Causes and nursing management of Tooth ache, ear ache, abdominal pain, headache, joint pains.</p> <p>B. Management as per the standing orders and protocols</p> <p>C. Role of ANM/health worker in the community including Home care remedies</p> <p>D. Integrate accepted practices of AYUSH</p>
V	3	4	<p><b>5. Digestive problems</b></p> <p>A. Indigestion. anorexia, vomiting, distension and Constipation</p> <p>B. Hemorrhoids. hernia, ulcers and intestinal obstruction</p> <p>C. Role of ANM/health worker in the community including Home care remedies.</p> <p>D. Integrate accepted practices of AYUSH</p>
VI	3	3	<p><b>6. Urinary problems</b></p> <p>A. Signs and symptoms of renal conditions</p> <p>B. Retention of urine, renal colic, edema</p> <p>C. Role of ANM/health worker in the community including Home care remedies.</p> <p>D. Integrate accepted practices of AYUSH</p>
	3	3	<p><b>7. Cardiovascular problem</b></p> <p>A. Signs and symptoms of cardiac conditions and blood related</p>



			problems: heart attack, chest pain, anemia, B. Hypertension and leukemia C. Care of a cardiac patient athome D. Role of ANM/health worker in the community including.Home careremedies E. Integrateaccepted practices ofAYUSH
VIII	2	3	<b>8. Diseases of the nervous system</b> A. Signs and symptoms ofneurological problems - Headache, backache and paralysis B. Care of a patient with stroke athome. C. Care of pressure points, back care changing of positions, active and passive exercises, body support to prevent contractures. D. Role of ANM/health worker in the community including Home careremedies. E. Integrateaccepted practices of AYUSH
IX	3	4	<b>9. Metabolic diseases</b> A. Diabetes - signs and symptoms, complications diet and medications B. Skin care, footcare C. Urine testing and administration of insulininjection. D. Integrateaccepted practices of AYUSH
X	2	4	<b>10.Diseases of muscular skeletal system</b> A. Signs and symptoms of sprain, tear of ligaments andarthritis. B. Integrate accepted practices ofAYUSH
XI	2	3	<b>11. Care of handicap</b> A. Handicaps - different types B. Counseling for prevention of certain handicaps C. Understandings the handicappedperson D. Helping familytoensure need based care

#### D. Primary MedicalCare

Theory: 20 hours

Unit	Time (Hrs.)		Content
	Theory	Demo	
I	5	4	<b>1. Types of drugs</b> A. Different Systems of medicine: allopathicand AYUSH B. Classifications ofdrugs C. Forms and characteristics ofdrugs D. Abbreviations used in medication E. Administration of drugs: Policies and regulations,asper protocols and standing orders F. Calculation ofdosage
II	5	10	<b>2. Administration of drugs</b> A. Routes ofadministration - Oral, parentral (intradermal, intramuscular, subcutaneous, Intra venous), rectal, local and others. B. Administration of drugs: Precautions,principles C. Observations and recording.



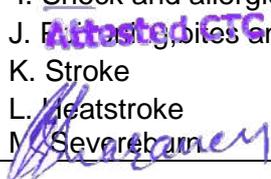
III	5	2	<b>3. Drugs used in minor ailments</b> A. Common drugs for fever, cold and cough, aches and pains etc. B. Drug kit in the subcentre. content and its use C. Storage and care of drugs
IV	5	4	<b>4. Common emergency drugs</b> A. Methergine, misoprostol injection oxytocin, IV fluids, antibiotics, injection and magnesium sulphate deriphylline, avil and other antihistaminic, pelhecline, vitamin K, antirabies vaccine, anti snake venoms as per the protocol B. Precautions for administration C. Storage and Care of emergency drugs

### E. First Aid and Referral

Theory : 25 hours

Unit	Time (Hrs.)		Content
	Theory	Demo	
I	2	7	<b>1. Need for First Aid</b> A. Principles of first aid B. Mobilization of resources C. First aid kit & supplies. D. Bandages: Types, Use E. Principles and methods of Bandaging
II	10	5	<b>2. Minor Injuries and ailments</b> A. Cuts and wounds : types, principles and first aid care B. Foreign bodies • Burns and scalds types, principles and first aid care C. Health education and referral D. Role of ANM/health worker
III	5	8	<b>3. Fractures</b> A. Skeletal system and different bones. B. Fractures: Types. Causes, signs and symptoms, first aid care, C. Methods of immobilization and transportation.
IV	8	15	<b>4. Life Threatening Conditions</b> A. Bleeding B. Drowning C. Strangulation, suffocation and asphyxia D. Loss of consciousness E. Cardio respiratory arrest F. Convulsions G. Foreign bodies H. Chest injuries I. Shock and allergic conditions J. First aid, bites and stings K. Stroke L. Heatstroke M. Severe burn



  
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**Subject:-Child Health Nursing Theory – 75 Hours**

**Course Outcome:** At the completion of course, student shall be able to provide preventive, promotive, restorative services including nutritional advice, environmental sanitation and hygiene practices.

Learning Objectives: - At the end of the course, the students shall be able to,

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

Unit	Time (Hrs.)		Content
	Theory	Demo	
I	20	20	<b>1. Growth &amp; development</b> A. Introduction to Growth and development B. Factors affecting growth and development C. Growth and development in infants and children: Assessment D. Physical, psychological and social development E. of children Monitoring and recording of growth and development of infants and children F. Care of infants and children - play, hygiene, emotional needs training for bowel and urination G. Accidents: causes, precautions and prevention. H. Congenital I. anomalies
II	20	20	<b>2. Nutrition of infants and children</b> A. Exclusive Breast feeding B. Nutritional requirements C. Complementary feeding D. Problems of feeding E. Breastfeeding F. Counselling G. Infant feeding and HIV H. Baby friendly hospital initiative
III	5	10	<b>3. Children's Rights</b> A. Convention of Rights of the Child B. Prevention of child labour C. Abuse and legal protection D. Special care of girl child. E. Female infanticide



  
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IV	10	35	<b>4. Care of the sick child</b> A. Common childhood disorders: B. Signs, symptoms and management. C. Vaccine for preventable diseases D. Acute Respiratory tract infections E. Diarrhoea vomiting, constipation F. Tonsillitis and mumps G. Ear infections H. Worm infestation I. Accidents and injuries J. Skin infections K. Fever - malaria, measles. L. IMNCI strategy
V	15	20	<b>5. Care of School children</b> A. School health: Objectives, problems and programmes Environment of school B. Assessment of general health of school children C. Dental and eye problems D. Nutritional deficiencies E. School health education for children F. Need based sharing of health information with teachers/ parents/ children G. Records and reports
VI	5	5	<b>6. Care of adolescents</b> A. Physical growth during adolescence B. Emotional and behavioural changes in girls and boys C. Special needs of adolescents. D. Sex education for adolescents E. Counselling
VII	10	10	<b>7. Care of adolescent girls</b> A. Menstruation and menstrual hygiene B. Special nutritional needs C. Early marriage and its affects D. Adolescent girls: pregnancy and abortion E. Preparing for family life- pre marital counseling. F. Role of ANM/ female health worker

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## ANM SECOND YEAR

**Subject:-Midwifery**

Theory – 200 Hours

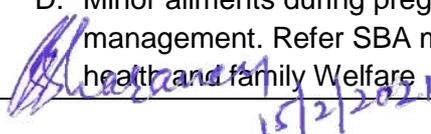
**Course Outcome:** At the completion of course, student shall able to provide basic health care, to assist during and after pregnancy and childbirth, assess the high-risk cases, referral services and promote the safe motherhood in community.

**Learning Objectives:** - At the end of the course, the students shall be able to,

1. Describe male and female reproductiveorgans.
2. Explain process of conception and foetaldevelopment
3. Describe female pelvis and the muscles involved in delivery offoetus.
4. Conduct normal delivery and provide care to thenewborn.
5. Provide care to pregnant mother during ante, intra and post natal period at home andhospital

UNIT	Time (Hrs.)		Content
	Theory	Demo	
I	8	-	<b>1. Human Reproductive System</b> A. Femalereproductive organs - structure and function B. Menstrualcycle C. Male reproductive organs structure and functions D. Process ofconception
II	6	2	<b>2. Female Pelvis and fetal skull</b> A. Structure of the pelvic bones-types of pelvis B. Pelvicdiameters C. Musclesandligaments of pelvic floor D. Foetal skull :bones, diameters, sutures, size, shape, moulding, skull areas, fontanelles
III	5	5	<b>3. Foetus and placenta</b> A. Growth and development of foetus, foetal sac and amniotic fluid and foetalcirculation and changes after birth B. Structureandfunctions of placenta,membranes andumbilical cord and abnormalities. Refer SBA module ofMinistry of health andFamily Welfare
IV	10	5	<b>4. Normal pregnancy</b> A. Signs and symptoms of pregnancy B. Variousdiagnostic tests for conformation of pregnancy C. Physiological changes during pregnancy D. Minor ailments during pregnancy and their management. Refer SBA module of Ministry of health and family Welfare



  
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V	10	8	<b>5. Antenatal care</b> A. Registration B. Taking history of a pregnantwoman. C. Physicalexamination, Investigation. routine and specific D. Prophylactic medications E. Need based healthinformation and guidance F. Nutrition in pregnancy G. Special needs of a pregnantwoman. H. Involvement of husbandand family. I. Identification of high risks cases ancreferral J. Preparation of mother fordelivery.Refer SBA module ofMinistry of health and family welfare
VI	10	8	<b>6. Normal Labour</b> A. Onset and stagesof labour, physiological changes B. Changes inUterinemuscles, and cervix C. Lie, attitude, position, denominatorand presentation of foetus D. Foetalskull, E. Mechanisms oflabour F. Identification of high risk cases,foetal distress and maternal distress during labour G. Partograph in the management of the normallabor H. Role of ANM/Female health worker and referral. Refer SBA module of Ministry of health and Family Welfare
VII	12	15	<b>7. Care during normal labour</b> A. History oflabour B. Importance offive 'C's C. Monitoringprogress of labour with partographpreparation for delivery D. Care of motherin first and second stage of labour E. Assist andconduct childbirth F. Immediate careof new-born resuscitation, apgar score, cord care G. Oxytocin Misoprostol drugs: Dose, route, indication, contraindication, action, side effects precautions, role and responsibilities of ANM/FHW H. Delivery ofplacenta and examination of placenta I. Care of mother in third and fourth stage: Recognise degrees of tear and appropriate care and referral J. Establishment of breast feeding, exclusive breast feeding K. Kangaroo mother care L. Baby friendly hospital initiative M. Record childbirth and ensure birth registration. Refer SBA module of Ministry of health andFamily Welfare
VIII	10	10	<b>8. Normal puerperium</b> A. Physiological Changes during postnatalperiod B. Postnatalassessment C. Minor ailments during puerperiumand theirmanagement



			<p>D. Care of mother-diet rest, exercise, hygiene</p> <p>E. Management of breastfeeding.</p> <p>F. Prophylactic medicines</p> <p>G. Special needs of postnatal women</p> <p>H. Need based health education. Refer SBA module of Ministry of health and Family Welfare</p>
IX	10	10	<p><b>9. Care of New-born</b></p> <p>A. Assessment of new born for gestation age, risk status and abnormalities</p> <p>B. Neonatal resuscitation</p> <p>C. Monitoring of vital signs and birthweight</p> <p>D. Management of normal new-born and common minor disorders.</p> <p>E. Exclusive Breast feeding and management</p> <p>F. Temperature maintenance, kangaroo mother care</p> <p>G. Immunization</p> <p>H. Care of newborn: Jaundice, infection, respiratory problems</p> <p>I. Principles of prevention of infection</p> <p>J. Educating mother to look after babies. Integrate accepted practices of AYUSH Refer SBA module of Ministry of health and Family Welfare</p>
X	5	10	<p><b>10. High risk New Born</b></p> <p>A. Pre term /Low Birth weight babies.</p> <p>B. Special needs of high risk babies</p> <p>C. Care at home -referral and followup</p> <p>D. Care during asphyxia, convulsions, vomiting.</p> <p>E. Care for thrush, cord sepsis, diarrhoea.</p> <p>F. Implementation. IMNCI protocol Refer SBA module of Ministry of health and Family Welfare</p>
XI	10	3	<p><b>11. Safe mother-hood</b></p> <p>A. Concept and cause of maternal mortality and morbidity</p> <p>B. Safe motherhood components: RCH and NRHM</p> <p>C. Preventive measures, Role of ANM/ Female Health worker. Refer SBA module of Ministry of health and Family Welfare</p>
XII	10	5	<p><b>12. High risk pregnancies</b></p> <p>A. Identification. Risk factors, decision making, and management.</p> <p>B. Protocols and standing orders:</p> <p>C. Referral and follow up</p> <p>D. Counselling and guidance about high risk conditions</p> <p>E. Involvement of husband and family</p> <p>F. Role of ANM/ Female Health worker. Refer SBA module of Ministry of health and Family Welfare</p>
	15	10	<p><b>13. Abnormalities of pregnancy</b></p> <p>Common abnormalities of pregnancy: hyperemesis gravidarum, leaking and bleeding per vagina</p>



			<p>B. Anemia of pregnant woman</p> <p>C. Eclampsia and pre eclampsia and toxemia of pregnancy</p> <p>D. Indication of premature rupture of membranes, prolonged labour, anything requiring manual intervention, UTI, puerperal sepsis.</p> <p>E. Obstetrical shocks:</p> <p>F. Uterine abnormalities, ectopic pregnancy</p> <p>G. Diseases complication pregnancy - TB, diabetes.</p> <p>H. Hypertension</p> <p>I. Infections during pregnancy - RTI/ STIs malaria, HIV, AIDS</p> <p>J. Rh factor</p> <p>K. Standing orders and protocols</p> <p>L. Role of ANM/ Female Healthworker. Refer SBA module of Ministry of health and</p> <p>M. Family Welfare</p>
IXV	5	5	<p><b>14. Abortion</b></p> <p>A. Types of abortion, causes of abortion</p> <p>B. Need for safe abortion referral</p> <p>C. Complications of abortions</p> <p>D. Medical termination of pregnancy</p> <p>E. Care of woman who had abortion</p> <p>F. Role of ANM/ Health worker Refer SBA module of Ministry of health and Family Welfare</p>
XV	10	10	<p><b>15. Abnormal childbirth</b></p> <p>A. Common abnormalities of childbirth</p> <p>B. Abnormal presentations</p> <p>C. Abnormal uterine actions</p> <p>D. Cephalopelvic disproportion</p> <p>E. Prolonged labour</p> <p>F. Identification, immediate management and referral</p> <p>G. Emergency care of mother during transfer to hospital.</p> <p>H. Role of ANM/ Female health worker. Refer SBA module of Ministry of health and Family Welfare</p>
XVI	10	10	<p><b>16. Abnormal Puerperium</b></p> <p>A. Postpartum haemorrhage and its management.</p> <p>B. Puerperal sepsis and its management</p> <p>C. Retention of urine</p> <p>D. Breast complications during lactation and</p> <p>E. Psychiatric complications</p> <p>F. Role of ANM/ Female healthworker. Refer SBA module of Ministry of health and Family Welfare</p>
XVII	5	5	<p><b>17. Surgical Intervention</b></p> <p>A. Assisting in the followings:</p> <p>a. Induction of labour and its management Forceps and Vacuum extraction</p> <p>b. Episiotomy and suturing</p> <p>c. Craniotomy</p>



			<ul style="list-style-type: none"> <li>d. Caesarean section</li> <li>e. Pre and post operative care.</li> <li>f. Role of ANM/ Female health worker Refer SBA module of Ministry of health and Family Welfare</li> </ul>
XVIII	5	5	<b>18. Medications used in midwifery</b> <ul style="list-style-type: none"> <li>A. Pain relieving drugs</li> <li>B. Anaesthetic drugs</li> <li>C. For uterine contractions</li> <li>D. For controlling bleeding</li> <li>E. For preventing postnatal infection.</li> <li>F. For preventing eclampsia</li> <li>G. Antibiotics</li> <li>H. IV fluids</li> <li>I. Role of ANM/ Female health worker. Refer SDA module of Ministry of health and family welfare.</li> </ul>
IXX	3	-	<b>19. Life cycle approach</b> <ul style="list-style-type: none"> <li>A. Quality of life and life expectancy</li> <li>B. People's health throughout the life cycle</li> <li>C. Role of education economic status, social status on quality of life.</li> <li>D. Holistic approach to life. Refer SDA module of Ministry of health and family welfare.</li> </ul>
XX	5	-	<b>20. Status of women and empowerment</b> <ul style="list-style-type: none"> <li>A. Status of women in society</li> <li>B. Factors affecting status - gender bias, sex selection tests, female foeticide and infanticide sex ratio discrimination and exploitation</li> <li>C. Effect of tradition, culture and literacy</li> <li>D. Relationship between status of women and women's health.</li> <li>E. Effects of women's health in community : single, divorced deserted woman, widows special needs</li> <li>F. Laws related to women.</li> <li>G. Programmes for women's empowerment. Refer SBA module of Ministry of health and Family Welfare</li> </ul>
XXI	10	10	<b>21. Women's health problems</b> <ul style="list-style-type: none"> <li>A. Complications related to childbirth- WF, RVF, prolapse and incontinence.</li> <li>B. Cervical erosion and leucorrhoea pruritus</li> <li>C. Cancers –cervical and breast:</li> <li>D. Pap smear for detection of cancer cervix</li> <li>E. Tumours -fibroids</li> <li>F. Menstrual disorders</li> <li>G. Menopause and its implications. Refer SBA module of Ministry of health and Family Welfare</li> </ul>
	6	4	<b>22. RTIs and STIs</b> <ul style="list-style-type: none"> <li>A. Causes and signs and symptoms of STIs and RTIs</li> </ul>



			<p>B. Syndromic approach fortreatment</p> <p>C. Referral treatment and follow upcare.</p> <p>D. Information, education and communication for preventionandtreatment.</p>
XXIII	6	10	<p><b>23. HIV /AIDS</b></p> <p>A. Epidemiological facts related to spread of infection</p> <p>B. Methods of transmission</p> <p>C. Effect on immunity and signs and symptoms</p> <p>D. The AIDS patient community support and homecare</p> <p>E. Counselling: process andtechniques</p> <p>F. Counselling of HIV /positive patients and pregnantwomen.</p> <p>G. Standard safety ' measures</p> <p>H. Voluntary counseling and testing center (VCTC) / Integrated counseling and testing center (ICTC)activities</p> <p>I. Care continuum and Anti Retro viral Therapy(ART)</p> <p>J. Prevention of parent to child transmission (PPTCT): prophylaxis and breastfeedingguidelines</p>
XXIV	2	2	<p><b>24. Infertility</b></p> <p>A. Classification and Causes of infertility in male andfemale</p> <p>B. Investigationandtreatment</p> <p>C. Identification of couples, counseling, referral and followup.</p> <p>D. Role of ANM/ Female Health worker</p>
XXV	4	3	<p><b>25. Population Education</b></p> <p>A. Population trends in India</p> <p>B. Vital statisticsbirth and death rates, growth rate, NRR, fertility rate, couple protectionrate, family size.</p> <p>C. National family Program trends and changesRCH-I,RCH-II programand NRHM</p> <p>D. Target freeapproach forTW</p> <p>E. Role of massmediaandIEC</p> <p>F. Role of ANM/healthworker</p>
XXVI	8	5	<p><b>26. Family welfare</b></p> <p>A. Identification of eligible couples and those need contraceptivemethods.</p> <p>B. Information related to contraception and importance ofchoice.</p> <p>C. Natural and temporary methods of contraception</p> <p>D. Permanentmethods</p> <p>E. New methods nor- plant and injectable. Emergency contraception</p> <p>F. Follow up of contraceptiveusers.</p> <p>G. Counselling</p> <p>H. Role of ANM/ female Health worker</p>



**Subject:- Health care management Theory – 60 Hours**

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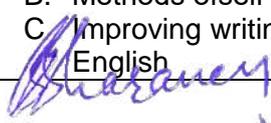
**Course Outcome:** At the completion of course, student shall able to understand the health care delivery system in at all level and assume the responsibility of auxiliary nurse midwife in health care system.

**Learning Objectives:** At the end of the course, the students shall be able to,

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

Unit	Time (Hrs.)		Content
	Theory	Demo	
I	10	5	<b>1. The sub center</b> A. Organization of functions and facilities of sub centre B. Sub centre activity plans C. Conduct a clinic and special programs and follow up D. Conducting meetings and counselling sessions. E. Sub centre action plan F. Information, education and communication G. Display of messages
II	4	10	<b>2. Maintenance of stocks</b> A. Maintenance of supplies, drugs, equipment, stock, indenting. B. Calculation of indent as per population requirement C. D. Management information and evaluation system (MIES) a. Maintenance of records. b. Reports of sub centre.
III	6	5	<b>3. Co-ordination</b> A. Inter-sectoral co-ordination B. Co-ordination with school teachers, ASHA, anganwadi workers, panchayat C. Role of NGOs and co-ordination with government departments.
IV	10	10	<b>4. Implementation of national health program</b> A. National Health programs and the role of the ANM B. Detection, referral, treatment and follow up of cases of malaria, leprosy tuberculosis, blindness, goiter.
V	10	10	<b>5. Update knowledge</b> A. Continuing education for self development - circulars, handouts, meetings, journals. B. Methods of self development • Interacting with community C. Improving writing speaking abilities in local language and English



  
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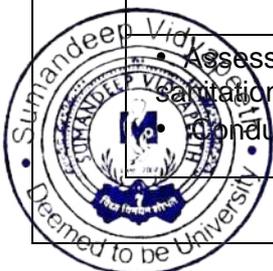
15/2/2021

## PRACTICAL

**Community Health Nursing  
& health promotion**

Hospital - 30hours Community - 280hour  
Total-310hours

Expected Competency	Hospital Experience	Community Experiences
<ul style="list-style-type: none"> <li>Describe community structure</li> <li>Community assessment and home visiting</li> <li>Health assessment of individuals of different age groups.</li> </ul>	<ul style="list-style-type: none"> <li>Interviewing, Physical and health need assessment of (five) persons</li> </ul>	<ul style="list-style-type: none"> <li>Visit village for understanding the village mapping, physical, social and resources structure of the village.</li> <li>Conduct community need assessment</li> <li>Prepare and use Questionnaire for home visits and assessing health concepts, behaviours, concepts and practices of five families.</li> </ul>
<ul style="list-style-type: none"> <li>Describe health organization and team responsibilities.</li> </ul>		<ul style="list-style-type: none"> <li>Visit to SC/PHC/CHC and prepare a report including organization, functions and the responsibilities of team members .</li> <li>Prepare the organization chart</li> </ul>
<ul style="list-style-type: none"> <li>Perform nutritional assessment Conduct IEC activities related to nutrition</li> </ul>	<ul style="list-style-type: none"> <li>Identifies, assesses two patients with malnutrition</li> </ul>	<ul style="list-style-type: none"> <li>Group work on:                             <ol style="list-style-type: none"> <li>Nutrition exhibition in a school / health centre</li> <li>Cooking demonstration for a group of women in a village</li> <li>Prepare and maintain a nutrition practical book.</li> </ol> </li> </ul>
<ul style="list-style-type: none"> <li>Assess personal hygiene, and health education.</li> </ul>		<ul style="list-style-type: none"> <li>Assess personal hygiene of five children in a school based on an assessment performance.</li> <li>Conduct IEC activities related to personal hygiene</li> </ul>
<ul style="list-style-type: none"> <li>Assess environmental sanitation</li> <li>Conduct IEC activities</li> </ul>	<p><b>Attested CTC</b></p> <p><i>Sharaney</i> 15/2/2021 <b>Vice-Chancellor</b> Sumandeep Vidyapeeth</p>	<ul style="list-style-type: none"> <li>Using a guideline each group assesses a community's environmental</li> </ul>



related to environmental sanitation		<p>sanitation, organizes discussion with community and prepares plan of action.</p> <ul style="list-style-type: none"> <li>Disinfects one well and one tube well or any other activity based on community needs.</li> <li>Prepare reports.</li> </ul>
Assess mental health of an individual and counsel or refer.		<ul style="list-style-type: none"> <li>Assesses mental health of two persons</li> <li>Health education</li> <li>Referral</li> <li>Prepare a report.</li> </ul>

### Child health nursing

Hospital: 80, Community : 100  
Total: 180

Expected Competency	Hospital Experience	Community Experiences
<ul style="list-style-type: none"> <li>Assess growth and development of children.</li> <li>Assess health status of children.</li> </ul>	<ul style="list-style-type: none"> <li>Assess growth and development of 10 children of different ages and record on chart.</li> <li>Assess health status of 10 sick children.</li> </ul>	<ul style="list-style-type: none"> <li>Assess growth and development of 10 children of different ages and record on chart.</li> <li>Conducts a school health clinic, assesses growth, identifies problems and refers</li> <li>Conducts health education sessions for school children - 2 sessions.</li> <li>Assess health status of 10 children</li> </ul>
<ul style="list-style-type: none"> <li>Care of the sick child.</li> </ul>	<ul style="list-style-type: none"> <li>Give care to 5 children as per the IMNCI protocol</li> <li>Give care to 5 children each with diarrhoea and ARI.</li> </ul> <p>Demonstration, preparation and use of ORS to parents.</p>	<ul style="list-style-type: none"> <li>Give care to 5 children as per the IMNCI protocol</li> <li>Give care to 5 children each with diarrhea and ARI</li> <li>Give care to children with other ailments</li> <li>Demonstrate, preparation and use of ORS to parents.</li> <li>Identify and refer children at high risk</li> <li>Demonstrate home care for child with diarrhea and ARI</li> </ul>
<ul style="list-style-type: none"> <li>Counsel mothers about feeding of infants and</li> </ul>	<p><b>Attested CTC</b></p> <p><i>Shashwani</i> 12/10/2021</p> <p><b>Virest feeding</b></p> <ul style="list-style-type: none"> <li>Counsel mothers about</li> </ul>	<ul style="list-style-type: none"> <li>Identify and counsel 2 mothers with problems</li> </ul>



youngchild		related tobreastfeeding. • Demonstrate complementary food preparation and use.
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**Attested CTC**

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## Midwifery

Hospital :220 hours, Community: 160 hours

TOTAL: 380 hours

Expected Competency	Hospital Experience	Community Experiences
<ul style="list-style-type: none"> <li>Assessment and care of normal pregnant women.</li> </ul>	<ul style="list-style-type: none"> <li>Detecting pregnancy using pregnancy testing kit. Registration of antenatal mothers.</li> <li>Preconception counselling.</li> <li>Measuring the blood pressure, pulse and fetal heart rate, checking for pallor and edema and determining the fundal height, fetal lie and presentation accurately.</li> <li>Hemoglobin estimation and testing urine for protein and sugar</li> <li>Examine 20 antenatal women (in the hospital and community)</li> <li>Provide IFA supplements and administer TT injection to 10 women</li> </ul>	<ul style="list-style-type: none"> <li>Registration and management of vital events registers.</li> <li>Conduct antenatal examinations at home</li> <li>Participate in antenatal clinics in the sub center</li> <li>Malaria testing for pregnant mothers</li> <li>Counseling on birth preparedness, complication readiness, diet and rest, infant feeding, sex during pregnancy, domestic violence and contraception</li> </ul>
<ul style="list-style-type: none"> <li>Conducting normal delivery. Recognise different degrees of tears, give emergency care and refer</li> </ul>	<ul style="list-style-type: none"> <li>Maintain midwifery case book</li> <li>Conducting pelvic assessment to determine pelvic adequacy. PV examination 5</li> <li>Plotting the partographs and deciding when to refer the women.</li> <li>Conducting 10 safe deliveries (in the hospital and community), with active management of third stage of labour, using infection prevention practices. Assist in the suturing of 5 episiotomies and tears.</li> </ul>	<ul style="list-style-type: none"> <li>Conduct deliveries in the community (health centers preferably and home).</li> </ul>
<ul style="list-style-type: none"> <li>Assessing and care of postnatal mothers and newborns</li> </ul>	<ul style="list-style-type: none"> <li>Provide essential care of the newborn-10</li> <li>Basic resuscitation of the newborn-5</li> <li>Managing/Counseling on postpartum care and nutrition</li> <li>Counseling/supporting</li> </ul>	<ul style="list-style-type: none"> <li>Follow up of 10 postnatal mothers for 10 days \v1th at least 3 home visits. Care of newborns in the home-10</li> <li>Conduct health education for groups of mothers and individuals-2 each.</li> </ul>



	<p>of mothers for breast feeding and preventing/ managing breast feeding problems</p> <ul style="list-style-type: none"> <li>• Counseling for Kangaroo MotherCare</li> <li>• Care of postnatal mothers 10 (in the hospital and community)</li> <li>• Conduct health education for groups of mothers and individuals-3 each</li> <li>• Follow infection prevention and biomedical waste management in the labour room and sub center.</li> </ul> <p><b>The following addition in the Syllabus of ANM Nursing (Second Year) was discussed in the Board of studies meeting (BOS).</b>  <b>(Board of Study letter No: SNC/2020/BOS/422 dated 20/06/2020 and vide Notification of Board of Management resolution reference number: SVDU/R/3383-E/2019-20 Dated 30/07/2020)</b></p> <ul style="list-style-type: none"> <li>• <i>Basic resuscitation of normal new born</i></li> <li>• <i>Assist suturing of episiotomy/tears</i></li> <li>• <i>Management of sick neonatal children</i></li> </ul>	<ul style="list-style-type: none"> <li>• Integrate accepted practices of AYUSH</li> </ul>
<ul style="list-style-type: none"> <li>• Assessing and referring mothers at risk</li> </ul>	<ul style="list-style-type: none"> <li>• Identify high-risk mothers and give care</li> <li>• Prepare for caesarean sections-2</li> <li>• Observe caesarean sections-2 Observe abnormal deliveries-5</li> <li>• Prepare for MTP and observe procedure-2</li> <li>• Take care of women with abortion-2</li> <li>• Insert a urinary catheter Preparation and administration of oxytocin</li> </ul> <p><i>Attested CTC</i>  <i>Sumandeeep Vidyapeeth</i>  <i>Vice-Chancellor</i>  <i>15/12/2021</i></p>	<ul style="list-style-type: none"> <li>• Do a case study of a complicated childbirth in the village.</li> <li>• Conduct a village meeting for emergency transport of women in labour and at risk.</li> <li>• Identify and refer women with unwanted pregnancy for MTP</li> <li>• Interview any 10 women and list reasons for unsafe motherhood and abortion.</li> <li>• Identify high risk mothers 5 and newborns 5 and refer</li> </ul>

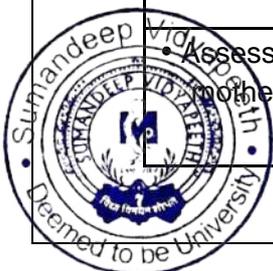


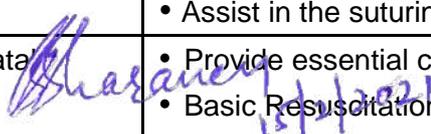
	<p>drip</p> <ul style="list-style-type: none"> <li>• Bimanual compression of the uterus for the management of PPH.</li> <li>• Care of mother with HIV</li> <li>• Digital removal of retained products of conception for incomplete abortion</li> <li>• Provide postabortion care.</li> </ul>	<p>them to the higher center.</p>
<ul style="list-style-type: none"> <li>• Counsel eligible couples about different methods of contraception.</li> <li>• Prepare acceptors for sterilization and IJCDs</li> <li>• Detection of cervical cancer</li> </ul>	<ul style="list-style-type: none"> <li>• Counseling of mother/couples for family planning</li> <li>• Prepare and assist for sterilization of 5 female and 2 male cases (in the hospital or community)</li> <li>• Insertion of intra uterine devices and prescription of contraceptives</li> <li>• Perform 2 IUCD insertions (in the hospital or community)</li> <li>• Distribute oral pills-5</li> <li>• Demonstrate the use of condoms and distribute condoms-5</li> <li>• Visual inspection of the cervix and taking a pap smear test-2</li> </ul>	<ul style="list-style-type: none"> <li>• Counsel eligible couples on different methods of contraception.</li> <li>• Perform 2 IUCD insertions (in the hospital or community) Distribute oral pills-5 Demonstrate the use of condoms and distribute condoms-5</li> <li>• Visual inspection of the cervix and taking a pap smear test-2</li> </ul>

**Clinical requirements to be completed during the internship period:**

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

<ul style="list-style-type: none"> <li>• Assessment and care of normal pregnant woman</li> </ul>	<ul style="list-style-type: none"> <li>• Examine 15 antenatal women (in the hospital and community)</li> </ul>
<ul style="list-style-type: none"> <li>• Conduct normal delivery</li> <li>• Recognize different degrees of tears give emergency care and refer</li> </ul>	<ul style="list-style-type: none"> <li>• Conducting pelvic assessment to determine pelvic adequacy PV examination 5</li> <li>• Conducting 10 safe deliveries (in the hospital and community), with active management of the third stage of labour, using infection prevention practices</li> <li>• Assist in the suturing of 5 episiotomies and tears</li> </ul>
<ul style="list-style-type: none"> <li>• Assessment and care of postnatal mothers and newborns</li> </ul>	<ul style="list-style-type: none"> <li>• Provide essential care of the newborn-10</li> <li>• Basic Resuscitation of the newborn-5</li> <li>• Care of postnatal mothers 10 (in the</li> </ul>



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	hospital and community)
<ul style="list-style-type: none"> <li>• Assessing and referring mothers atrisk</li> </ul>	<ul style="list-style-type: none"> <li>• Take care of women withabortion-2</li> </ul>
<ul style="list-style-type: none"> <li>• Counsel eligible couples about different methods ofcontraception</li> <li>• Prepare acceptors for sterilizationand IUCDs</li> <li>• Detection of cervicallcancer</li> </ul>	<ul style="list-style-type: none"> <li>• Prepare and assist for sterilization of 5 female and 2 male cases (in the hospital orcommunity)</li> <li>• Perform 3 IUCD insertions (in the hospital orcommunity)</li> <li>• Distribute oralpills-5</li> <li>• Demonstrate the use of condoms and distributecondoms-5</li> <li>• Visual inspection of cervix withAcetic acicl-2</li> </ul>
<ul style="list-style-type: none"> <li>• Management of sick neonates and children(IMNCI)</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment and care of 5 sick neonate and 5 sick children as per theIMNCI protocols</li> </ul>



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