

# Rajiv Gandhi University of Health Sciences Karnataka

## **Revised Ordinance Governing**

M. Sc. Nursing Course

2009

**Volume-I** 

**Regulations and Curriculum** 

# Rajiv Gandhi University of Health Sciences, Karnataka Bangalore.

The Emblem

The emblem of the Rajiv Gandhi University of Health Sciences is a symbolic expression of the confluence of both eastern and western health sciences. A central wand with entwined snakes symbolizes Greek and roman gods of health called Hermis and Mercury is adopted as symbol of modern Medical sciences. The pot above depicts Amrutha Kalasham of Dhanvanthri the father of all health sciences. The wing above it depicts human soul called Hamsa (Swan) in Indian philosophy. The rising sun at the top symbolizes olive branches, which is an expression of peace, love and hormony. In Hindu philosophy it depicts the vanaspathi (aiso called as oushadi) held in the hands of Dhanvanthri, which is an expression of piece, love and Harmony. In Hindu Philosophy it depicts the Vanaspati (also called as Oushadi) held in the hands of Dhanvantri which are the source of all medicine. The lamp depicts human energy (Kundali). Does script "Devahitham Yadayahu" In side the lamp taken from Upanishath Shanti Manthram (Bhadram Karnebhi Shrunuyanadev...) which says "May we live the full span of our lives allotted by god in perfect health" which is the motto of the Rajiv Gandhi University of Health Sciences.

#### **NOTIFICATION**

Sub: Revised Ordinance governing M.Sc. Nursing Course Regulations and Curriculum 2007.

Ref: 1) INC Notification No.M.F.No.13-2/2006. INC dated:28/03/2008.

2) Minutes of meeting of BOS dated: 20/02/2009.

3) Minutes of meeting of Faculty of Nursing dated: 09/04/2009.

4) Minutes of meeting of Academic Council dated: 06/05/2009.

5) Minutes of meeting of Syndicate held on 05/06/2009.

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In exercise of the powers conferred under section 35(1) of RGUHS Act 1994, the Syndicate in its meeting held on 05/06/2009, based on the recommendations of Board of Studies in Nursing (PG), Faculty of Nursing and Academic Council is pleased to notify the Revised Ordinance governing M.Sc. Nursing Course Regulations and Curriculum 2007 as shown in the Annexure appended herewith.

The above Ordinance shall come into force from the academic year 2009-10 and onwards.

By Order,

Sd/-

(Dr. VASANTHA KUMAR.S)

REGISTRAR

#### To

The Principals of all Colleges affiliated to RGUHS conducting M.Sc. Nursing Course.

#### Copy to:

- 1) The Secretary to Governor, Governor's Secretariat, Raj Bhavan, Bangalore 560 001.
- 2) Secretary to Government, Health & Family Welfare Department, (Medical Education), Vikasa Soudha, Bangalore –560 001.
- 3) The Director, Department of Medical Education, Anand Rao Circle, Bangalore 560 009.
- 4) PA to Vice-Chancellor / Registrar / Registrar (Eva.) / Finance Officer.
- 5) Director, Curriculum Development Cell.
- 6) Public Information Officer.
- 7) The Home Page of RGUHS Website http://www.rguhs.ac.in/Authoritysection/Fellowship.html.
- 8) Guard File / Office Copy.

Revised Ordinance Governing M. Sc. Nursing Course 2009

### Volume-I

# Regulations and Curriculum

Rajiv Gandhi University of Health Sciences, Karnataka

4<sup>th</sup> T Block Jayanagar Bangalore 560041.

# Revised Ordinance Governing M. Sc. Nursing Course-2009 (Volume-I, Regulations and Curriculum)

[In conformity with Indian Nursing Council, Master of Nursing Syllabus And Regulation (Post Graduate Nursing Education), 2006]. (Annexure to University Notification No.

Printed: 00/00/2009.

#### This book can be had from:

Director
Prasaranga
Rajiv Gandhi University of Health Sciences, Karnataka
4<sup>th</sup> T Block Jayanagar Bangalore 560041
Web site: WWW. RGUHS.AC.IN

Price Rs: 000/- for volume I and II.

# Revised Ordinance Governing M. Sc. Nursing Course-2009 (Volume-I, Regulations and Curriculum)

[In conformity with Indian Nursing Council, Master of Nursing Syllabus And Regulation (Post Graduate Nursing Education), 2006].

(Annexure to University Notification No.

	PARTICULARS	PAGE
	Contents	
	Emblem	
	Vision statement	
	Notification	
VOLUME I	REGULATIONS AND CURRICULAM	
	Philosophy and Objectives	
	Regulations	
	COURSE CONTENTS	
	FOR I <sup>st</sup> YEAR	
	> Nursing Education	
	➤ Advance Nursing Practice	
	Nursing Research And Statistics	
	> *Clinical Specialty-I	
	❖ Medical Surgical Nursing	
	❖ Community Health Nursing	
	❖ Pediatric Nursing (Child Health Nursing)	
	❖ Obstetrics and Gynecological Nursing	
	❖ Psychiatric Nursing	
	FOR II <sup>nd</sup> YEAR	
	Nursing Management	
	➤ Nursing Research ( <b>Dissertation</b> )	
	> *Clinical Specialty-II	
	Monitoring Learning Progress	
	Text and reference Books	

VOLUME II M. SC. NURSING LOG BOOK.

#### PHILOSOPHY:

National Health Policy (NHP) 2002 emphasizes the need to prepare nurses to function in super-speciality areas who are required in tertiary care institutions, entrusting some limited public health functions to nurses after providing adequate training, and increase the ratio of degree holding vis a vis diploma holding nurses.

It is observed that there is an acute shortage of nursing faculty in under graduate and post graduate Nursing programme in India

Rajiv Gandhi University of Health Sciences believes that:

Post Graduate programme is essential to prepare nurses to improve the quality of nursing education and practice in India. Post graduate programme in nursing builds upon and extends competence acquired at the graduate levels, emphasizes application of relevant theories into nursing practice, education, administration and development of research skills.

The programme prepares nurses for leadership position in nursing and health fields who can function as nurse specialists, consultants, educators, administrators and researchers in a wide variety of professional settings in meeting the National priorities and the changing needs of the society. This programme provides the basis for the post masteral programme in nursing. Further the programme encourages accountability and commitment to life long learning which fosters improvement of quality care.

#### AIM:

The aim of the postgraduate program in nursing is to prepare graduates to assume responsibilities as nurse specialists, consultants, educators, administrators in a wide variety of professional settings.

#### **OBJECTIVES:**

On Completion of the two years M. Sc Nursing programme, the graduate will be able to:

- 1. Utilize/apply the concepts, theories and principles of nursing science
- 2. Demonstrate advance competence in practice of nursing
- 3. Practice as a nurse specialist.
- 4. Demonstrate leadership qualities and function effectively as nurse educator and manager.
- 5. Demonstrate skill in conducting nursing research, interpreting and utilizing the findings from health related research.
- 6. Demonstrate the ability to plan and effect change in nursing practice and in the health care delivery system.
- 7. Establish collaborative relationship with members of other disciplines
- 8. Demonstrate interest in continued learning for personal and professional advancement.

# Guidelines and Minimum Requirements for setting up of a College of Nursing

- 1. Any organization under the Central Government, State Government, Local body or a Private or Public Trust, Mission, Voluntary registered under Society Registration Act or a Company registered under company's act wishes to open a M.Sc. Nursing programme, should obtain the No Objection/Essentiality certificate from the State Government.
- 2. The Indian Nursing council on receipt of the proposal from the Institution to start nursing program, will undertake the **first inspection** to assess suitability with regard to physical infrastructure, clinical facility and teaching faculty in order to give permission to start the programme.
- 3. After the receipt of the permission to start the nursing programme from Indian Nursing Council, the institution shall obtain the approval from the State Nursing Council and University.
- 4. Institution will admit the students only after taking approval of State Nursing Council and University.
- 5. The Indian Nursing Council will conduct inspection every year till the first batch completes the programme. Permission will be given year by year till the first batch completes.
- 6. If the institution is recognized for B.Sc. (N) programme and if one batch has passed out after found suitable by INC, then the institution will be exempted from NOC/Essentiality certificate for M.Sc. (N) programe from the State Government.
- 7. Super Speciality Hospital can start M.Sc. (N) programme, however they have to get NOC/Essentiality certificate from respective State Government to start the M.Sc. (N) programme.

#### STAFFING PATTERN:

#### M.Sc. (N)

If parent hospital is super-speciality hospital like cardio-thoracic hospital/cancer with annual intake 10 M.Sc(N) in cardio thoracic/cancer

Professor cum coordinator	1
Reader / Associate Professor	1
Lecturer	2
The above faculty shall perform dual role	4

#### B.Sc. (N) and M.Sc. (N)

Annual intake of 60 students in B.Sc.(N) and 25 students for M.Sc.(N) programme

Professor-cum-Principal	1
Professor-cum-Vice Principal	1
Reader / Associate Professor	5
Lecturer	8
Tutor / Clinical Instructor	19
Total	34

One in each specialty and the entire M.Sc (N) qualified teaching faculty will participate in all collegiate programmes.

**Teacher Student Ratio = 1: 10 for M.Sc. (N) Programme.** 

### QUALIFICATIONS & EXPERIENCE OF TEACHERS OF COLLEGE OF NURSING

Sr. No.	Post	Qualification & Experience		
1	Professor-cum-	Masters Degree in Nursing		
	Principal	o 14 years experience after M.Sc. (N) in College		
		of Nursing.		
		o 3 years experience in administration (Years of		
		experience is relaxable if suitable candidate is		
		not available) (If a candidate is not available,		
		minimum 5 years of experience in college of		
		nursing, with an aggregate of 14 years teaching		
		experience)		
Desirable: In	dependent published work	x of high standard / doctorate degree / M. Phil.		
2	Professor-cum-Vice	o Masters Degree in Nursing		
	Principal	o 14 years experience after M.Sc. (N) in College		
		of Nursing.		
		o 3 years experience in administration (Years of		
		experience is relaxable if suitable candidate is		
		not available) (If a candidate is not available,		
		minimum 5 years of experience in college of		
		nursing, with an aggregate of 14 years teaching		
		experience)		
Desirable: In	dependent published work	of high standard / doctorate degree / M. Phil.		
3	Reader / Associate	o Master Degree in Nursing.		
	Professor	o 10 years experience after M.Sc.(N) in a College		
		of Nursing. (If a candidate is not available, 5		
		years of experience in College of Nursing with		
		an aggregate of 10 years teaching experience.		
Desirable : In	ndependent published wor	k of high standard /doctorate degree / M. Phil.		
4	Lecturer	o Master Degree in Nursing.		
		o 3 years teaching experience after M.Sc. (N)		
	il.	1		

Note: Qualifications & Experience of Nursing Teaching faculty relaxed till 2012 & placed under Annexure – I

# Annexure – I STAFFING PATTERN RELAXED TILL 2012

#### Qualifications & Experience of Teachers of College Of Nursing

Sr. No.	Post, Qualification & Experience
1	Professor-cum-Principal
	o Masters Degree in Nursing
	o 10 years of experience and minimum of 5 years of teaching
	experience
	[Desirable: Independent published work of high standard / doctorate
	degree / M.Phil.]
2	Professor-cum-Vice Principal
	o Masters Degree in Nursing
	o 10 years of experience and minimum of 5 years of teaching
	experience
	[Desirable: Independent published work of high standard / doctorate
	degree / M.Phil.]
3	Reader / Associate Professor
	<ul> <li>Master Degree in Nursing.</li> </ul>
	o 7 years of experience and minimum of 3 years teaching experience
	[Desirable: Independent published work of high standard /doctorate
	degree / M.Phil.]
4	Assistant Professor /Lecturer
	o Master Degree in Nursing.
	o 3 years experience

External /Guest faculty may be arranged for the selected units in different subjects as required

#### NOTE:

- 1. No part time nursing faculty will be counted for calculating total no. of faculty required for a college.
- **2.** Irrespective of number of admissions, all faculty positions (Professor to Lecturer) must be filled.
- **3.** For M.Sc. (N) programme appropriate number of M.Sc. faculty in each specialty be appointed subject to the condition that total number of teaching faculty ceiling is maintained
- **4.** All nursing teachers must possess a basic university or equivalent qualification as laid down in the schedules of the Indian Nursing Council Act, 1947. They shall be registered under the State Nursing Registration Act.
- **5.** Nursing faculty in nursing college except tutor/clinical instructors must possess the requisite recognized postgraduate qualification in nursing subjects.
- **6.** Holders of equivalent postgraduate qualifications, which may be approved by the Indian Nursing Council from time to time, may be considered to have the requisite recognized postgraduate qualification in the subject concerned.
- 7. All teachers of nursing other than Principal and Vice-Principal should spend at least 4 hours in the clinical area for clinical teaching and/or supervision of care every day.

### **Other Staff (Minimum requirements)**

(To be reviewed and revised and rationalized keeping in mind the mechanization and contract service)

• Ministerial	
a) Administrative Officer	1
b) Office Superintendent	1
c) PA to Principal	1
d) Accountant/Cashier	1
• Upper Division Clerk	2
• Lower Division Clerk	2
• Store Keeper 1	
a) Maintenance of stores	1
b) Classroom attendants	2
c) Sanitary staff	As per the physical space
d) Security Staff	As per the requirement
• Peons/Office attendants	4
• Library	
a) Librarian	2
b) Library Attendants	As per the requirement
• Hostel	
a) Wardens	2
b) Cooks, Bearers,	As per the requirement Sanitary Staff
c) Ayas /Peons	As per the requirement
d) Security Staff	As per the requirement
e) Gardeners & Dhobi	Depends on structural facilities (desirable)

#### **Eligibility Criteria/Admission Requirements:**

- 1. The candidate should be a Registered Nurse and Registered midwife or equivalent with any State Nursing Registration Council.
- 2. The minimum education requirements shall be the passing of B.Sc. Nursing / B.Sc. Hons. Nursing / Post Basic B.Sc. Nursing with minimum of 55% aggregate marks.
- 3. The candidate should have undergone in B.Sc. Nursing / B.Sc. Hons. Nursing / Post Basic B.Sc. Nursing in an institution which is recognized by Indian Nursing Council.
- 4. Minimum one year of work experience after Basic B.Sc. Nursing.
- 5. Minimum one year of work experience prior or after Post Basic B.Sc. Nursing.
- 6. Candidate shall be medically fit.
- 7. 5% relaxation of marks for SC/ST candidates may be given.

#### **Entrance/Selection test**

Selection of the candidates should be based on the merit of the entrance examination held by University or competent authority.

#### Regulations for examination:

#### Eligibility for appearing for the examination:

80% of the attendance for theory and practicals. However 100% of attendance for practical before the award of degree.

#### **Classification of results:**

- 50% pass in each of the theory and practical separately.
- 50-59% Second division
- 60-74% first division
- 75% and above is distinction
- For declaring the rank aggregate of 2 years marks to be considered

If the candidate fails in either practicals or theory paper he/she has to reappear for both the papers (theory and practical) Maximum no. of attempts per subject is three (3) inclusive of first attempt. The maximum period to complete the course successfully should not exceed 4 years.

Candidate, who fails in any two subjects, shall be permitted to continue the studies into the second year. However the candidate shall not be allowed to appear for the Second year examination till such time that he/she passes all subjects of the first year M. Sc nursing examination

#### **Duration:**

Duration of the course is 2 years for M.Sc. (N)

Vacation	4 weeks
Examination	2 weeks
Gazetted holidays	3 weeks
Total weeks available	43 weeks
40 hours per week	1720 hours
Total hours for 2 years	3440 hours

#### **COURSE OF INSTRUCTION:**

Subjects	Theory (hrs)	Practical (hrs)	
1st year	1	1	
Nursing education	150	150	
Advance Nursing Practice	150	200	
Nursing Research and Statistics	150	100	
*Clinical speciality –I	150	650	
Self study / Library		50	
TOTAL	600	1150	

Subjects	Theory (hrs)	Practical (hrs)
IInd year		
Nursing Management	150	150
Nursing Research (Dissertation)		300
*Clinical speciality –II	150	950
TOTAL	300	1400

#### Educational visit 2 weeks

\*Clinical Speciality – Medical Surgical Nursing (Cardio Vascular & Thoracic Nursing, Critical care Nursing, Oncology Nursing, Neurosciences Nursing, Nephro-Urology Nursing, Orthopedic Nurisng, Gastro Enterology Nursing,)Obstetric & Gynaecological Nursing, Child Health (Paediatric) Nursing, Mental Health(Psychiatric) Nursing, Community Health Nursing, Psychiatric (Mental Health) Nursing etc.

Note: Students have to maintain log book for each activity during the course of study

#### **SCHEME OF EXAMINATION:**

	Theory			Practical		
Subjects	Hours	Internal	External	Hours	Internal	External
Nursing Education	3	20	80		50	50
Advance nursing practice	3	20	80			
Nursing Research and	3	20	80			
Statistics						
Clinical Specialty-I	3	20	80		100	100
Total:		80	300		150	150

	Theory			Practic	al	
Subjects	Hours	Internal	External	Hours	Internal	External
Nursing Management	3	20	80			
Dissertation & Viva					100	100
Clinical Specialty-II	3	20	80		100	100
Total:		40	160		200	200

- 1. Minimum pass marks shall be 50 % in each of the Theory and practical papers separately.
- 2. 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.
- **3.** A candidate must have 100% attendance in each of the practical areas before award of degree
- **4.** A candidate has to pass in theory and practical exam separately in each of the paper.
- **5.** If a candidate fails in either theory or practical paper he/she has to re-appear for both the papers (Theory and practical).
- **6.** Maximum no. of attempts permitted for each paper is 3 including first attempt.
- 7. The maximum period to complete the course successfully should not exceed 3 (three) years
- **8.** A candidate failing in more then two subjects will not be promoted to the IInd year.
- **9.** No candidate shall be admitted to the subsequent IInd year examination unless the candidate has passed the Ist year examination.
- **10.** Maximum number of candidates for all practical examination should not exceed 10 per day.
- 11. Provision of Supplementary examination should be made.
- **12.** All practical examinations must be held in the respective clinical areas.
- 13. One internal and one external examiners (outside the University) should jointly conduct practical examination for each student
- **14.** An examiner should be M. Sc (N) in concerned subject and have minimum of 3 (three) years post graduate teaching experience.
- 15. One internal and one external examiners (outside the University) should evaluate dissertation and jointly conduct viva-voce for each student
- **16.** For Dissertation Internal examiner should be the guide and external examiner should be Nursing faculty / nursing expert in the same clinical speciality holding Ph.D. / M. Phil/M.Sc. Nursing with a minimum of 3 years experience in guiding the research projects for Post Graduate students of Nursing.

#### **ADMISSION STRENGTH:**

Annual admission strength for M. Sc (N) Programme should have prior sanction/permission from the Indian Nursing Council on the basis of clinical, physical facilities and teaching faculty.

#### **HEALTH SERVICES**

There should be provisions for the following health services for the students.

- 1. An annual medical examination.
- 2. Vaccination against Tetanus, hepatitis B or any other communicable disease as considered necessary.
- 3. Free medical care during illness and / provision of health insurance should be made.
- 4. A complete health record should be kept in respect of each individual student. The question of continuing the training of a student, with long term chronic illness, will be decided by the individual college.

#### **CURRICULUM**

#### **NURSING EDUCATION**

Placement: Ist Year Hours of Instruction

Theory: 150 Hours. Practical: 150 Hours. Total: 300 Hours.

#### **COURSE DESCRIPTION:**

This course is designed to assist students to develop a broad understanding of Fundamental Principles, concepts, trends and issues related to education and nursing education. Further, it would provide opportunity to students to understand, appreciate and acquire skills in teaching and evaluation, curriculum development, implementation, maintenance of standards and accreditation of various nursing educational programs.

#### **OBJECTIVES:**

At the end of the course, students will be able to:

- 1. Explain the aims of education, philosophies, trends in education and health: its impact on nursing education.
- **2.** Describe the teaching learning process.
- 3. Prepare and utilize various instructional media and methods in teaching learning process.
- **4.** Demonstrate competency in teaching, using various instructional strategies.
- **5.** Critically analyze the existing nursing educational programs, their problems, issues and future trends.
- **6.** Describe the process of curriculum development, and the need and methodology of curriculum change, innovation and integration.
- 7. Plan and conduct continuing nursing education programs.
- **8.** Critically analyze the existing teacher preparation programs in nursing.
- **9.** Demonstrate skill in guidance and counseling.
- **10.** Describe the problems and issues related to administration of nursing curriculum including selection and organization of clinical experience.
- **11.** Explain the development of standards and accreditation process in nursing education programs.
- **12.** Identify research priorities in nursing education.
- **13.** Discuss various models of collaboration in nursing education and services.
- **14.** Explain the concept, principles, steps, tools and techniques of evaluation
- **15.** Construct, administer and evaluate various tools for assessment of knowledge, skill, and attitude.

### **COURSE CONTENT:**

Units	Hours		nits Hours Content				
	Theory	Practical					
I	10		<ul> <li>INTRODUCTION:</li> <li>Education :Definition, aims, concepts, philosophies &amp; their education implications,</li> <li>Impact of Social, economical, political &amp; technological changes on education:</li> <li>Professional education</li> <li>Current trends and issues in education</li> <li>Educational reforms and National Educational policy, various educational commissions-reports</li> <li>Trends in development of nursing education in India</li> <li>Traditional and liberal movement in education.</li> <li>Freedom and authority in education.</li> <li>Agencies of education.</li> </ul>				
II	30	40	<ul> <li>TEACHING – LEARNING PROCESS:</li> <li>Concepts of teaching and learning: Definition, theories of teaching and learning, relationship between teaching and learning.</li> <li>Educational aims and objectives; types, domains, levels, elements and writing of educational objectives</li> <li>Competency based education(CBE) and outcome based education(OBE)</li> <li>Instructional design: Planning and designing the lesson, writing lesson plan: meaning, its need and importance, formats.</li> <li>Instruction strategies: Lecture, discussion, demonstration, simulation, laboratory, seminar, panel, symposium, problem solving, problem based learning (PBL), workshop, project, role- play(sociodrama), programmed instruction, self directed learning(SDL), micro teaching, computer assisted instruction(CAI), computer assisted learning (CAL), Innovative Teaching Strategy.</li> <li>Clinical teaching methods</li> <li>INSTRUCTIONAL MEDIA AND METHODS:</li> <li>Key concepts in the selection and use of media in education</li> <li>Developing learning resource material using different media</li> <li>Instructional aids – types, uses, selection, preparation, utilization.</li> <li>Teacher's role in procuring and managing instructional Aids – Project and non-projected aids, multi media, videotele conferencing etc.</li> </ul>				
III	10		MEASUREMENT AND EVALUATION:				

			• C
			• Concept and nature of measurement and evaluation,
			meaning, process, purposes, problems in evaluation and
			measurement.
			• Measurement of cognitive, affective and psychomotor
			domine.
			<ul> <li>Principles of assessment, formative and summative</li> </ul>
			assessment- internal assessment external examination,
			advantages and disadvantages.
			Criterion and norm referenced evaluation,
IV	12	10	STANDARDIZED AND NON-STANDARDIZED
			TESTS:
			<ul> <li>Meaning, characteristics, objectivity, validity, reliability,</li> </ul>
			usability, norms, construction of tests-
			<ul><li>Essay, short answer questions and multiple choice</li></ul>
			questions.
			<ul><li>Rating scales, checklist, OSCE/OSPE(Objective</li></ul>
			structured clinical/practical examination)
			<ul> <li>Differential scales, and summated scales, sociometry,</li> </ul>
			anecdotal record, attitude scale, critical incident
			technique
			• Question bank-preparation, validation, moderation by
			panel, utilization
			<ul> <li>Developing a system for maintaining confidentiality.</li> </ul>
V	8	5	ADMINISTRATION, SCORING AND
			REPORTING:
			<ul> <li>Administering a test; scoring, grading versus marks</li> </ul>
			Objective tests, scoring essay test, methods of scoring,
			Item analysis.
VI	12	6	STANDARDIZED TOOLS:
-			• Tests of intelligence aptitude, interest, personality,
			achievement, socio-economic status scale, tests for special
			mental and physical abilities and disabilities.
VII	5	6	NURSING EDUCATIONAL PROGRAMS:
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		· ·	<ul> <li>Perspectives of nursing education: Global and national.</li> </ul>
			*
			Patterns of nursing education and training programmes in  India Non-various and University, and ANM  ANM  AND  AND  AND  AND  AND  AND
			India. Non-university and University programs: ANM,
			GNM, Basic B.Sc. Nursing, Post Certificate B.Sc.
			Nursing, M.Sc(N) programs, M.Phil and Ph.D) in Nursing,
VIII	12	25	post basic diploma programs, nurse practitioner programs.
VIII	12	25	CONTINUING EDUCATION IN NURSING:
			• Concepts – Definition, importance, need scope, principles
			of adult learning, assessments of learning needs, priorities,
			resources.
			• Program planning, implementation and evaluation of
			continuing education programs.
			Research in continuing education.
137	10	10	Distance education in nursing.
IX	10	10	CURRICULUM DEVELOPMENT:
			• Definition, curriculum determinants, process and steps of

	1		
			curriculum development, Curriculum models, Types and
			framework.
			• Formulation of philosophy, objectives, selection and
			organization of learning experiences; master plan, course
			plan, unit plan.
			• Evaluation strategies, process of curriculum change, role of
			students, faculty, administrators, statutory bodies and other stakeholders.
			<ul><li>Equivalency of courses: Transcripts, credit system.</li></ul>
X	8	4	TEACHER PREPARATION:
Λ	0	7	• Teacher–roles & responsibilities, functions, characteristics,
			competencies, qualities,
			Preparation of professional teacher
			Organizing professional aspects of teacher preparation
			programs
			Evaluation: self and peer
			• Critical analysis of various programs of teacher education in
			India.
XI	10	5	GUIDANCE AND COUNSELING:
			• Concept, principles, need, difference between guidance
			and counseling, trends and issues.
			• Guidance and counseling services: diagnostic and
			remedial.
			<ul> <li>Coordination and organization of services.</li> </ul>
			• Techniques of counseling: Interview, case work,
			characteristics of counselor, problems in counseling.
			<ul> <li>Professional preparation and training for counseling.</li> </ul>
XII	15	10	ADMINISTRATION OF NURSING CURRICULUM:
			Role of curriculum coordinator–planning, implementation
			and evaluation.
			• Evaluation of educational programs in nursing course and
			<ul><li>program.</li><li>Factors influencing faculty staff relationship and techniques</li></ul>
			of working together.
			<ul> <li>Concept of faculty supervisor (dual) position.</li> </ul>
			Curriculum research in nursing.
			Different models of collaboration between education and
			service
XIII	10		MANAGEMENT OF NURSING EDUCATIONAL
			INSTITUTIONS:
			• Planning, organizing, staffing, budgeting, recruitment,
			discipline, public relation, performance appraisal, welfare
			services, library services, hostel,
XIV	5	5	STANDARDS & ACCREDITATION:
			• Development & maintenance of standards & accreditation
			in nursing education programs.
	1		
			• Role of Indian Nursing Council, State Registration
			• Role of Indian Nursing Council, State Registration Nursing Councils, Boards and University.

**ACTIVITIES:** 

- Framing philosophy, aims and objectives.
- **❖** Lesson Planning.
- ❖ Micro teaching-2.
- ❖ Conduct practice teachings using different teaching strategies -10 (like lecture cum discussion, demonstration- lab method, field trips, seminars, project, role play, panel discussion, clinical methods etc)
- ❖ Preparation and utilization of instructional Aids using different media.
- Develop course plans, unit plans, rotation plans.
- Conduct a continuing education workshop.
- ❖ Annotated bibliography.
- Critical evaluation of any nursing education program offered by a selected institution.
- Planning and Organizing field visits.
- Educational visits.
- ❖ Field visits (INC/SNRC) to get familiar with recognition/registration process.
- ❖ Construct, administer and evaluate tools (objective & essay type test, observation checklist, rating scale etc.)
- Observe and practice application of various non-standardized tests (intelligence, Aptitude, Personality, Sociometry, Physical & mental disabilities tests.)

#### **METHODS OF TEACHING:**

- ❖ Lecture cum discussion
- ❖ Demonstration/ Return demonstration
- Seminar / Presentations
- Project work
- Field visits
- Workshop

#### **METHODS OF EVALUATION:**

- Tests
- Presentation
- Project work
- Written assignments

#### INTERNAL ASSESSMENT

Techniques	Weightage
Test- (2 tests)	50
Assignment	25
Seminar/presentation	25
	100

Practical – Internal assessment

Learning resource material

Practice Teaching	50
Conduct Workshop /Short Term Course	25
•	
Practical – external assessment	
Practice teaching- 1	50
Preparation/use of learning resource material-1	25
Construction of tests/rotation plan.	25
1	

### ADVANCE NURSING PRACTICE

Placement: Ist Year Hours of Instruction

Theory: 150 Hours. Practical: 1200 Hours. Total: 350 Hours.

#### **COURSE DESCRIPTION:**

The course is designed to develop an understanding of concepts and constructs of theoretical basis of advance nursing practice and critically analyze different theories of nursing and other disciplines.

#### **OBJECTIVES:**

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

- 1. Appreciate and analyze the development of nursing as a profession.
- **2.** Describe ethical, legal, political and economic aspects of health care delivery and nursing practice.
- **3.** Explain bio- psycho- social dynamics of health, life style and health care delivery system.
- **4.** Discuss concepts, principles, theories, models, approaches relevant to nursing and their application.
- **5.** Describe scope of nursing practice.
- **6.** Provide holistic and competent nursing care following nursing process approach.
- 7. Identify latest trends in nursing on the basis of advance nursing practice.
- **8.** Perform extended and expanded role of nurse.
- **9.** Describe alternative modalities of nursing care.
- **10.** Describe the concept of quality control in nursing.
- 11. Identify the scope of nursing research.
- **12.** Use computer in patient care delivery system and nursing practice.
- **13.** Appreciate importance of self development and professional advancement.

#### **Course Content:**

Units	Hours	Content
Ι	10	NURSING AS A PROFESSION:
		<ul> <li>History of development of nursing profession, characteristics, criteria of the profession, perspective of nursing profession-national, global</li> <li>Code of ethics (INC), code of professional conduct(INC), autonomy</li> </ul>
		and accountability, assertiveness, visibility of nurses, legal considerations,
		Role of regulatory bodies.
		<ul> <li>Professional organizations and unions-self defense, individual and collective bargaining</li> </ul>
		• 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	HEALTH CARE DELIVERY:
		• 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 nongovernmental
		agencies.
		• Information, education and communication (IEC).
		Tele-medicine.
III	10	GENETICS:
		• Review of cellular division, mutation and law of inheritance, human
		genome project, The Genomic era.
		<ul> <li>Basic concepts of Genes, Chromosomes &amp; DNA.</li> </ul>
		<ul> <li>Approaches to common genetic disorders.</li> </ul>
		• Genetic testing – Basis of genetic diagnosis, Pre symptomatic and
		predisposition testing, Prenatal diagnosis & screening, Ethical, legal &
		psychosocial issues in genetic testing.
		Genetic counseling.
		<ul> <li>Practical application of genetics in nursing.</li> </ul>
IV	10	EPIDEMIOLOGY:
1 4	10	
		<ul> <li>History, Scope, Aim epidemiological approach and methods,</li> <li>Morbidity, mortality,</li> </ul>
		<ul> <li>Concepts of causation of diseases and their screening,</li> </ul>
		<ul> <li>Application of epidemiology in health care delivery, Health</li> </ul>
		survelliance and health informatics, uses of epidemiology.
		Role of nurse.
V	20	
V	20	BIO-PSYCHO SOCIAL PATHOLOGY:
		Patho-physiology 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,
<b>171</b>	20	bio-medical waste management.
VI	20	PHILOSOPHY AND THEORIES OF NURSING:
		Values, Conceptual models, approaches.
		• Nursing theories: Nightingale's, Hendersons's, Roger's, Peplau's,
		Abdella's, Lewine's, Orem's, Johnson's, King's, Neuman's, Roy's,
		Watson parsee, etc and their applications,

		<ul> <li>Health belief models, communication and management, etc</li> <li>Concept of Self health.</li> <li>Evidence based practice model.</li> </ul>
VII 10		<ul> <li>NURSING PROCESS APPROACH:</li> <li>Health Assessment- approaches, illness status of patients/clients (Individuals, family, community), Identification of health illness problems, health behaviors, signs and symptoms of clients.</li> <li>Methods of collection, analysis and utilization of data relevant to nursing process.</li> <li>Nursing Diagnosis</li> <li>Planning</li> <li>Formulation of nursing care plans, health goals, implementation, modification and evaluation of care.</li> <li>Theory application in nursing process.</li> </ul>
VIII	30	<ul> <li>PSYCHOLOGICAL ASPECTS AND HUMAN RELATIONS:</li> <li>Human behavior, Life processes &amp; growth and development, personality development, defense mechanisms,</li> <li>Communication, interpersonal relationships, individual and group, group dynamics, and organizational behavior,</li> <li>Basic human needs, Growth and development, (Conception through preschool, School age through adolescence, Young &amp; middle adult, and Older adult)</li> <li>Sexuality and sexual health.</li> <li>Stress and adaptation, crisis and its intervention,</li> <li>Coping with loss, death and grieving,</li> <li>Principles and techniques of Counseling.</li> </ul>
IX	10	NURSING PRACTICE:  Framework, scope and trends.  Alternative modalities of care, alternative systems of health and complimentary therapies.  Extended and expanded role of the nurse, in promotive, preventive, curative and restorative health care delivery system in community and institutions.  Health promotion and primary health care.  Independent practice issues,- Independent nurse-midwifery practitioner.  Collaboration issues and models-within and outside nursing.  Models of Prevention,  Family nursing, Home nursing,  Gender sensitive issues and women empowerment.  Disaster nursing.  Geriatric considerations in nursing.  Evidence based nursing practice- Best practices  Trans-cultural nursing.  Innovations in nursing.
X	25	COMPUTER APPLICATIONS FOR PATIENT CARE DELIVERY SYSTEM AND NURSING PRACTICE:

• Use of computers in teaching, learning, research and nursing practice.
<ul><li>Windows, MS office: Word, Excel, Power Point,</li></ul>
• Internet, literature search,
Statistical packages,
Hospital management information system: soft-wares.

#### **PRACTICAL:**

Clinical posting in the following areas:

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

#### **Methods of Teaching**

- Lecture cum discussion
- Seminar
- ❖ Panel discussion
- Debate
- Case Presentations
- Exposure to scientific conferences
- Field visits

#### Methods of evaluation:

- Tests
- Presentation
- Seminar
- Written assignments

#### ADVANCE NURSING PROCEDURES

Definition, Indication and nursing implications;

⇒ CPR, TPN, Hemodynamic monitoring, Endotrcheal intubation, Tracheostoma, mechanical ventilation, Pacemaker, Hemodialysis, Peritonial dialysis, LP, BT Pleural and abdominal parecentasis OT techniques, Health assessment, Triage, Pulse oxymetry

#### **Internal Assessment**

Techniques	Weightage
Test- (2 tests)	50
Assignment	25
Seminar/presentation	25
	100

#### NURSING RESEARCH AND STATISTICS

#### Placement: 1st Year Hours of Instruction

Theory	150 Hours
Practical	100 Hours
Total	250 Hours

#### **Part-A: Nursing Research**

Theory	100 Hours
Practical	50 Hours
Total	150 Hours

#### **Course Description:**

The course is designed to assist the students to acquire an understanding of the research methodology and statistical methods as a basis for identifying research problem, planning and implementing a research plan. It will further enable the students to evaluate research studies and utilize research findings to improve quality of nursing practice, education and management.

#### **General Objectives:**

At the end of the course, the students will be able to:

- 1. Define basic research terms and concepts and ethics in Nursing Research.
- **2.** Review literature utilizing various sources.
- 3. Describe the various research approaches and designs.
- **4.** Formulate problem statement.
- **5.** Develop theoretical / conceptual frame work.
- **6.** Use appropriate sampling methods.
- 7. Discuss various tools and techniques.
- **8.** Validate the tool.
- **9.** Conduct a research study.
- **10.** Draw conclusions of the study.
- 11. Communicate research findings.
- 12. Utilize research findings
- **13.** Critically evaluate nursing research studies.
- **14.** Write scientific paper for publication.

#### **CONTENT OUTLINE:**

Units Hours		ours	Content	
	Theory	Practical		
I	10		INTRODUCTION:	
			<ul> <li>Methods of acquiring knowledge – problem solving and</li> </ul>	
			scientific method.	
			• Research – Definition, characteristics, purposes, kinds of	
			research	
			Historical Evolution of research in nursing	
			Basic research terms	
			• Scope of nursing research: areas, problems in nursing,	
			• health and social research	
			<ul> <li>Concept of evidence based practice</li> </ul>	
			• Ethics in research	
	_		Overview of Research process	
II	5	5	REVIEW OF LITERATURE:	
			• Importance, purposes, sources, criteria for selection of	
	1.0		resources and steps in reviewing literature.	
III	12		Research Approaches and designs	
			Type: Quantitative and Qualitative	
			Historical, survey and experimental –Characteristics, types	
			<ul><li>advantages and disadvantages</li><li>Qualitative: Phenomenology, grounded theory, ethnography.</li></ul>	
IV	10	5	Qualitative: Phenomenology, grounded theory, ethnography.     RESEARCH PROBLEM:	
1 V	10	3		
			<ul> <li>Identification of research problem</li> <li>Formulation of problem statement and research objectives</li> </ul>	
			Definition of terms	
			Assumptions and delimitations	
			Identification of variables	
			Hypothesis – definition, formulation and types.	
V	20		DEVELOPING THEORETICAL/CONCEPTUAL	
			FRAMEWORK:	
			Theories: Nature, characteristics, Purpose and uses	
			Using, testing and developing conceptual framework,	
			models and theories.	
VI	6		SAMPLING:	
			Population and sample.	
			• Factors influencing sampling.	
			Sampling techniques.	
			• Sample size.	
			Probability and sampling error.	
			Problems of sampling.	
			Characteristics of a good sampling design.	
VII	20	10	TOOLS AND METHODS OF DATA COLLECTION:	
			Concepts of data collection	
			Data sources, methods/techniques quantitative and qualitative.	
			• Tools for data collection – types, characteristics and their	
			development	
			• Item analysis	
			Validity and reliability of tools	

			Pilot study
			Procedure for data collection
VIII	5		IMPLEMENTING RESEARCH PLAN:
			Research plan (design)., planning for data collection,
			administration of tool/interventions, collection of data
IX	10	10	<ul> <li>ANALYSIS AND INTERPRETATION OF DATA:</li> <li>Plan for data analysis: quantitative and qualitative</li> <li>Preparing data for computer analysis and presentation.</li> <li>Statistical analysis</li> <li>Interpretation of data</li> <li>Conclusion and generalizations</li> <li>Summary and discussion</li> </ul>
X	10		REPORTING AND UTILIZING RESEARCH FINDINGS:  Communication of research results; oral and written Writing research report purposes, methods and style vancouver, American Psychological Association(APA), Campbell etc Writing scientific articles for publication: purposes & Style.
			<ul><li>Utilization of research findings.</li></ul>
XI	3	8	Critical analysis of research reports and articles.
XII	4	7	Developing and presenting a research proposal.

#### **ACTIVITIES:**

- ❖ Annotated Bibliography of research reports and articles.
- \* Review of literature of selected topic and reporting
- ❖ Formulation of problem statement, objective and hypothesis
- Developing theoretical/conceptual framework.
- Preparation of a sample research tool
- ❖ Analysis and interpretation of given data
- Developing and presenting research proposal
- ❖ Journal club presentation
- Critical evaluation of selected research studies
- Writing a scientific paper.

#### **METHOD OF TEACHING:**

- ❖ Lecture-cum-discussion
- Seminar/Presentations
- **❖** Project
- Class room exercises
- Journal club

#### **METHODS OF EVALUATION:**

- Quiz, Tests (Term)Assignments/Term paper
- Presentations
- Project work

### INTERNAL ASSESSMENT:

Techniques	Weightage (15marks)
Term Test (2 tests)	40%
Assignment	20%
Presentation	20%
Project work	20%
Total	100%

Part -B: Statistics

Hours of Instruction
Theory 50 Hours
Practical 50 Hours
Total 100 Hours

#### **COURSE DESCRIPTION:**

At the end of the course, the students will be able to develop an understanding of the statistical methods and apply them in conducting research studies in nursing.

#### **GENERAL OBJECTIVES:**

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

- 1. Discuss the basic concepts and scope of statistics related to health and Nursing.
- 2. Organize tabulate and present data meaningfully.
- 3. Use descriptive statistics to analyze the data.
- 4. Describe the probable methods to predict and interpret results.
- 5. Use various inferential statistical methods to predict and interpret results
- 6. Draw conclusions of the study and predict statistical significance of the results.
- 7. Establish reliability and scoring methods of the tool developed.
- 8. Describe vital health statistics and their use in health related research.
- 9. Explain the basic concepts related to statistics.
- 10. Use statistical packages by use of computers for data analysis

#### **CONTENT OUTLINE:**

Units	Hours		Content
	Theory	Practical	
Ι	7	4	INTRODUCTION:
			<ul> <li>Concepts, types, significance and scope of statistics,</li> </ul>
			meaning of data,
			Sample, parameter
			<ul> <li>Type and levels of data and their measurement</li> </ul>
			<ul> <li>Organization and presentation of data – Tabulation of data;</li> </ul>
			Frequency distribution
			<ul> <li>Graphical and tabular presentations.</li> </ul>
II	4	4	MEASURES OF CENTRAL TENDENCY:
			<ul><li>Mean, Median, Mode</li></ul>
III	4	5	MEASURES OF VARIABILITY:
			<ul> <li>Range, Percentiles, average deviation, quartile deviation,</li> </ul>
			standard deviation
IV	3	2	NORMAL DISTRIBUTION:
			<ul> <li>Probability, characteristics and application of normal</li> </ul>
			probability curve; sampling error.
$\mathbf{V}$	6	8	MEASURES OF RELATIONSHIP:
			<ul> <li>Correlation – need and meaning</li> </ul>
			<ul> <li>Rank order correlation;</li> </ul>
			Scatter diagram method
			Product moment correlation
			<ul> <li>Simple linear regression analysis and prediction.</li> </ul>

VI	5	2	Designs and meaning:
			Experimental designs
			<ul> <li>Comparison in pairs, randomized block design, Latin</li> </ul>
			squares.
VII	8	10	SIGNIFICANCE OF STATISTIC AND SIGNIFICANCE OF DIFFERENCE BETWEEN TWO STATISTICS (TESTING HYPOTHESIS):  • Non parametric test – Chi-square test, Sign, median test,
			<ul> <li>Mann Whitney test.</li> </ul>
			<ul> <li>Parametric test – 't' test, ANOVA, MANOVA, ANCOVA.</li> </ul>
			Advantage & disadvantages of non-parametric tests before
			Chi-square test.
			<ul><li>Mann Whitney's "U" test</li></ul>
			<ul> <li>Mc nemer test, Fisher's exact probability test.</li> </ul>
VIII			USE OF STATISTICAL METHODS IN PSYCHOLOGY AND
			EDUCATION:
			<ul> <li>Scaling – Z Score, Z Scaling</li> </ul>
			<ul> <li>Standard Score and T Score</li> </ul>
			<ul> <li>Reliability of test Scores: test-retest method, parallel forms, split half method.</li> </ul>
IX	X 4 2 APPLICATION OF STATISTICS IN HEALTH:		APPLICATION OF STATISTICS IN HEALTH:
			• Vital & health statistics.
			<ul><li>Ratios, Rates, Trends</li></ul>
			<ul> <li>Vital health statistics – Birth and death rates.</li> </ul>
			<ul> <li>Measures related to fertility, morbidity and mortality.</li> </ul>
X	4	8	USE OF COMPUTERS FOR DATA ANALYSIS:
			<ul> <li>Use of statistical package.</li> </ul>
			<ul> <li>Use of computers in research.</li> </ul>

#### **ACTIVITIES:**

- \* Exercises on organization and tabulation of data,
- Graphical and tabular presentation of data
- \* Calculation of descriptive and inferential statistics (chi square, t-test, correlation)
- Practice in using statistical package
- Computing vital health statistics

#### **METHODS OF TEACHING:**

- ❖ Lecture-cum-discussion
- ❖ Demonstration on data organization, tabulation, calculation of statistics, use of statistical package, Classroom exercises, organization and tabulation of data.

#### **CLINICAL SPECIALITY – I**

#### MEDICAL SURGICAL NURSING

Placement: 1st Year Hours of instruction

Theory 150 Hours Practical 650 Hours Total 800 Hours

#### **COURSE DESCRIPTION:**

This course is common for the students undergoing clinical speciality-II in neuro science nursing/cardiovascular & thoracic nursing/critical care nursing/oncology nursing/orthopaedic and rehabilitation nursing/nephro & urology nursing, gastroenterology nursing/ geriatric nursing. It is designed to assist students in developing expertise and in depth knowledge in the field of medical Surgical Nursing. It will help students to appreciate the patient as a holistic individual and develop skill to function as a specialized Medical-Surgical Nurse. It will further enable the student to function as educator, manager and researcher in the field of Medical – Surgical Nursing.

#### **OBJECTIVES:**

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

- 1. Appreciate the trends & issues in the field of Medical Surgical Nursing as a speciality.
- **2.** Apply concepts & theories related to health promotion.
- **3.** Appreciate the client as a holistic individual.
- **4.** Perform physical, psychosocial assessment of Medical Surgical patients.
- **5.** Apply Nursing process in providing care to patients.
- **6.** Integrate the concept of family centered nursing care with associated disorder such as genetic, congenital and long-term illness.
- 7. Recognize and manage emergencies with Medical- Surgical patients.
- **8.** Describe various recent technologies & treatment modalities in the management of critically ill patients.
- 9. Appreciate the legal & ethical issues relevant to Medical Surgical Nursing.
- **10.** Prepare a design for layout and management of Medical Surgical Units.
- 11. Appreciate the role of alternative systems of Medicine in care of patients.
- **12.** Incorporate evidence based Nursing practice and identify the areas of research in the field of Medical Surgical Nursing.
- **13.** Recognize the role of Nurse practitioner as a member of the Medical Surgical health team.
- **14.** Teach Medical Surgical nursing to undergraduate nursing students & in-service nurses.

#### **COURSE CONTENT:**

Units	Hours	Content
I	5	INTRODUCTION:
		Historical development of Medical- Surgical Nursing in India.
		• Current concept of health.
		<ul> <li>Trends &amp; issues in Medical – Surgical Nursing.</li> </ul>
		• Ethical & cultural issues in Medical – Surgical Nursing.
		• National health policy, special laws & ordinances relating to older
		people.
		National health programs related to adult health.
II	20	HEALTH ASSESSMENT OF PATIENTS
		History taking.
		Physical examination of various systems.
		Nutritional assessment.
		Related investigations and diagnostic assessment
III	5	CARE IN HOSPITAL SETTINGS:
		Ambulatory care.
		Acute and Critical care.
		• Long term care.
		Home Health Care.
		• Characteristics, care models, practice settings, interdisciplinary team.
		• Hospitalization- effects of hospitalization on the patient & family.
IV	10	MANAGEMENT OF PATIENTS WITH DISORDERS OF
		GASTRO INTESTINAL TRACT:
		<ul> <li>Review of anatomy and physiology.</li> </ul>
		• Common Disorders-etiology, Patho-physiology, Clinical
		manifestations, complications, prognosis.
		• Health assessment- History taking, physical examination, investigation
		and diagnostic assessment.
		• Treatment modalities and trends.
		Nursing management.
		Related research studies.
		<ul> <li>Evidence based nursing practice.</li> </ul>
		Rehabilitation and follow-up.
$\mathbf{V}$	10	MANAGEMENT OF PATIENTS WITH DISORDERS OF
		NERVOUS SYSTEM:
		Review of anatomy and physiology.
		• Common Disorders- etiology, Patho-physiology, Clinical
		manifestations, complications, prognosis.
		• Health assessment-History taking, physical examination, investigation
		and diagnostic assessment.
		• Treatment modalities and trends.
		Nursing management.
		Related research studies.
		<ul> <li>Evidence based nursing practice.</li> </ul>
		Rehabilitation and follow-up.
VI	10	MANAGEMENT OF PATIENTS WITH DISORDERS OF
		RESPIRATORY SYSTEM:
		<ul> <li>Review of anatomy and physiology.</li> </ul>
		• Common Disorders- etiology, Patho-physiology, Clinical

	1	
		manifestations, complications, prognosis.
		• Health assessment-History taking, physical examination, investigation
		and diagnostic assessment.
		<ul> <li>Treatment modalities and trends.</li> </ul>
		<ul> <li>Nursing management.</li> </ul>
		<ul> <li>Related research studies.</li> </ul>
		<ul> <li>Evidence based nursing practice.</li> </ul>
		Rehabilitation and follow-up.
VII	10	MANAGEMENT OF PATIENTS WITH DISORDERS OF CARDIO
		VASCULAR SYSTEM:
		<ul> <li>Review of anatomy and physiology.</li> </ul>
		• Common Disorders- etiology, Patho-physiology, Clinical
		manifestations, complications, prognosis.
		• Health assessment-History taking, physical examination, investigation
		and diagnostic assessment.
		<ul> <li>Treatment modalities and trends.</li> </ul>
		<ul> <li>Nursing management.</li> </ul>
		<ul> <li>Related research studies.</li> </ul>
		<ul> <li>Evidence based nursing practice.</li> </ul>
		Rehabilitation and follow-up.
VIII	5	MANAGEMENT OF PATIENTS WITH DISORDERS OF
		BLOOD:
		<ul> <li>Review of anatomy and physiology.</li> </ul>
		• Common Disorders-etiology, Patho-physiology, Clinical
		manifestations, complications, prognosis.
		• Health assessment-History taking, physical examination, investigation
		and diagnostic assessment.
		<ul> <li>Treatment modalities and trends.</li> </ul>
		<ul> <li>Nursing management.</li> </ul>
		<ul> <li>Related research studies</li> </ul>
		<ul> <li>Evidence based nursing practice</li> </ul>
		Rehabilitation and follow-up
IX	10	MANAGEMENT OF PATIENTS WITH DISORDERS OF GENITO
		URINARY SYSTEM:
		<ul> <li>Review of anatomy and physiology.</li> </ul>
		• Common Disorders- etiology, Patho-physiology, Clinical
		manifestations, complications, prognosis.
		• Health assessment-History taking, physical examination, investigation
		and diagnostic assessment.
		• Treatment modalities and trends.
		Nursing management.
		Related research studies.
		Evidence based nursing practice.
**	10	Rehabilitation and follow-up.  A NAME OF THE PARTY O
X	10	MANAGEMENT OF PATIENTS WITH DISORDERS OF
		ENDOCRINE SYSTEM:
		Review of anatomy and physiology.
		Common Disorders- etiology, Patho-physiology, Clinical
		manifestations, complications, prognosis.
		Health assessment-History taking, physical examination, investigation

		1 1:		
		and diagnostic assessment.		
		Treatment modalities and trends.		
		Nursing management.  Paleted management at the discrete sections.		
		Related research studies.		
		<ul> <li>Evidence based nursing practice.</li> </ul>		
		Rehabilitation and follow-up.		
XI	10	MANAGEMENT OF PATIENTS WITH DISORDERS OF		
		MUSCULO-SKELETAL SYSTEM:		
		Review of anatomy and physiology.		
		<ul> <li>Common Disorders- etiology, Patho-physiology, Clinical</li> </ul>		
		manifestations, complications, prognosis.		
		<ul> <li>Health assessment-History taking, physical examination, investigation</li> </ul>		
		and diagnostic assessment.		
		<ul> <li>Treatment modalities and trends.</li> </ul>		
		<ul> <li>Nursing management.</li> </ul>		
		<ul> <li>Related research studies.</li> </ul>		
		<ul> <li>Evidence based nursing practice.</li> </ul>		
		<ul> <li>Rehabilitation and follow-up.</li> </ul>		
XII	8	MANAGEMENT OF PATIENTS WITH DISORDERS OF		
		INTEGUMENTORY SYSTEM:		
		<ul> <li>Review of anatomy and physiology.</li> </ul>		
		<ul> <li>Common Disorders- etiology, Patho-physiology, Clinical</li> </ul>		
		manifestations, complications, prognosis.		
		• Health assessment-History taking, physical examination, investigation		
		and diagnostic assessment.		
		• Treatment modalities and trends.		
		Nursing management.		
		Related research studies.		
		<ul> <li>Evidence based nursing practice.</li> </ul>		
		Rehabilitation and follow-up.		
XIII	5	MANAGEMENT OF PATIENTS WITH DISORDERS OF EYE AND ENT:		
		<ul> <li>Review of anatomy and physiology.</li> </ul>		
		• Common Disorders-etiology, Patho-physiology, Clinical		
		manifestations, complications, prognosis.		
		• Health assessment-History taking, physical examination, investigation		
		and diagnostic assessment.		
		<ul> <li>Treatment modalities and trends.</li> </ul>		
		<ul> <li>Nursing management.</li> </ul>		
		<ul> <li>Related research studies.</li> </ul>		
		<ul> <li>Evidence based nursing practice.</li> </ul>		
		Rehabilitation and follow-up.		
XIV	8	MANAGEMENT OF PATIENTS WITH DISORDERS OF		
		REPRODUCTIVE SYSTEM:		
		Review of anatomy and physiology.		
		Common Disorders- etiology, Patho-physiology, Clinical		
	1	manifestations, complications, prognosis.		
		• Health assessment-History taking, physical examination, investigation		
		and diagnostic assessment.		
		Treatment modalities and trends.		
		1		

		Nursing management.
		Related research studies.
		Evidence based nursing practice.  Palabilitation and fallow yer.
<b>X/X</b> /	0	Rehabilitation and follow-up.
XV	8	Geriatric nursing
		Nursing Assessment-History and Physical assessment.
		• Ageing;
		• Demography, Myths and realities.
		• Concepts and theories of ageing.
		• Cognitive Aspects of Ageing.
		Normal biological ageing.
		<ul> <li>Age related body systems changes.</li> </ul>
		<ul> <li>Psychosocial Aspects of Aging.</li> </ul>
		<ul> <li>Medications and elderly.</li> </ul>
		• Stress & coping in older adults.
		<ul> <li>Common Health Problems &amp; Nursing Management;</li> </ul>
		<ul> <li>Psychosocial and Sexual.</li> </ul>
		Abuse of elderly.
		• Role of nurse for care of elderly: ambulation, nutritional,
		communicational, psychosocial and spiritual.
		• Role of nurse for caregivers of elderly.
		<ul> <li>Role of family and formal and non formal caregivers.</li> </ul>
		• Use of aids and prosthesis (hearing aids, dentures,
		• Legal & Ethical Issues.
		• Provisions and Programmes for elderly; privileges, Community
		Programs and health services;
		Home and institutional care.
		• Issues, problems and trends.
		, r
XVI	8	MANAGEMENT OF PATIENTS WITH COMMUNICABLE AND
		SEXUALLY TRANSMITTED DISEASES:
		• Review of immune system.
		<ul> <li>Common Disorders of immune system – HIV/AIDS.</li> </ul>
		<ul> <li>Review of infectious disease process.</li> </ul>
		Communicable Diseases- etiology, Patho-physiology, Clinical
		manifestations, complications, prognosis.
		• Health assessment-History taking, physical examination, investigation
		and diagnostic assessment.
		• Treatment modalities and trends.
		Nursing management.
		Related research studies.
		Evidence based nursing practice.
		Rehabilitation and follow-up
XVII	8	EMERGENCY, TRAUMA AND MULTI-SYSTEM ORGAN
23 7 11		FAILURE:
		<ul><li>DIC (disseminated intravascular coagulation)</li></ul>
		Trauma, burns, poisoning  Trauma, burns, poisoning
		<ul> <li>Etiology, Patho-physiology, Clinical manifestations, complications,</li> </ul>
		prognosis.  Health assessment History taking physical examination investigation
		Health assessment-History taking, physical examination, investigation

<ul> <li>and diagnostic assessment.</li> <li>Treatment modalities and trends.</li> <li>Nursing management.</li> </ul>
<ul> <li>Related research studies.</li> <li>Evidence based nursing practice.</li> <li>Rehabilitation and follow-up.</li> </ul>

Total = 660 Hours 1 Week = 30 Hours

S. No.	Dept/Unit	No. of Week	Total Hours
	General Medical Ward	4	120 Hours
	General Surgical Ward	4	120 Hours
	ICUs	4	120 Hours
	Oncology	2	60 Hours
	Ortho	2	60 Hours
	Cardio	2	60 Hours
	Emergency Department	2	60 Hours
	Neuro	2	60 Hours
	Total	22 Weeks	660 Hours

### **STUDENT ACTIVITIES:**

- Clinical presentations
- History taking
- Health Assessment
- Nutritional Assessment
- ❖ Health Education related to disease conditions
- Case studies
- Project work
- Field visits

# **CLINICAL SPECIALITY-I**

### OBSTETRIC AND GYNAECOLOGICAL NURSING

Placement: 1st year Hours of Instruction

Theory 150 Hours.
Practical 650 Hours.
Total 800 Hours.

### **COURSE DESCRIPTION:**

This course is designed to assist students in developing expertise and in depth understanding in the field of Obstetric and Gynaecological Nursing. It will help students to appreciate the client as a holistic individual and develop skill to function as an independent midwifery practitioner. It will further enable the student to function as educator, manager, and researcher in the field of Obstetric and Gynaecological nursing

### **OBJECTIVES:**

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

- 1. Appreciate the trends in the field of midwifery, obstetrics and gynaecology as a speciality.
- 2. Describe the population dynamics and indicators of maternal and child health
- **3.** Describe the concepts of biophysical, psychological and spiritual aspects of normal pregnancy, labor and puerperium.
- **4.** Provide comprehensive nursing care to women during reproductive period and newborns.
- 5. Integrate the concepts of family centered nursing care and nursing process approach in obstetric and gynaecological nursing.
- **6.** Identify and analyze the deviations from normal birth process and refer appropriately.
- 7. Describe the pharmacological agents, their effects during pregnancy, child birth, puerperium, lactation and the role of nurse
- **8.** Counsel adolescents, women and families on issues pertaining to pregnancy, child birth and lactation
- **9.** Describe the role of various types of complementary and alternative therapies in obstetric and gynaecological nursing.
- **10.** Incorporate evidence based nursing practice and identify the areas of research in the field of obstetric and gynaecological nursing.
- 11. Describe the recent advancement in contraceptive technology and birth control measures
- 12. Appreciate the legal and ethical issues pertaining to obstetric and gynaecological nursing

Units	Hours	Content
I	10	INTRODUCTION:
		Historical and contemporary perspectives
		Epidemiological aspects of maternal and child health
		Magnitude of maternal and child health problems
		• Factors influencing maternal and child health: Age, Gender, Sexuality,
		psycho Socio cultural factors
		Preventive obstetrics
		National health and family welfare programmes related to maternal
		and child health: health care delivery system-
		National Rural health mission, Role of NGO's
		Theories, models and approaches applied to midwifery practice
		• Role and scope of midwifery practice: Independent Nurse midwifery
		practitioner
		• Legal and Ethical issues: Code of ethics and standards of midwifery
		practice, standing orders
		Evidence based midwifery practice
		Research priorities in obstetric and gynecological nursing.
II	15	HUMAN REPRODUCTION:
		• Review of anatomy and physiology of human reproductive system:
		male and female
		Reproductive endocrinology.
		Embryology
		Genetics, teratology and counseling
		Clinical implications.
		Human sexuality and sexual behavior.
III	25	HIGH RISK PREGNANCY:
		Maternal adaptation : Physiological, psychosocial
		• Assessment – Maternal and foetal measures Maternal measures:
		History taking, exmanination-General, physical and obstetrical
		measure, identification of high risk,
		<ul> <li>Foetal measure- clinical parameters, biochemical- human estriol,</li> </ul>
		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,
		<ul> <li>Interpretation of diagnostic tests and nursing implications</li> </ul>
		• 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
		Alternative/complementary therapies
IV	25	NORMAL LABOUR AND NURSING MANAGEMENT:
		Essential factors of labour

		Stages and onset  FIRST STAGE, PHYSICAL OCK, OF NORMAL LARGUER
		FIRST STAGE: PHYSIOLOGY OF NORMAL LABOUR
		• Use of partograph: Principles, use and critical analysis, evidence based studies
		Analgesia and anesthesia in labour
		Nursing management
		SECOND STAGE
		Physiology , intrapartum monitoring
		Nursing management.
		• Resuscitation, immediate newborn care and initiate breast feeding
		(Guidelines of National neonatology forum of India)  THIRD STAGE
		Physiology and nursing management
		FOURTH STAGE – OBSERVATION, CRITICAL ANALYSIS AND
		NURSING MANAGEMENT.
		Various child birth practice: water birth, position change etc
		<ul> <li>Evidence based practice in relation to labour intervention</li> <li>ROLE OF NURSE MIDWIFERY PRACTITIONER</li> </ul>
		<ul> <li>Alternative/complementary therapies</li> </ul>
V	20	NORMAL PUERPERIUM AND NURSING MANAGEMENT
		Physiology of puerperium.
		• Physiology of lactation, lactation management, exclusive breast
		feeding, Baby friendly hospital intitative (BFHI)
		• Assessment of postnatal women.
		• Management of mothers during puerperium: Postnatal exercises.
		Rooming in, bonding, warm chain.
		Evidence based studies.
		• Factors influencing breast feeding practices.
		Role of nurse midwifery practitioner
***	•	Alternative / complementary therapies / Cultural practices.
VI	20	NORMAL NEWBORN:
		Physiology and characteristics of normal newborn.
		Physical and Behavioural assessment of newborn.
		Needs of newborn.
		• Essential newborn care: Exclusive breast feeding, Immunization,
		Hygiene measures, Newborn nutrition.
		Organization of neonatal care service, transportation, neonatal
		intensive care unit, organization and management of nursing services in NICU.
		Observation and care of newborn.
		Parenting process.
VII	10	PHARMOCO DYNAMICS IN OBSTETRICS
		<ul> <li>Drugs used in pregnancy, labour, post partum and newborn.</li> </ul>
		• Calculation of drug dose and administration.
		• Effects of drugs used.
		Anesthesia and analgesia in obstetrics.
		• Roles and responsibilities of midwifery nurse practitioner.
		• Standing orders, use of selected life saving drugs and interventions of
		obstetric emergencies approved by the MOHFW.

VIII	10	FAMILY WELFARE SERVICES:		
		<ul> <li>Population dynamics</li> </ul>		
		• Demography trends: vital statistics, calculation of indicators		
		especially maternal and neonatal mortality rates and other health		
		problems		
		Recent advancement in contraceptive technology		
		• Role of nurses in family welfare programmes in all settings		
		Role of independent nurse midwifery practitioner		
		• Family life education		
		<ul> <li>Information, Education and Communication(IEC)</li> </ul>		
		Management information and evaluation system(MIES)		
		Teaching and supervision of health team members		
		Evidence based studies		
IX	5	INFERTILITY:		
		<ul> <li>Primary and secondary causes</li> </ul>		
		Diagnostic procedures		
		• Counseling: Ethical and legal aspects of assisted reproductive		
		technology(ART)		
		Recent advancement in infertility management.		
		• Adoption procedures Role of nurses in infertility management.		
X	5	MENOPAUSE:		
		Physiological, psychological, social and cultural aspects influences on		
		menopause.		
		Hormone Replacement Therapy.		
		• Surgical menopause.		
		Counseling and guidance.		
		Management of menopause.		
		Role of midwifery nurse practitioner.		

# **Practical:**

### 1 week = 30 Hours

S. No.	Department / Unit	No. of Week	Total Hours
1	Anetenatal Wards & OPDs	4	120 Hours
2	Labour Room	6	180 Hours
3	Postnatal Ward	4	120 Hours
4	Family Planning Clinics	2	60 Hours
5	PHC/Rural maternity settings	1	30 Hours
6	Infertility clinic	3	90 Hours
7	Maternity Operation Theater	2	60 Hours
8	Neonatal Intensive Care Unit	-	-
Total		22Weeks	660 Hours.

### PROCEDURES OBSERVED:

- ❖ Diagnostic investigations: amniotcentecis, chordocentecis, chorionic villi sampling
- ❖ Infertility management: artificial reproduction: artificial insemination, invitro fertilization, and related procedures

### PROCEDURES ASSISTED:

Medical termination of pregnancy,

### PROCEDURES PERFORMED:

*	Antenatal assessment	-20
*	Postnatal assessment	-20
*	Assessment during labour: use of partograph	-20
*	Per vaginal examination	-20
*	Conduct of normal delivery	-20
*	Episiotomy and suturing	-10
**	Setting up of delivery areas	

- ❖ Insertion of intra uterine devices( copper T)

### **OTHERS:**

- Identification of high risk women and referral
- Health education: to women and their families
- Motivation of couples for planned parenthood

### CLINICAL SPECIALTY -I

### CHILD HEALTH (PAEDIATRIC) NURSING

Placement: Ist Year Hours of Instruction

Theory 150 Hours Practical 650 Hours Total 800 Hours

### **COURSE DESCRIPTION:**

This course is designed to assist students in developing expertise and in depth understanding in the field of Pediatric Nursing. It will help students to appreciate the child as a holistic individual and develop skill to function as neonatal and pediatric nurse specialist. It will further enable the student to function as educator, manager, and researcher in the field of Paediatric nursing

### **OBJECTIVES:**

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

- 1. Appreciate the history and developments in the field of pediatrics and pediatric nursing as a specialty
- 2. Apply the concepts of growth and development in providing care to the pediatric clients and their families.
- **3.** Appreciate the child as a holistic individual
- 4. Perform physical, developmental, and nutritional assessment of pediatric clients
- 5. Apply nursing process in providing nursing care to neonates & children
- **6.** Integrate the concept of family centered pediatric nursing care with related areas such as genetic disorders, congenital malformations and long term illness.
- 7. Recognize and manage emergencies in neonates
- **8.** Describe various recent technologies and treatment modalities in the management of high risk neonates
- 9. Appreciate the legal and ethical issues pertaining to pediatric and neonatal nursing
- **10.** Prepare a design for layout and management of neonatal units
- 11. Incorporate evidence based nursing practice and identify the areas of research in the field of pediatric/neonatal nursing
- **12.** Recognize the role of pediatric nurse practitioner and as a member of the pediatric and neonatal health team
- **13.** Teach pediatric nursing to undergraduate students & in-service nurses

INTRODUCTION:  Historical development of Pediatrics and Pediatric Nursing in 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 or relating to children. National goals, Five year plans, National health programs related to child health.  II 10 ASSESSMENT OF PEDIATRIC CLIENTS: History taking Developmental assessment Physical assessment Physical assessment Nutritional assessment Family assessment Nearing of hospitalization of the child, preparation for hospit effects of hospitalization on the child and family Stressors and reactions related to developmental stages, play for ill hospitalized child. Nursing care of hospitalized child and family -principles and provided in the properties of the provided in	India;
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counseling,	
9.	n genetic
■ Importance of prenatal care and role of pediatric nurse	
V 15 GROWTH AND DEVELOPMENT OF CHILDREN:	
Principles of growth and development,	
• Concepts and theories of growth and development,	1
Developmental tasks and special needs from infancy to add	olescence,
developmental milestones,	
• Assessment of growth and development of pediatric clients,	
Factors affecting growth and development.  The state of the state	1
VI 15 BEHAVIORAL PEDIATRICS AND PEDIATRIC NURSING	i:
Parent child relationship,      Design behavioral rediction principles and appeific helpevioral	madiatuia
Basic behavioral pediatric principles and specific behavioral  concepts/diporders, motornal deprivation, failure to thrive, sh	
concepts/disorders- maternal deprivation, failure to thrive, che the battered child,	ild obuice
	ıld abuse,
- Common conditional problems and their management,	ıld abuse,
Child guidance clinic.	ild abuse,
VII 15 PREVENTIVE PEDIATRICS AND PEDIATRIC NURSING	ild abuse,
• Concept, aims and scope of preventive pediatrics,	

		<ul> <li>Maternal health and its influence on child health antenatal aspects of preventive pediatrics,</li> <li>Immunization, expanded program on immunization/ universal immunization program and cold chain,</li> </ul>
		<ul> <li>Nutrition and nutritional requirements of children, changing patterns of feeding, baby- friendly hospital initiative and exclusive breast feeding,</li> <li>Health education, nutritional education for children</li> <li>Nutritional programs</li> </ul>
		<ul> <li>National and international organizations related to child health,</li> </ul>
		Role of pediatric nurse in the hospital and community.
VIII	25	<ul> <li>NEONATAL NURSING:</li> <li>New born baby- profile and characteristics of the new born,</li> <li>Assessment of the new born,</li> <li>Nursing care of the new born at birth, care of the new born and family,</li> <li>High risk newborn- pre term and term neonate and growth retarded babies,</li> <li>Identification and classification of neonates with infections, HIV &amp; AIDS, Ophthalmia neonatorum, congenital syphilis.</li> <li>High risk new born- Identification, classification and nursing management</li> <li>Organization of neonatal care, services (Levels), transport, neonatal</li> </ul>
		intensive care unit, organization and management of nursing services in NICU.
IX	20	IMNCI: (Integrated management of neonatal and childhood illnesses)
X	5	PAEDIATRIC EMERGENCY:  • Foreign body aspiration.  • Accidents.  • Poisoning.  • Bites.  • Stings.
XI	5	QUALITY ASSURENCE IN PAEDIATRIC NURSING CARE:  Research in Paediatric Nursing.  Standard of Paediatric Nursing Care.  Nursing Audit.
XII	5	MODIFICATION OF NURSING MANAGEMENT FOR CHILDREN:  • Anatomic and physiologic difference between adult and child.  • Restraining and positioning.  • Fluid administration.  • Drug administration.  • Collection of specimens.

### 1 Week = 30Hours

S. No.	Department / Unit	No. of Week	Total Hours
1	Pediatric Medicine Ward	4	120 Hours
2	Pediatric Surgery Ward	4	120 Hours
3	Labor Room/Maternity Ward	2	60 Hours
4	Pediatric OPD	2	60 Hours
5	Neonatal Intensive Care Unit	4	120 Hours
6	Creche	1	30 Hours
7	Child Guidance Clinic	1	30 Hours
8	Community	4	120 Hours
	Total	22Weeks	660 Hours.

### **STUDENT ACTIVITIES:**

- Clinical presentations
- Growth & developmental assessment
- \* Assessment & prescription of nursing interventions for sick children
- ❖ Health education related to disease conditions
- Nutritional assessment
- Project work
- Field visits

## **CLINICAL SPECIALITY-I**

### **COMMUNITY HEALTH NURSING - I**

Placement: 1st Year Hours of Instructions

Theory 150 hours Practical 650 hours Total 800 hours

### **COURSE DESCRIPTION:**

The course is designed to assist students in developing expertise and in depth understanding in the field of Community Health Nursing. It would help students to appreciate holistic life style of individuals, families & groups and develop skills to function as Community Health Nurse specialist/practitioner. It would further enable student to function as an educator, manager and researcher in the field of Community Health nursing.

#### **OBJECTIVES:**

At the end of the course, the student will be able to:

- 1. Appreciate role of individuals and families in promoting health of the Community.
- **2.** Appreciate the history and development in the field of Community Health and Community Health Nursing.
- 3. Appreciate legal and ethical issues pertaining to community health nursing care.
- **4.** Participate in planning, implementation and evaluation of various national health and family welfare programmes at local, state and the national level.
- **5.** Integrate the concepts of family centered nursing approach while providing care to the community.
- **6.** Apply nursing process approach while providing care to individuals, families, groups and community.
- **7.** Perform physical, developmental and nutritional assessment of individuals, families and groups.
- **8.** Participate effectively as a member of Community Health team.
- **9.** Apply the concepts of promotive, preventive, curative and rehabilitative aspects of health while providing care to the people.
- **10.** Describe the various components of reproductive and child health programme.
- 11. Demonstrate leadership and managerial abilities in community health nursing practice.
- **12.** Apply recent technologies and care modalities while delivering community health nursing care.
- **13.** Teach community health nursing to undergraduates, in-service nurses and the community health workers.
- **14.** Coordinate and collaborate with various agencies operating in the community by using inter-sectoral approach.
- 15. Recognize and participate in the management of emergencies, epidemics and disasters.
- 16. Apply epidemiological concepts and principles and Community Health Nursing Practice.
- 17. Conduct community health nursing care projects.
- **18.** Incorporate evidence based nursing practice and identify the areas of research in the community settings.

Units	Hours	Content		
I	10	INTRODUCTION:		
		Historical development of Community Health and Community health Nursing- World and India, various health and family welfare committees		
		<ul> <li>Current status, trends and challenges of Community Health Nursing</li> <li>Health status of the Community-community diagnosis</li> </ul>		
		<ul> <li>Scope of Community health Nursing practice</li> </ul>		
		• Extended and expanded role of community health nurse		
		Ethical and legal issues		
		Socio-cultural issues in Community health Nursing		
		National Policies, plans and programmes		
		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:		
		• Concepts, issues.		
		• Determinants.		
		Health illness spectrum and levels of prevention.		
		• Measurements.		
		• Alternate systems for health promotion and management of health		
		problems.  • Health economics.		
		<ul><li>Health economics.</li><li>Health technology.</li></ul>		
		<ul><li>Health technology.</li><li>Genetics and health.</li></ul>		
		Genetics and health.     Waste disposal.		
		<ul> <li>Waste disposar.</li> <li>Eco system and ecological factors.</li> </ul>		
		Definition, scope, component parts.		
		• Characteristics and principles of ecosystem.		
		• Changing ecosystem and its impact on health and illness.		
		• Urbanization, Industrialization and its effects on air, water, soil.		
		Conservation of ecosystem.		
III	30	COMMUNITY HEALTH NURSING:		
		<ul> <li>Philosophy, Aims, Objectives, Concepts, Scope, Principles,</li> </ul>		
		• Functions		
		• Community health Nursing theories and models		
		Family nursing and Family centered nursing approach		
		Family health nursing process		
		• Family health assessment		
		Diagnosis     Planning		
		• Planning		
		• Intervention		
		• Evaluation		
		• Nursing care for special groups: children, adolescents, adults, women,		

		alderly abraically and montally aballanced II/han and munt		
		elderly, physically and mentally challenged- Urban and rural		
		population at large		
		• Community nutrition:		
		• Nutrition survey, Community nutrition, nutrition assessment,		
		nutritional problems and programs, food adulteration,		
		fortification.		
		<ul> <li>Nutritional education, planning diet for different age groups,</li> </ul>		
		Nutritional rehabilitation.		
		<ul> <li>Food legislation and enforcement of laws</li> </ul>		
		• Concept, role and responsibilities of community health Nurse		
		practitioners / nurse midwifery practitioners-decision making skills,		
		professionalism, legal issues		
IV	15	HEALTH CARE DELIVERY SYSTEM: URBAN, RURAL, TRIBAL		
1 4	13	AND DIFFICULT AREAS:		
		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		
		• Critical review of functioning of various levels, evaluation studies,		
		recommendations and nursing perspectives.		
		Alternative systems of medicine		
		• Training and supervision of health workers.		
		• Health agencies: NGO's, Roles and functions.		
		Inter-sectoral co-ordination.		
		Public private partnership.		
		Challenges of health care delivery system.		
V	15	POPULATION DYNAMICS AND CONTROL:		
		<ul><li>Demography</li></ul>		
		<ul> <li>Transition and theories of population</li> </ul>		
		National population policy		
		<ul> <li>National population programmes</li> </ul>		
		Population control and related programmes		
		<ul> <li>Methods of family limiting and spacing</li> </ul>		
		Research, Census, National Family Health Survey.		
		• Impact of demography on health policy and planning utilization.		
VI	25	MATERNAL AND NEONATAL CARE:		
		• IMNCI(Integrated Management of Neonatal And Childhood Illnesses)		
		module		
		Skilled Birth Attendant (SBA) module		
		• Maternal health, ante natal, intra natal, post natal care and family		
		welfare services.		
VII	20	EPIDEMIOLOGY:		
		• Introduction		
		• Concept, scope, definition, trends, history and development of		
		modern epidemiology.		
		• Implications		
		<ul><li>Epidemiological methods</li><li>Measurement of health and disease</li></ul>		
İ	I	■ Maggurament of health and disease		
		Health policies		

		Epidemiolgical approaches	
		Study of disease causation	
		Health promotion	
		Levels of prevention	
		Epidemiology of	
		Communicable diseases	
		Non communicable diseases	
		<ul> <li>Emerging and re-emerging diseases, Epidemics</li> </ul>	
		National integrated disease surveillance programme	
		Health information system.	
		Epidemiology study and reports	
		Role of community health nurse in epidemiology.	
VIII	15	• Disaster nursing (INC module on Reaching out: Nursing Care in	
		emergencies)	
IX	10	INFORMATION, EDUCATION AND COMMUNICATION:	
		IEC/BCC: Principles and strategies	
		Communication Skills	
		Management information and evaluation system: Records and reports	
		Information technology	
		Tele-medicine and tele-nursing	
		Journalism	
		Mass media	
		Folk media	

S. No.	Department / Unit	No. of Week	Total Hours
1	Sub-centre, PHC, CHC	12	360 Hours
2	District family welfare bureau	1	30 Hours
3	Urban centers	6	180 Hours
4	Field visits	3	90 Hours
	Total	22Weeks	660 Hours.

### STUDENT ACTIVITIES:

- Identification of community leaders and resource persons(community mapping)
- Community health survey
- Community health nursing process- individual, family and special groups and community
- Counseling
- Health education campaign, exhibition, folk media, preparation of IEC materials
- Organising and participating in special clinics/camps and national health and welfare programmes-Organise atleast one health and family welfare mela/fair (all stalls of national health and family welfare activities should be included)
- Estimation of Vital health statistics -Exercise
- Drill for disaster preparedness
- Organise atleast one in-service education to ANM's/LHV/PHN/HW
- Nutrition Exercise on nutritional assessment on dietary planning, demonstration and education for various age groups
- Filling up of Records, reports and registers maintained at SC/PHC/CHC
- Assist women in self breast examination
- Conduct antenatal examination
- Conduct vaginal examination
- Conduct deliveries
- Post natal visits
- Perform Episiotomy and suturing
- Prepare Pap smear

- Conduct Insertion/Removal of IUD
- Blood Slide preparation
- Field visits
- Maintenance of log book for various activities

**CLINICAL SPECIALITY – I** 

### MENTAL HEALTH (PSYCHIATRIC) NURSING

Placement: 1st Year Hours of Instruction

Theory 150 hours Practical 650 hours Total 800 hours

#### **COURSE DESCRIPTION:**

This course is designed to assist students in developing expertise and in depth understanding in the field of Psychiatric Nursing. It will help students to appreciate the client as a holistic individual and develop skill to function psychiatric nurse specialist. It will further enable the student to function as educator, manager, and researcher in the field of Psychiatric nursing

### **OBJECTIVES:**

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

- 1. Appreciate the trends and issues in the field of psychiatry and psychiatric nursing.
- **2.** Explain the dynamics of personality development and human behaviour.
- **3.** Describe the concepts of psychobiology in mental disorders and its implications for psychiatric nursing
- **4.** Demonstrate therapeutic communications skills in all interactions
- 5. Demonstrate the role of psychiatric nurse practitioner in various therapeutic modalities
- **6.** Establish and maintain therapeutic relationship with individual and groups
- 7. Uses assertive techniques in personal and professional actions
- **8.** Promotes self-esteem of clients, others and self
- **9.** Apply the nursing process approach in caring for patients with mental disorders
- 10. Describe the psychopharmacological agents, their effects and nurses role
- 11. Recognize the role of psychiatric nurse practitioner and as a member of the psychiatric and mental health team
- 12. Describe various types of alternative system of medicines used in psychiatric settings
- 13. Incorporate evidence based nursing practice and identifies the areas of research in the field of psychiatric nursing

Units	Hours	Content
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I	15	INTRODUCTION:
•		Mental Health and Mental Illness
		Historical perspectives
		<ul> <li>Trends, issues and magnitude</li> </ul>
		<ul> <li>Contemporary practices</li> </ul>
		<ul> <li>Mental health laws/Acts</li> </ul>
		National mental health program -National mental health
		authority, state mental health authority
		Human rights of mentally ill
		Mental Health/ Mental Illness Continuum
		Classification of mental illnesses-ICD, DSM
		Standards of Psychiatric nursing
		Challenges and Scope of psychiatric nursing
		<ul> <li>Multi-disciplinary team and role of nurse</li> </ul>
		Role of psychiatric nurse- extended and expanded
II	10	CONCEPTS OF PSYCHOBIOLOGY:
		• The Nervous System:
		An Anatomical Review
		The Brain and limbic system
		Nerve Tissue
		Autonomic Nervous system
		Neurotransmitters
		Neuroendocrinology     Districtions Themseld Claud
		Pituitary, Thyroid Gland     Thyroid Gland
		• Circadian Rhythms
		• Genetics
		Neuro psychiatric disorders
		Psychoimmunology
		Normal Immune response
		Implications for psychiatric Illness
	10	Implications for Nursing
III	10	THEORIES OF PERSONALITY DEVELOPMENT AND
		RELEVANCE TO NURSING PRACTICE:
		Psychoanalytic Theory- Freud's  A Theory- Freud's  A Theory- Freud's  A Theory- Freud's
		• Interpersonal Theory-Sullivan's
		• Theory of Psychosocial Development-Erikson's
		• Theory of object relations
		Cognitive Development Theory  Compared to the control of the
		• Theory of Moral Development
TX 7		A Nursing Model-Hildegard E. Peplau      GENERAL AND ACCEMENTS.
IV	5	STRESS AND ITS MANAGEMENT:
		• An introduction to the concepts of stress
		Psychological Adaptation to stress
		Stress as a Biological Response.
		• Stress as an Environmental Event.
		• Stress as Transaction between the Individual and the Environment.
<b>T</b> 7	10	Stress management.  THERE A DELIVERY COMMUNICATION. AND INTERPREDICTION.
V	10	THERAPEUTIC COMMUNICATION AND INTERPERSONAL
		RELATIONSHIP:

1	1	
		<ul> <li>Review communication process, factors affecting communication</li> </ul>
		<ul> <li>Communication with individuals and in groups</li> </ul>
		<ul> <li>Techniques of therapeutic communication-touch therapy</li> </ul>
		<ul> <li>Barrier of communication with specific reference to psychopathology</li> </ul>
		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
VI	10	ASSERTIVE TRAINING:
		Assertive Communication
		Basic Human Rights
		Response Patterns
		Nonassertive Behavior
		Assertive Behavior
		Aggressive Behavior     Description Behavior
		Passive-Aggressive Behavior
		Behavioral Components of Assertive Behavior
		Techniques that Promote Assertive Behavior
		Thought-Stopping Techniques Method
		Role of The Nurse
VII	10	PROMOTING SELF-ESTEEM:
		<ul> <li>Components of Self-Concept</li> </ul>
		• The Development of Self-Esteem
		• The Manifestations of Low-Self-Esteem
		<ul><li>Boundaries</li></ul>
		Role of The Nurse
	5	WOMEN AND MENTAL HEALTH:
		Normal reaction to conception, pregnancy and puerperium
		Problems related to conception, pregnancy and puerperium and its
		management.
		Counselling – Premarital, marital and genetic
VIII	10	THE NURSING PROCESS IN PSYCHIATRIC/MENTAL HEALTH
, 111	10	NURSING:
		Mental health assessment- History taking, mental status examination
		Physical and neurological examination
		Psychometric assessment
		<ul> <li>Investigations, Diagnosis and Differential diagnosis</li> </ul>
		Interpretation of investigations
		Nurse's role
		Nursing case management
		<ul><li>Critical pathways of care</li><li>Documentation</li></ul>
		Problem-oriented recording
		<ul> <li>Focus charting</li> </ul>
		The PIE method
IX	35	PSYCHO SOCIAL AND PHYSICAL THERAPIES:
		Individual therapy

		<ul> <li>Behavioural Therapy- Relaxation therapy, cognitive therapy, positive-negative reinforcement, bio-feedback, guided imagery, ab-reactive therapy</li> <li>Group Therapy</li> <li>Family Therapy</li> <li>Milieu Therapy</li> <li>The Therapeutic Community</li> <li>Occupational therapy</li> <li>Recreational therapy</li> </ul>
		• Play therapy
		Music therapy     Light therapy
		<ul><li>Light therapy</li><li>Color therapy</li></ul>
		• Aroma therapy
X	5	ELECTROCONVULSIVE THERAPY:
1		Historical Perspectives
		• Indications
		<ul> <li>Contraindications</li> </ul>
		Mechanisms of Action
		• Side Effects
		Risks Associated with Electroconvulsive Therapy
		• The Role of The Nurse in Electroconvulsive Therapy
XI	10	Psychopharmacology
		Historical Perspectives
		Role of a Nurse in Psychopharmacological Therapy
		Antianxiety Agents
		Antidepressants Agents
		<ul> <li>Mood stabilizers</li> </ul>
		<ul> <li>Antipsychotics</li> </ul>
		• Sedative-Hypnotics
		<ul> <li>Central Nervous System Stimulants</li> </ul>
		Future developments
XII	15	Alternative systems of medicine in mental health
		Types of Therapies
		Herbal Medicine
		• Unani
		• Siddha
		Homeopathic
		<ul> <li>Acupressure and Acupuncture</li> </ul>
		• Diet and Nutrition
		Chiropractic Medicine
		Therapeutic Touch and Massage
		• Yoga
		• Pet Therapy

**Total = 660 Hours** 

### 1 Week = 30 Hours

S. No.	Department / Unit	No. of Week	Total Hours
1	Acute Psychiatric Ward	3	90 Hours
2	Chronic Psychiatric ward	3	90 Hours
3	Psychiatric Emergency Unit	2	60 Hours
4	OPD	2	60 Hours
5	Family Psychiatric Unit	2	60 Hours
6	Community Mental Health Unit	4	120 Hours
7	Rehabilitation / Occupational Therapy Unit/Half way home/ Day care centre	3	120 Hours
	Total	19Weeks	600 Hours.

### STUDENT ACTIVITIES:

- History taking
- Mental health assessment
- Psychometric assessment
- Personality assessment
- Process recording
- Therapies- Group Therapy
- Family Therapy
- Psychotherapy
- Milieu Therapy
- The Therapeutic Community
- Occupational therapyRecreational therapy
- Play therapy
- music therapy
- Pet therapy
- Counselling
- ❖ Assisted ECT
- ❖ Assisted EEG
- Case studies
- Case presentation
- Project work
- Socio and psycho drama
- Field visits

### **NURSING MANAGEMENT**

Placement: II Year Hours of Instruction

Theory 150 hrs Practical 150 hrs Total 300 Hours

### **COURSE DESCRIPTION:**

This course is designed to assist students to develop a broad understanding of Principles, concepts, trends and issues related to nursing management. Further, it would provide opportunity to students to understand, appreciate and acquire skills in planning, supervision and management of nursing services at different levels to provide quality nursing services.

### **OBJECTIVES:**

At the end of the course, students will be able to:

- 1. Describe the philosophy and objectives of the health care institutions at various levels.
- 2. Identify trends and issues in nursing
- 3. Discuss the public administration, health care administration vis a vis nursing administration
- 4. Describe the principles of administration applied to nursing
- 5. Explain the organization of health and nursing services at the various levels/institutions.
- 6. Collaborate and co-ordinate with various agencies by using multisectoral approach
- 7. Discuss the planning, supervision and management of nursing workforce for various health care settings.
- 8. Discuss various collaborative models between nursing education and nursing service to improve the quality of nursing care
- 9. Identify and analyse legal and ethical issues in nursing administration
- 10. Describe the process of quality assurance in nursing services.
- 11. Demonstrate leadership in nursing at various levels

Units	Hours	Content
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I	10	INTRODUCTION:
1	10	<ul> <li>Philosophy, purpose, elements, principles and scope of administration</li> </ul>
		<ul> <li>Indian Constitution, Indian Administrative system vis a vis health care</li> </ul>
		delivery system: National, State and Local
		<ul> <li>Organisation and functions of nursing services and education at</li> </ul>
		National, State, District and institutions: Hospital and Community
		Planning process: Five year plans, Various Committee Reports on  health State and National Health policies national narrylation policy.
		health, State and National Health policies, national population policy,
TT	10	national policy on AYUSH and plans,
II	10	MANAGEMENT:
		Functions of administration
		Planning and control
		• Co-ordination and delegation
		<ul> <li>Decision making – decentralization basic goals of decentralization.</li> </ul>
		Concept of management
		NURSING MANAGEMENT:
		<ul> <li>Concept, types, principles and techniques</li> </ul>
		<ul> <li>Vision and Mission Statements</li> </ul>
		<ul> <li>Philosophy, aims and objective</li> </ul>
		<ul> <li>Current trends and issues in Nursing Administration</li> </ul>
		• Theories and models
		Application to nursing service and education
III	15	PLANNING:
		<ul> <li>Planning process: Concept, Principles, Institutional policies</li> </ul>
		<ul> <li>Mission, philosophy, objectives,</li> </ul>
		• Strategic planning
		<ul><li>Operational plans</li></ul>
		<ul><li>Management plans</li></ul>
		<ul> <li>Programme evaluation and review technique(PERT), Gantt chart,</li> </ul>
		Management by objectives(MBO)
		<ul> <li>Planning new venture</li> </ul>
		<ul> <li>Planning for change</li> </ul>
		<ul><li>Innovations in nursing</li></ul>
		Application to nursing service and education
IV	15	ORGANISATION:
		<ul> <li>Concept, principles, objectives, Types and theories, Minimum</li> </ul>
		requirements for organisation, Developing an organizational Structure,
		levels, organizational Effectiveness and organizational Climate,
		<ul> <li>Organising nursing services and patient care: Methods of patient</li> </ul>
		assignment- Advantages and disadvantages, primary nursing care,
		Planning and Organising: hospital, unit and ancillary
		services(specifically central sterile supply department, laundry,
		kitchen, laboratory services, emergency etc)
		• Disaster management: plan, resources, drill, etc Application to nursing
		service and education.
V	15	HUMAN RESOURCE FOR HEALTH:
		• Staffing
		• Philosophy
		I →

		Norms: Staff inspection unit(SIU), Bajaj Committee, High
		power committee, Indian nursing council (INC)
		Estimation of nursing staff requirement- activity analysis
		Various research studies
		Recruitment: credentialing, selection, placement, promotion
		Retention
		<ul> <li>Personnel policies</li> </ul>
		• Termination
		Staff development programme
		• Duties and responsibilities of various category of nursing personnel
		Applications to nursing service and education
VI	15	DIRECTING:
		<ul> <li>Roles and functions</li> </ul>
		• Motivation: Intrinsic, extrinsic, Creating motivating climate,
		Motivational theories
		• Communication : process, types, strategies, Interpersonal
		communication, channels, barriers, problems, Confidentiality, Public
		relations
		<ul> <li>Delegation; common delegation errors</li> </ul>
		<ul> <li>Managing conflict: process, management, negotiation, consensus</li> </ul>
		• Collective bargaining: health care labour laws, unions, professional
		associations, role of nurse manager
		<ul> <li>Occupational health and safety</li> </ul>
		Application to nursing service and education
VII	10	MATERIAL MANAGEMENT:
		<ul> <li>Concepts, principles and procedures</li> </ul>
		<ul> <li>Planning and procurement procedures : Specifications</li> </ul>
		• ABC analysis,
		<ul> <li>VED (very important and essential daily use) analysis</li> </ul>
		<ul> <li>Planning equipments and supplies for nursing care: unit and hospital</li> </ul>
		Inventory control
		<ul><li>Condemnation</li></ul>
		Application to nursing service and education
VIII	15	CONTROLLING:
		<ul> <li>Quality assurance – Continuous Quality Improvement</li> </ul>
		<ul> <li>Standards</li> </ul>
		<ul> <li>Models</li> </ul>
		<ul> <li>Nursing audit</li> </ul>
		<ul> <li>Performance appraisal: Tools, confidential reports, formats,</li> </ul>
		Management, interviews
		<ul> <li>Supervision and management: concepts and principles</li> </ul>
		• Discipline: service rules, self discipline, constructive versus destructive
		discipline, problem employees, disciplinary proceeding senquiry etc
		• Self evaluation or peer evaluation, patient satisfaction, utilization
		review
		Application to nursing service and education
IX	15	FISCAL PLANNING:
		• Steps
		- Steps
		Plan and non-plan, zero budgeting, mid-term appraisal, capital and

	1	
		Budget estimate, revised estimate, performance budget
		• Audit
		• Cost effectiveness
		• Cost accounting
		<ul> <li>Critical pathways</li> </ul>
		Health care reforms
		<ul> <li>Health economics</li> </ul>
		Health insurance
		<ul> <li>Budgeting for various units and levels</li> </ul>
		Application to nursing service and education
X	10	NURSING INFORMATICS:
		• Trends
		General purpose
		• Use of computers in hospital and community
		Patient record system
		<ul> <li>Nursing records and reports</li> </ul>
		<ul> <li>Management information and evaluation system (MIES)</li> </ul>
		• E- nursing, Telemedicine, telenursing
		Electronic medical records
XI	10	LEADERSHIP:
111		<ul><li>Concepts, Types, Theories</li></ul>
		• Styles
		<ul><li>Manager behaviour</li></ul>
		Leader behaviour
		• Effective leader: Characteristics, skills
		• Group dynamics
		Power and politics
		• lobbying
		<ul> <li>Critical thinking and decision making</li> </ul>
		Stress management
		Applications to nursing service and education
XII	10	LEGAL AND ETHICAL ISSUES:
AII	10	LAWS AND ETHICS:
		• Ethical committee
		<ul> <li>Code of ethics and professional conduct</li> </ul>
		<ul> <li>Legal system: Types of law, tort law, and liabilities</li> </ul>
		<ul> <li>Legal issues in nursing: negligence, malpractice, invasion of privacy,</li> </ul>
		defamation of character
		Patient care issues, management issues, employment issues
		Medico legal issues
		Nursing regulatory mechanisms: licensure, renewal, accreditation
		Patients rights, Consumer protection act(CPA)
		<ul> <li>Rights of special groups: children, women, HIV, handicap, ageing</li> </ul>
		<ul> <li>Professional responsibility and accountability</li> </ul>
		• Infection control
		Standard safety measures

- 1. Prepare prototype personal files for staff nurses, faculty and cumulative records.
- 2. Preparation of budget estimate, revised estimate and performance budget.

- **3.** Plan and conduct staff development programme.
- **4.** Preparation of Organisation Chart.
- 5. Developing nursing standards/protocols for various units.
- **6.** Design a layout plan for speciality units /hospital, community and educational institutions.
- 7. Preparation of job description of various categories of nursing personnel.
- **8.** Prepare a list of equipments and supplies for speciality units.
- **9.** Assess and prepare staffing requirement for hospitals, community and educational institutions.
- **10.** Plan of action for recruitment process.
- 11. Prepare a vision and mission statement for hospital, community and educational institutions.
- **12.** Prepare a plan of action for performance appraisal.
- 13. Identify the problems of the speciality units and develop plan of action by using problem solving approach.
- 14. Plan a duty roster for speciality units/hospital, community and educational institutions.
- **15.** Prepare: anecdotes, incident reports, day and night reports, handing and taking over reports, enquiry reports, nurses notes, Official letters, curriculum vitae, presentations etc.
- **16.** Prepare a plan for disaster management.
- **17.** Group work.
- **18.** Field appraisal report.

# CLINICAL SPECIALITY – II MEDICAL SURGICAL NURSING

SUB SPECIALITY - CARDIO VASCULAR AND THORACIC NURSING

### Placement: II year Hours of Instruction

Theory	150 hours
Practical	950 hours
Total	1100 hours

### **COURSE DESCRIPTION:**

This course is designed to assist students in developing expertise and in depth understanding in the field of cardiovascular and thoracic nursing. It will help students to develop advanced skills for nursing intervention in various cardio medical and surgical conditions. It will enable the student to function as Cardio vascular and Thoracic Nurse practitioner/specialist. It will further enable the student to function as educator, manager and researcher in the field of cardio vascular and thoracic nursing.

### **OBJECTIVES:**

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

- 1. Appreciate trends and issues related to cardio vascular and thoracic Nursing.
- 2. Describe the epidemiology, etiology, Patho-physiology and diagnostic assessment of cardio vascular and thoracic conditions
- **3.** Participate in national health programs for health promotion, prevention and rehabilitation of patients with cardio vascular and thoracic conditions
- 4. Perform physical, psychosocial & spiritual assessment
- 5. Assist in various diagnostic, therapeutic and surgical procedures
- **6.** Apply nursing process in providing comprehensive care to patients with cardio vascular and thoracic conditions
- 7. Demonstrate advance skills/competence in managing patients with cardio vascular and thoracic conditions including Advance Cardiac Life Support.
- **8.** Describe the various drugs used in cardio vascular and thoracic conditions and nurses responsibility
- **9.** Demonstrate skill in handling various equipments/gadgets used for critical care of cardio vascular and thoracic patients
- 10. Appreciate team work & coordinate activities related to patient care.
- 11. Practice infection control measures.
- 12. Identify emergencies and complications & take appropriate measures
- 13. Discuss the legal and ethical issues in cardio vascular and thoracic nursing
- **14.** Assist patients and their family to cope with emotional distress, grief, anxiety and spiritual needs.
- 15. Appreciate the role of alternative system of medicine in care of patient
- **16.** Incorporate evidence based nursing practice and identify the areas of research in the field of cardio vascular and thoracic nursing
- **17.** Identify the sources of stress and manage burnout syndrome among health care providers.
- **18.** Teach and supervise nurses and allied health workers.
- **19.** Design a layout of ICCU and ICTU and develop standards for cardio vascular and thoracic nursing practice.

Units	Hours	Content
I	5	INTRODUCTION:
		Historical development, trends and issues in the field of cardiology.

		Cardia vascaular and thomasis con 1:4::- 11411.1				
		• Cardio vascular and thoracic conditions – major health problem.				
		• Concepts, principles and nursing perspectives				
		• Ethical and legal issues				
		• Evidence based nursing and its application in cardio vascular and				
		thoracic nursing( to be incorporated in all the units)				
II	5	EPIDEMIOLOGY				
		• Risk factors: hereditary, psycho social factors, hypertension, smoking,				
		obesity, diabetes mellitus etc				
		<ul> <li>Health promotion, disease prevention, Life style modification</li> </ul>				
		• National health programs related to cardio vascular and thoracic				
		conditions				
		Alternate system of medicine				
		<ul> <li>Complementary therapies</li> </ul>				
III	5	REVIEW OF ANATOMY AND PHYSIOLOGY OF CARDIO				
		VASCULAR AND RESPIRATORY SYSTEM:				
		• Review of anatomy and physiology of heart, lung, thoracic cavity and				
		blood vessels. Embryology of heart and lung.				
		Coronary circulation				
		<ul> <li>Hemodynamics and electro physiology of heart.</li> </ul>				
		Bio-chemistry of blood in relation to cardio pulmonary function.				
IV	20	ASSESSMENT AND DIAGNOSTIC MEASURES:				
		History taking				
		Physical assessment				
		• Heart rate variability: Mechanisms , measurements, pattern,				
		factors, impact of interventions on HRV				
		Diagnostic tests				
		• Hemodynamic monitoring: Technical aspects, monitoring,				
		functional hemodynamic indices, ventricular function indices,				
		output measurements (Arterial and swan Ganz monitoring). Blood				
		gases and its significance, oxygen supply and demand				
		• Radiologic examination of the chest: interpretation, chest film				
		findings				
		• Electro cardiography(ECG) : electrical conduction through the				
		heart, basic electrocardiography, 12 lead electrocardiogram, axis				
		determination - ECG changes in: intraventricular conduction				
		abnormalities- Arrhythmias, ischemia, injury and infarction, atrial				
		and ventricular enlargement, electrolyte imbalance,				
		• Echocardiography: technical aspects, special techniques,				
		echocardiography of cardiac structures in health and disease, newer				
		techniques				
		Nuclear and other imaging studies of the heart: Magnetic				
		Resonance Imaging.				
		<ul> <li>Cardio electrophysiology procedures: diagnostic studies,</li> </ul>				
		interventional and catheter ablation, nursing care				
		<ul> <li>Exercise testing: indications and objectives, safety and personnel,</li> </ul>				
		pretest considerations, selection, interpretation, test termination,				
		recovery period				
		* *				
		Cardiac catheterization: indications, contraindications, patient  preparation procedure interpretation of data.				
		preparation, procedure, interpretation of data				

V	25	<ul> <li>Pulmonary function test: Bronchoscopy and graphies</li> <li>Interpretation of diagnostic measures</li> <li>Nurse's role in diagnostic tests</li> <li>Laboratory tests using blood: Blood specimen collection, Cardiac markers, Blood lipids, Hematologic studies, Blood cultures,</li> <li>Coagulation studies, Arterial blood gases, Blood Chemistries, cardiac enzyme studies, Serum Concentration of Selected drugs.</li> <li>Interpretation and role of nurse</li> <li>Cardiac disorders and nursing management:</li> <li>Etiology, clinical manifestations, diagnosis, prognosis, related Patho-</li> </ul>
		<ul> <li>physiology, treatment modalities and nursing management of:</li> <li>Hypertension</li> <li>Coronary Artery Disease.</li> <li>Angina of various types.</li> <li>Cardiomegaly</li> <li>Myocardial Infarction, Congestive cardiac failure</li> <li>Heart Failure, Pulmonary Edema, Shock.</li> <li>Rheumatic heart disease and other Valvular Diseases</li> <li>Inflammatory Heart Diseases, Infective Endocarditis, Myocarditis, Pericarditis.</li> <li>Cardiomyopathy, dilated, restrictive, hypertrophic.</li> </ul>
		Arrhythmias, heart block  Associated illnesses
VI	10	<ul> <li>ALTERED PULMONARY CONDITIONS:</li> <li>Etiology, clinical manifestations, diagnosis, prognosis, related Pathophysiology, treatment modalities and nursing management of:</li> <li>Bronchitis</li> <li>Bronchial asthma</li> <li>Bronchiectasis</li> <li>Pneumonias</li> <li>Lung abscess, lung tumour</li> <li>Pulmonary tuberculosis, fibrosis, pneumoconiosis etc</li> <li>Pleuritis, effusion</li> <li>Pneumo, haemo and pyothorax</li> <li>Interstitial Lung Disease</li> <li>Cystic fibrosis</li> <li>Acute and Chronic obstructive pulmonary disease (conditions leading to)</li> <li>Cor pulmonale</li> <li>Acute respiratory failure</li> <li>Adult respiratory distress syndrome</li> <li>Pulmonary embolism</li> <li>Pulmonary Hypertension</li> </ul>
VII	10	<ul> <li>VASCULAR DISORDERS AND NURSING MANAGEMENT:</li> <li>Etiology, clinical manifestations, diagnosis, prognosis, related Pathophysiology, treatment modalities and nursing management of:</li> <li>Disorders of arteries</li> </ul>

		D' 1 04
		Disorders of the aorta
		Aortic Aneurysms,
		Aortic dissection
		<ul> <li>Raynaud's phenomenon</li> </ul>
		<ul> <li>Peripheral arterial disease of the lower extremities</li> </ul>
		<ul> <li>Venous thrombosis</li> </ul>
		<ul> <li>Varicose veins</li> </ul>
		<ul> <li>Chronic venous insufficiency and venous leg ulcers</li> </ul>
		Pulmonary embolism
VIII	10	CARDIO THORACIC EMERGENCY INTERVENTIONS:
,		• CPR- BLS and ALS
		<ul> <li>Use of ventilator, defibrillator, pacemaker</li> </ul>
		• Post resuscitation care.
		Care of the critically ill patients
		Psychosocial and spiritual aspects of care
		Stress management; ICU psychosis
		Role of nurse
IX	10	NURSING CARE OF A PATIENT WITH OBSTRUCTIVE
		AIRWAY:
		• Assessment
		Use of artificial airway
		Endotracheal intubation, tracheostomy and its care
		<ul> <li>Complication, minimum cuff leak, securing tubes</li> </ul>
		Oxygen delivery systems.
		Nasal Cannula
		<ul> <li>Oxygen mask, Venturi mask</li> </ul>
		Partial rebreathing bag
		Bi-PAP and C-PAP masks
		<ul> <li>Uses, advantages, disadvantages, nursing implications of each.</li> </ul>
		Mechanical Ventilation
		<ul> <li>Principles of mechanical ventilation</li> </ul>
		<ul> <li>Types of mechanical ventilation and ventilators.</li> </ul>
		<ul> <li>Modes of ventilation, advantage, disadvantage, complications.</li> </ul>
		<ul> <li>PEEP therapy, indications, physiology, and complications. Weaning</li> </ul>
		off the ventilator.
		<ul> <li>Nursing assessment and interventions of ventilated patient.</li> </ul>
X	10	CONGENITAL HEART DISEASES:
		• Etiology, clinical manifestations, diagnois, prognosis, related Patho-
		physiology, treatment modalities and nursing management of:
		• Embryological development of heart.
		<ul> <li>Classification – cyanotic and acyanotic heart disease.</li> </ul>
		Tetralogy of Fallots.
		Atrial Septal Defect, Ventricular Septal Defect., Eisenmenger's
		complex.
		Patent ductus arteriosus, AP window
		Truncus Arteriosus, 747 window
	1	<ul> <li>Truncus Arteriosus.</li> <li>Transposition of great arteries.</li> </ul>
	1	<u>.</u>
		Total Anomaly of Pulmonary Venous Connection.  Pulmonary standard streets.
		<ul> <li>Pulmonary stenosis, atresia.</li> </ul>

		Coarctation of aorta.
		<ul><li>Coarctation of aorta.</li><li>Ebstein's anomaly</li></ul>
		<ul> <li>Double outlet right ventricle, Single ventricle, Hypoplastic left heart syndrome.</li> </ul>
XI	10	PHARMACOLOGY:
AI	10	Review
		Pharmacokinetics
		Analgesics/Anti inflammatory agents
		Antibiotics, antiseptics
		<ul><li>Drug reaction &amp; toxicity</li></ul>
		<ul> <li>Drugs used in cardiac emergencies</li> </ul>
		Blood and blood components
		Antithrombolytic agents
		Inotropic agents
		Beta-blocking agents
		Calcium channel blockers.
		Vaso constrictors
		Vaso dilators
		ACE inhibitors.
		Anticoagulents
		Antiarrhythmic drugs.
		Anti hypertensives
		Diuretics
		<ul> <li>Sedatives and tranquilizers.</li> </ul>
		Digitalis.
		Antilipemics
		<ul> <li>Principles of drug administration, role and responsibilities of nurses</li> </ul>
		and care of drugs
XII	20	NURSING CARE OF PATIENT UNDERGOING CARDIO
7411	20	THORACIC SURGERY:
		Indications, selection of patient
		Preoperative assessment and preparation; counseling.
		• Intraoperative care: Principles of open heart surgery, equipment
		anaesthesia, cardiopulmonary by pass.
		• Surgical procedures for Coronary Artery Bypass Grafting, recent
		advances and types of grafts, Valve replacement or reconstruction,
		cardiac transplant, Palliative surgery and different Stents, vascular
		surgery, other recent advances.
		• Thoracic surgery: lobectomy, pneumonectomy, tumour excision etc
		• Immediate postoperative care : assessment, post operative problems
		and interventions: Bleeding, Cardiac tamponade, Low cardiac output,
		Infarction, Pericardial effusion, Pleural effusion, Pneumothorax,
		Haemothorax, Coagulopathy, Thermal imbalance, Inadequate.,
		ventilation / perfusion, Neurological problems, renal problems,
		Psychological problems.
		• Chest physiotherapy  Nursing interventions life style modification complementary
		• Nursing interventions- life style modification, complementary
		therapy/alternative systems of medicine.  Intermediate and late post operative care after CARG, valve surgery
		• Intermediate and late post operative care after CABG, valve surgery,

		others.
		Follow up care
XIII	5	CARDIAC REHABILITATION:
		• Process
		Physical evaluation
		Life style modification
		Physical conditioning for cardiovascular efficiency through exercise
		• Counseling
		• Follow up care
XIV	5	INTENSIVE CORONARY CARE UNIT/INTENSIVE CARDIO
		THORACIC UNIT:
		<ul><li>Quality assurance</li></ul>
		<ul> <li>Standards, Protocols, Policies, Procedures</li> </ul>
		<ul> <li>Infection control; Standard safety measures</li> </ul>
		Nursing audit
		Design of ICCU/ICTU
		Staffing; cardiac team
		Burn out syndrome
		• Nurse's role in the management of I.C.C.U and ICTU.
		Mobile coronary care unit.
		Planning inservice educational programme and teaching

Total = 960 Hours 1 Weeks = 30 Hours

S. No.	S. No. Department / Unit		No. of Week	<b>Total Hours</b>
1	Cardio thoracic	-Medical	4	90 Hours
		-Surgical	4	
2	OTs (Cardiac and thoracic)		4	90 Hours
3	Casualty		2	60 Hours
4	Diagnostic labs i	ncluding cath lab	2	
5	ICCU		4	60 Hours
6	ICU		4	60 Hours
7	CCU		4	120 Hours
8	Paediatric Intens	ive	2	120 Hours
9	OPD		2	
		Total	32 Weeks	960 Hours.

### **ESSENTIAL NURSING SKILLS:**

### PROCEDURES OBSERVED:

- 1. Echo cardiogram
- 2. Ultrasound
- 3. Monitoring JVP, CVP
- 4. CT SCAN
- **5.** MRI
- **6.** Pet SCAN
- 7. Angiography
- **8.** Cardiac cathetrisation
- 9. Angioplasty
- **10.** Various Surgeries
- 11. Any other

### I. PROCEDURES ASSISTED

- 1. Arterial blood gas analysis
- 2. Thoracentesis
- **3.** Lung biopsy
- 4. Computer assisted tomography (CAT Scan)
- **5.** M.R.I.
- **6.** Pulmonary angiography
- 7. Bronchoscopy
- **8.** Pulmonary function test
- **9.** ET tube insertion
- **10.** Tracheostomy tube insertion
- 11. Cardiac catheterisation
- 12. Angiogram
- 13. Defibrillation

- 14. Treadmill test
- **15.** 70
- **16.** Echo cardiography
- 17. Doppler ultrasound
- **18.** Cardiac surgery
- 19. Insertion of chest tube
- **20.** CVP Monitoring
- 21. Measuring pulmonary artery pressure by Swan-Ganz Catheter
- 22. Cardiac Pacing

### II. PROCEDURES PERFORMED

- 1. Preparation of assessment tool for CT client (Cardiac, thoracic and vascular).
- 2. ECG Recording, Reading, Identification of abnormalities
- 3. Oxygen therapy
  - Cylinder, central supply,
  - A Catheter, nasal canula, mask, tent
- 4. Mechanical ventilation
- 5. Spirometer
- **6.** Tuberculen skin test
- 7. Aerosal therapy
- **8.** Nebulizer therapy
- 9. Water seal drainage
- 10. Chest physiotheray including Breathing Exercises

**Coughing Exercises** 

Percussion & Vibration

- 11. Suctioning Oropharyngeal, nasotracheal, Endotrachieal Through tracheostomy tube
- 12. Artificial airway cuff maintenance
- **13.** CPR
- 14. Care of client on ventilator
- 15. Identification of different Arrhythmias
- **16.** Abnormal pulses, respirations
- **17.** Pulse oxymetry
- 18. Introduction of intracath
- 19. Bolus I.V. Injection
- 20. Life line
- 21. Maintenance of "Heplock"
- **22.** Subcutaneous of Heparin
- 23. Obtaining leg measurements to detect early swelling in thrombophlebetes
- 24. Identification of Homans signs
- **25.** Buergen Allen exercises

### CLINICAL SPECIALITY - II

### MEDICAL SURGICAL NURSING - CRITICAL CARE NURSING

Placement: II Year Hours of instruction

Theory	150 hours
Practical	950 hours
Total	1100 hours

#### **COURSE DESCRIPTION:**

This course is designed to assist students in developing expertise and in depth knowledge in the field of Critical care Nursing. It will help students to develop advanced skills for nursing intervention in caring for critically ill patients. It will enable the student to function as critical care nurse practitioner/ specialist. It will further enable the student to function as educator, manager and researcher in the field of Critical Care Nursing.

#### **OBJECTIVES:**

At the end of the course the students will be able to

- 1. Appreciate trends and issues related to Critical Care Nursing.
- 2. Describe the epidemiology, etiology, Patho-physiology and diagnostic assessment of critically ill patients
- 3. Describe the various drugs used in critical care and nurses responsibility
- 4. Perform physical, psychosocial & spiritual assessment
- **5.** Demonstrate advance skills/competence in managing critically ill patients including Advance Cardiac Life Support.
- **6.** Demonstrate skill in handling various equipments/gadgets used for critical care
- 7. Provide comprehensive care to critically ill patients.
- **8.** Appreciate team work & coordinate activities related to patient care.
- **9.** Practice infection control measures.
- **10.** Assess and manage pain.
- 11. Identify complications & take appropriate measures.
- 12. Discuss the legal and ethical issues in critical care nursing
- 13. Assist patients and their family to cope with emotional distress, spiritual, grief and anxiety
- 14. Assist in various diagnostic, therapeutic and surgical procedures
- **15.** Incorporate evidence based nursing practice and identify the areas of research in the field of critical care nursing
- **16.** Identify the sources of stress and manage burnout syndrome among health care providers.
- 17. Teach and supervise nurses and allied health workers.
- **18.** Design a layout of ICU and develop standards for critical care nursing practice.

## **COURSE CONTENT:**

Units	Hours	Content
I	5	INTRODUCTION TO CRITICAL CARE NURSING:
		Historical review- Progressive patient care(PPC)

		<ul> <li>Review of anatomy and physiology of vital organs, fluid and</li> </ul>
		electrolyte balance
		<ul> <li>Concepts of critical care nursing</li> </ul>
		<ul> <li>Principles of critical care nursing</li> </ul>
		<ul> <li>Scope of critical care nursing</li> </ul>
		• Critical care unit set up including equipments supplies, use and care of
		various type of monitors & ventilators
		• Flow sheets
II	10	CONCEPT OF HOLISTIC CARE APPLIED TO CRITICAL CARE
		NURSING PRACTICE:
		• Impact of critical care environment on patients:-
		• Risk factors, Assessment of patients, Critical care psychosis,
		prevention & nursing care for patients affected with
		psychophysiological & psychosocial problems of critical care unit,
		Caring for the patient's family, family teaching
		• The dynamics of healing in critical care unit:-therapeutic touch,
		Relaxation, Music therapy, Guided Imagery, acupressure
		• Stress and burnout syndrome among health team members
III	14	REVIEW:
		<ul> <li>Pharmacokinetics</li> </ul>
		Analgesics/Anti inflammatory agents
		• Antibiotics, antiseptics
		• Drug reaction & toxicity
		• Drugs used in critical care unit (inclusive of ionotropic, life saving
		drugs)
		<ul> <li>Drugs used in various body systems</li> </ul>
		IV fluids and electrolytes
		Blood and blood components
		Principles of drug administration, role of nurses and care of drugs
IV	5	PAIN MANAGEMENT:
		• Pain & Sedation in Critically ill patients
		• Theories of pain, Types of pain, Pain assessment, Systemic responses
		to pain
		• pain management-pharmacological and non-pharmacological measures
		Placebo effect
V	5	INFECTION CONTROL IN INTENSIVE CARE UNIT:
,		Nosocomial infection in intensive care unit; methyl resistant
		staphylococcus aureus (MRSA), Disinfection, Sterilization, Standard
		safety measures, Prophylaxis for staff
VI	10	GASTROINTESTINAL SYSTEM:
V =		• Causes, Patho-physiology, Clinical types, Clinical features, diagnosis,
		Prognosis, Management: Medical, Surgical and Nursing management
		of:-Acute Gastrointestinal Bleeding, Abdominal injury, Hepatic
		Disorders:-Fulminent hepatic failure, Hepatic encephalopathy, Acute
		Pancreatitis, Acute intestinal obstruction, perforative peritonitis.
VII	10	RENAL SYSTEM:
A 11	10	• Causes, Patho-physiology, Clinical types, Clinical features, diagnosis,
		Prognosis, Management: Medical, Surgical and Nursing management
		of:-Acute Renal Failure, Chronic Renal Failure, Acute tubular
		necrosis, Bladder trauma
		iicciosis, Diaudei trauiiia

		Management Modelities: Hemodialysis Deritancel Dialysis
		Management Modalities: Hemodialysis, Peritoneal Dialysis,  Capting and Ambulatory Pariton and Dialysis, Capting and Property and P
		Continuous Ambulatory Peritoneal Dialysis, Continuous arterio venus
*****	40	hemodialysis, Renal Transplant,
VIII	10	NERVOUS SYSTEM:
		• Causes, Patho-physiology, Clinical types, Clinical features, diagnosis,
		Prognosis, Management: Medical, Surgical and Nursing management
		of:-Common Neurological Disorders:-Cerebrovascular disease,
		Cerebrovascular accident, Seizure disorders, GuilleinBarre-Syndrome,
		Myasthenia Gravis, Coma, Persistent vegetative state, Encephalopathy,
		Head injury, Spinal Cord injury.
		• Management Modalities: Assessment of Intracranial pressure,
		Management of intracranial hypertension, Craniotomy
		• Problems associated with neurological disorders: Thermo regulation,
		Unconsciousness, Herniation syndrome
IX	5	ENDOCRINE SYSTEM:
IA	3	• Causes, Patho-physiology, Clinical types, Clinical features, diagnosis,
		Prognosis, Management: Medical, Surgical and Nursing Management
		of :-Hypoglycemia, Diabetic Ketoacidosis, Thyroid crisis,
		Myxoedema, Adrenal crisis, Syndrome of Inappropriate/
		hypersecretion of Antidiuretic Hormone (SIADH)
	10	Diabetes insepidus.
X	10	MANAGEMENT OF OTHER EMERGENCY CONDITIONS:
		• Mechanism of injury, Thoracic injuries, Abdominal injuries, pelvic
		fractures, complications of trauma, Head injuries
		• Shock: Shock syndrome, Hypovolemic, Cardiogenic, Anaphylactic,
		Neurogenic and Septic shock
		• Systemic inflammatory Response: The inflammatory response,
		Multiple organ dysfunction syndrome
		Disseminated Intravascular Coagulation
		<ul> <li>Drug Overdose and Poisoning,</li> </ul>
		<ul> <li>Acquired Immunodeficiency Syndrome (AIDS)</li> </ul>
		• Ophthalmic: Eye injuries, Glaucoma, retinal detachment
		• Ear Nose Throat: Foreign bodies, stridor, bleeding, quincy, acute
		allergic conditions
		Psychiatric emergencies, suicide,
		• crisis intervention
XI	20	CARDIOVASCULAR EMERGENCIES:
111		Principles of Nursing in caring for patient's with Cardiovascular
		disorders
		• Assessment: Cardiovascular system: Heart sounds, Diagnostic studies:-
		Cardiac enzymes studies, Electrocardiographic monitoring, Holter
		monitoring, Stress test. Echo cardiography, Coronary angiography,
		Nuclear medicine studies.
		<ul> <li>Causes, Patho-physiology, Clinical types, Clinical features, Diagnostic</li> </ul>
		Prognosis, Management: Medical, Surgical & Nurising management
		of:-Hypertensive crisis, Coronary artery disease, Acute Myocardial
		infarction, Rheumatis heart disease, Cardiomyopathy, Deep vein
		thrombosis, Valvular diseases, Heart block, Cardiac arrhythmias &
		conduction disturbances, Aneurysms, Endocarditis, Heart failure
		Cardio pulmonary resuscitation BCLS/ ACLS

	1	• Management Madalities Thomas 1-1-tie thanna Danmalan
		<ul> <li>Management Modalities: Thrombolytic therapy, Pacemaker – temporary &amp; permanent, Percutaneous transluminal coronary</li> </ul>
		angioplasty, Cardioversion, Intra Aortic Balloon pump monitoring,
		Defibrillations, Cardiac surgeries, Coronary Artery Bypass Grafts
		(CABG/MICAS), Valvular surgeries, Heart Transplantation,
		Autologous blood transfusion, Radiofrequency Catheter Ablation
XII	15	RESPIRATORY SYSTEM:
2411		• Acid-base balance & imbalance
		<ul> <li>Assesment : History &amp; Physical Examination</li> </ul>
		● Diagnostic Tests:Pulse Oximetry, End −Tidal Carbon Dioxide
		Monitoring, Arterial blood gas studies, chest radiography, pulmonary
		Angiography, Bronchoscopy, Pulmonary function Test,
		Ventilation perfusion scan, Lung ventilation scan
		• Causes Patho-physiology, Clinical types, Clinical features, Prognosis,
		Management: Medical, Surgical and Nursing management of Common
		pulmonary disorders:-Pneumonia, Status asthmaticus, interstitial drug disease, Pleural effusion, Chronic obstructive pulmonary disease,
		Pulmonary tuberculosis, Pulmonary edema, Atelectasis, Pulmonary
		embolism, Acute respiratory failure, Acute respiratory distress syndrome
		(ARDS), Chest Trauma Haemothorax, Pneumothorax
		Management Modalities:-Airway Management
		• Ventilatory Management:-Invasive, non- invasive, long term mechanical
		ventilations
		Bronchial Hygiene:-Nebulization, deep breathing exercise, chest
		physiotherapy, postural drainage, Inter Costal Drainage, Thoracic
XIII	7	surgeries.  BURNS:
AIII	'	Clinical types, classification, Patho-physiology, clinical features,
		assessment, diagnosis, prognosis, Management: Medical, Surgical &
		Nursing management of burns
		• Fluid and electrolyte therapy – calculation of fluids and its
		administration
		Pain management
		Wound care
		Infection control
		<ul> <li>Prevention and management of burn complications</li> </ul>
		• Grafts and flaps
		Reconstructive surgery
******	-	Rehabilitation    Rehabilitation
XIV	5	LEGAL AND ETHICAL ISSUES IN CRITICAL CARE-NURSE'S
		ROLE:  Brain death
		<ul> <li>Organ donation &amp; Counselling</li> </ul>
		<ul> <li>Do Not Resuscitate(DNR)</li> </ul>
		• Euthanasia
		Living will
	2	QUALITY ASSURANCE:
		<ul> <li>Standards, Protocols, Policies, Procedures</li> </ul>
		<ul> <li>Infection control; Standard safety measures</li> </ul>
1		
		<ul> <li>Nursing audit</li> <li>Design of ICU/CCU</li> </ul>

	7	
PRACTICAL:		Total = 960 Hours 1 Week = 30 Hours
DD A CTICAL -		

S. No.	Department / Unit	No. of Week	Total Hours
1	Burns ICU	2	60 Hours
2	Medical ICU	8	240 Hours
3	Surgical ICU	12	360 Hours
4	CCU	2	60 Hours
5	Emergency Department	3	90 Hours
6	Dialysis Unit	1	30 Hours
7	Transplant Room	2	60 Hours
8	Paediatric/ NICU	2	60 Hours
	Total	32 Weeks	960 Hours.

## ESSENTIAL CRITICAL CARE NURSING SKILLS

## I. PROCEDURES OBSERVED:

- 1. CT Scan
- **2.** MRI
- **3.** EEG
- **4.** Endoscopic Retrograde cholangio Pancreaticogram(ERCP)
- 5. Heart/ Neuro/GI./ Renal Surgeries

## II. PROCEDURES ASSISTED:

- 1. Advanced life support system
- 2. Arterial Catheterization
- **3.** Chest tube insertion
- 4. Insertion of central line/cvp line

## III. PROCEDURE PERFORMED:

- 1. Airway management
  - a. Application of oropharyngeal airway
  - b. Oxygen therapy
  - c. CPAP (Continuous Positive Airway pressure)
  - d. Care of tracheostomy
  - e. Endotracheal extubation
- 2. Cardiopulmonary resuscitation, Basic cardiac life support, ECG
- **3.** Monitoring of critically ill patients clinically with monitors, capillary refill time (CRT) assessment of jaundice, ECG.
- 4. Gastric lavage

- **5.** Assessment of critically ill patients
  - Identification & assessment of risk factors, Glasgow coma scale, and dolls eye movement, arterial pressure monitoring, cardiac output/pulmonary artery pressure monitoring, and detection of life threatening abnormalities
- **6.** Admission & discharge of critically ill patients
- 7. Nutritional needs gastrostomy feeds, pharyngeal feeds, jejunostomy feeds, TPN, formula preparation & patient education.
- **8.** Assessment of patient for alteration in blood sugar levels monitoring blood sugar levels periodically & administering insulin periodically.
- **9.** Administration of drugs: IM, IV injection, IV cannulation & fixation of infusion pump, calculation of dosages, use of insulin syringes/ tuberculin, monitoring fluid therapy, blood administration.
- 10. Setting up dialysis machine and starting, monitoring and closing dialysis
- 11. Procedures for prevention of infections:
  - Hand washing, disinfection & sterilization surveillance, and fumigation universal precautions.
- 12. Collection of specimen.
- **13.** Setting, use & maintenance of basic equipment, ventilator, O2 analyzer, monitoring equipment, transducers, defibrillator, infusion & syringe pumps, centrifuge machine.
- **14.** Arterial line / arterial pressure monitoring / blood taking.
- **15.** Arterial blood gas.
- 16. Blood transfusion.
- 17. Connecting lines for Dialysis.
- 18. Mechanical ventilation.

# **CLINICAL SPECIALITY-II**

## MEDICAL SURGICAL NURSING- ONCOLOGY NURSING

Placement: II Year Hours of Instruction.

Theory 150 hours

#### **COURSE DESCRIPTION:**

This course is designed to assist students in developing expertise and in depth understanding in the field of oncology Nursing. It will help students to develop advanced skills for nursing intervention in various oncological conditions. It will enable the student to function as oncology nurse practitioner/specialist and provide quality care. It will further enable the student to function as educator, manager, and researcher in the field of oncology nursing

#### **OBJECTIVES:**

- 1. Describe the epidemiology, etiology, Patho-physiology and diagnostic assessment of oncological disorders of various body systems.
- **2.** Explain the normal cell biology, the immune system, pathological and pahophysiological changes in tissues.
- **3.** Discuss the etiology of cancer.
- **4.** Describe the psychosocial effects of cancer on patients and families.
- **5.** Demonstrate skill in administering/assisting in various treatment modalities used for patients with cancer
- **6.** Explain the prevention, screening and early detection of cancer
- 7. Apply nursing process in providing holistic care to patients with cancer.
- **8.** Appreciate the care of death and dying patients and value of bereavement support.
- 9. Apply specific concepts of pain management
- 10. Describe the philosophy, concept and various dimensions of palliative care
- 11. Appreciate the role of alternative systems of medicine in care of cancer patients
- **12.** Describe the process of infection and standard safety measures used to control the infection.
- **13.** Explain the Nursing care of patients with specific malignant disorders.
- **14.** Describe the various Paediatric malignencies and their Nursing management.
- **15.** Explain the management of Physiological conditions and symptoms of Cancer patients.
- **16.** Recognize and manage Oncological emergencies
- 17. Counsel the patients with cancer and their families
- **18.** Appreciate the legal and ethical issues relevant to oncology Nursing
- **19.** Incorporate evidence based nursing practice and identify the areas of research in the field of oncology nursing
- **20.** Recognize the role of oncology nurse practitioner as a member of oncology team

- 21. Collaborate with other agencies and utilize resources in caring for cancer patients.
- **22.** Teach and supervise nurses and allied health workers.
- **23.** Design a layout and develop standards for management of oncology units/hospitals and nursing care.

# **CONTENT OUTLINE**

Units	Hours	Content		
I	4	INTRODUCTION		
		• Epidemiology-Incidence, Prevalence – Global, National, State and		
		Local		
		<ul> <li>Disease burden, concept of cancer, risk factors</li> </ul>		
		Historical perspectives		
		<ul> <li>Trends and issues</li> </ul>		
		<ul> <li>Principles of cancer management</li> </ul>		
		<ul> <li>Roles and responsibilities of oncology nurse.</li> <li>Theories and research models of tumor development.</li> </ul>		
II	5	THE NATURE OF CANCER		
		Normal cell biology		
		• The Immune system		
		Pathological and pathophysiological changes in tissues		
		Biology of the cancer cell		
		Clone formation Transformation		
		• Tumor stem lines		
		Structure of a solid tumor		
		<ul> <li>Products produced by the tumor</li> </ul>		
		Systemic effects of tumor growth		
III	4	ETIOLOGY OF CANCER		
		• Carcinogenesis,		
		Theories of cancer causation		
		Risk factors  Carainagens constitution showing a carainagens radiation		
		• Carcinogens – genetic factors, chemical carcinogens, radiation,		
		viruses, Immune system failure, rapid tissue proliferation		
***	40	Hormone changes, diet, emotional factors.  PLACINGSTIC ENAL HATTION.		
IV	10	DIAGNOSTIC EVALUATION		
		Health assessment: History taking, physical examination,      Staning and grading of types.		
		<ul><li>Staging and grading of tumors,</li><li>TNM Classification</li></ul>		
		The state of the s		
		Blood investigation: Haemetological, Bio-chemical, Tumor markers, Hormonal assay		
		<ul> <li>Cytology: Fine needle aspiration cytology(FNAC)</li> </ul>		
		Histopathology: Biopsy     Redialogical assessment: MRI Ultresound Computed		
		Radiological assessment: MRI, Ultrasound, Computed      Amount of the Management of the Amount of the Computed of the Com		
		tomography, Mammography, Positron emission tomography(PET), Radio nuclide imaging, Functional metabolism imaging		
		Endoscopies  Nurses responsibilities in diagnostia maggures		
		Nurses responsibilities in diagnostic measures		

V	10	LEVELS OF PREVENTION AND CARE
•	10	• Primary prevention – Guidelines for cancer detection, general
		measures, Warning signs of cancer,
		Self examination-Oral, Breast, Testicular
		• Secondary prevention – early diagnosis.
		• Screening
		• Tertiary prevention – disability limitation,
		• Rehabilitation : Mobility, Speech, Bowel and bladder, Ostomies etc
		• Patient and family education,
		• Discharge instruction, follow-up care and use of community resources.
VI	25	CANCER TREATMENT MODALITIES AND NURSE'S ROLE
		• Surgery
		<ul> <li>Principles of surgical oncology</li> </ul>
		Current surgical strategy,
		Determining surgical risk
		Special surgical techniques
		Pre-intra-postoperative nursing care
		Acute and chronic surgical complications
		Future directions and advances
		• Chemotherapy
		<ul> <li>Principles and classification of chemotherapeutics</li> </ul>
		• Pharmacology of antineoplastic drugs- Mechanism of action,
		Absorption, protein binding, Bio-transformation, excretion,
		common side effects, drug toxicity
		Calculating drug doses,
		• Therapeutic response to chemotherapy-Tumor variables, drug
		resistance,
		<ul> <li>Safety precautions</li> </ul>
		Radiation Therapy
		Physics of radiotherapy
		Types of ionizing rays
		• Radiation equipments:Linear accelerator, cobalt, Implants, Isotopes,
		• Types of therapies: Oral, Brachy therapy, tele therapy, selectron
		therapy
		<ul> <li>Effects of radiation on the body tissue,</li> </ul>
		• Radiation biology – cell damage hypoxic cells, alteration of tumor
		kinetics.
		<ul> <li>Approaches to radiation therapy –</li> </ul>
		External radiotherapy
		<ul> <li>Internal radiotherapy – unsealed,</li> </ul>
		Sealed sources.
		<ul> <li>Effectiveness of radiotherapy-Radiosensitivity, treatment effects</li> </ul>
		Complications of radiotherapy
		• Radiation safety: Standards of Bhaba Atomic Research
		Centre(BARC)
		Bone Marrow Transplantation /Stem Cell Transplantation
		Types, indications, transplantation procedure, complications and
		nursing managment

		Types and donor sources
		<ul> <li>Preparation and care of donor and recipient</li> </ul>
		Bone marrow bank
		<ul> <li>Legal and ethical issues</li> </ul>
		• Immunotherapy (Biotherapy)
		<ul> <li>Concepts and principles</li> </ul>
		Classification of agents
		Treatment and applications
		• Gene Therapy
		Current Concepts and practices
		Alternative and Complementary Therapies
		• Current practices
VII	10	PAIN MANAGEMENT:- THEORIES, TYPES AND
V 11	10	Nature of cancer pain
		Patho-physiology of pain
		Pain threshold
		ASSESSMENT OF PAIN
		Principles of cancer pain control
		Pharmacological: Opioid and non-opioid analgesic therapy
		Patient controlled analgesia(PCA)
		Other invasive techniques of pain control
		Recent developments in Cancer pain
		NON- PHARMACOLOGICAL PAIN RELIEF TECHNIQUE-
		Complementary therapies(Music, massage, meditation, relaxation)
		techniques, biofeed back etc)
		Psychological intervention in pain control
		Alternative system of medicines
		Role of nurse
VIII	5	PALLIATIVE CARE
V		Definition and scope, philosophy
		<ul> <li>Concept and elements of palliative care</li> </ul>
		Global and Indian perspective of palliative care
		• Quality of life issues
		Communication skill
		Nursing perspective of palliative care and its elements
		Home care
		Hospice care
		Role of nurse in palliative care
IX	2	INFECTION CONTROL:
171	-	Process of infection, risk of hospitalization, nosocomial infections-
		prevention and control of infection in acute, long term care facility
		and community based care.
		Standard safety measures
X	30	NURSING CARE OF PATIENTS WITH SPECIFIC MALIGNANT
Λ	30	DISORDERS
		<ul> <li>Malignancies of G.I. system-oral, oesophagus, stomach, rectal, liver &amp;</li> </ul>
		pancreas, care of ostomies/stoma
		Respiratory malignancies
		<ul> <li>Genito urinary system malignancies- prostate Bladder, renal testicular</li> </ul>
		The orino utiliary system manghancies- prostate diaduct, tenat testicular

		malignonoing		
		malignancies,		
		Gynecological malignancies cervix, uterus, ovary     Hamatalogical malignancies I ymphomas I aukemias		
		Hematological malignancies-Lymphomas, Leukemias.		
		Malignancies of musculoskeletal system		
		• Endocrine malignancies		
		• Skin		
		<ul> <li>Head and Neck -brain tumors</li> </ul>		
		• Other malignancies – Breast cancer, AIDS related Malignancies		
		(Kaposi's Sarcoma)		
XI	10	PAEDIATRIC MALIGNANCIES		
		<ul> <li>Leukemia, Lymphoma, Neuro- blastoma</li> </ul>		
		<ul> <li>Leukemia, Lympnoma, Neuro- biastoma</li> <li>Wilm's tumor, Soft tissue sarcoma, Retinoblastoma</li> </ul>		
		<ul> <li>Nursing Management of children with Paediatric Malignancies</li> </ul>		
XII	15	NURSING MANAGEMENT OF PHYSIOLOGICAL CONDITIONS		
		AND SYMPTOMS OF CANCER PATIENT		
		• Nutrition: - effects of cancer on nutritional Status and its		
		consequences:-Anemia, Cachexia, Xerostomia, mucositis, Dysphagia,		
		nausea and vomiting, constipation, diarrhoea, electrolyte imbalances,		
		taste alterations		
		• Impaired mobility: Decubitus ulcer, pathologic fractures,		
		thrombophlebitis, pulmonary embolism, contractures, footdrop		
		OTHER SYMPTOMS		
		<ul> <li>Dyspepsia &amp; hiccup, dyspnoea</li> </ul>		
		• Intestinal obstruction,		
		<ul> <li>Fungating wounds</li> </ul>		
		• Anxiety & depression, insomnia		
		Lymph edema		
		IMPACT OF CANCER ON SEXUALITY:		
		• Effects of radiotherapy/ chemotherapy/surgery on sexuality of the		
		cancer patient		
		• Nursing management of cancer patients experiencing sexual		
		dysfunction		
		Sexual counseling		
XIII	10	CANCER EMERGENCIES		
		<ul> <li>Disseminated intravascular coagulation(DIC),</li> </ul>		
		Malignant pleural effusion		
		Neoplastic cardiac tamponade and septic shock spinal cord		
		compression		
		Superior venacava syndrome		
		Metabolic emergency: hyper and hypo calcemia		
		• Surgical emergency		
		Urological emergency		
		Hemorrhage		
		Organ obstruction		
		Brain metastasis		
		Nurses role in managing oncologic emergencies		
XIV	8	PSYCHO-SOCIAL ASPECTS OF NURSING CARE		
2 <b>3.1 V</b>		Psychological responses of patients with cancer		
		Psychosocial assessment –		
		Crisis intervention, coping mechanisms		
		1 - Crisis mer vention, coping meenamonis		

	Stress management, spiritual/cultural care and needs		
	Counseling: individual and family		
	Maximizing quality of life of patient and family		
	ETHICAL, MORAL AND LEGAL ISSUES-		
	• End of life care		
	Grief and grieving process		
	Bereavement support		
	• Care of Nurses who care for the dying.		
2	LAYOUT AND DESIGN OF AN ONCOLOGY INSTITUTION/ WARD,		
	OPD, CHEMOTHERAPY UNIT, BONE MARROW		
	TRANSPLANTATION UNIT, PAIN CLINIC ETC		
	Practice Standards of oncology nursing		
	<ul> <li>Policies and Procedures</li> </ul>		
	Establishing Standing orders and Protocols		
	Quality Assurance Programme in oncology units		
	Nursing audit		

# **CLINICAL EXPERIENCE:**

S. No.	Department / Unit	No. of Week	Total Hours
1	Medical Oncology ward	6	180 Hours

2	Surgical Oncology ward	6	180 Hours
3	Bone marrow transplantation Unit	2	60 Hours
4	Operation Theatre	2	60 Hours
5	Radiotherapy Unit	2	60 Hours
6	Chemotherapy Unit	4	120 Hours
7	Out patient department and pain clinic	2	60 Hours
8	Pediatric Oncology ward	2	60 Hours
9	Palliative Care ward	2	60 Hours
10	Community oncology	2	60 Hours
11	Hospice	1	30 Hours
12	Other field visits	1	30 Hours
	Total	32 Weeks	960 Hours.

## PROCEDURES OBSERVED:

- 1. CT Scan
- 2. MRI
- PET Scan(Positron Emission Tomography) 3.
- 4. Ultra sound
- 5. Mammography
- Radio Nuclide Imaging 6.
- Bone Scan 7.
- 8. **Thyroid Function Test**
- Functional and Metabolic Imaging 9.
- Transportation of radioactive materials **10.**
- 11. Others

## PROCEDURES ASSISTED:

- IV cannulation Open method 1.
- 2. Chemotherapy
- Radiotherapy Brachytherapy Low Density Radiation, High Density Radiation. Interstitial implantation 3.
- 4.

- **5.** Bio-therapy and Gene therapy
- **6.** Teletherapy Treatment planning
- 7. Bone marrow aspiration and biopsy
- **8.** Biopsy tissue
- 9. FNAC Fine Needle Aspiration Cytology and biopsy
- **10.** Advance Cardiac life support
- 11. Endotracheal intubation
- **12.** Defibrillation Ventilation
- **13.** Tracheostomy
- **14.** Thoracentesis
- 15. Paracentesis
- **16.** Lumbar Puncture
- **17.** Arterial Blood Gas
- **18.** Nerve Block
- **19.** Chest tube insertion
- 20. Intercostal drainage
- **21.** CVP monitoring

## PROCEDURE PERFORMED

- 1. Screening for cancer
- 2. Assessment of pain
- 3. Assessment of Nutritional status
- **4.** Care of Tracheostomy
- 5. Endotracheal intubation
- **6.** Gastric gavage
- 7. Pap smear
- **8.** IV cannulation
- **9.** Care of surgical flaps
- **10.** Care of ostomies
- 11. Blood transfusion and component therapy
- 12. Counseling
- 13. Practice standard safety measures
- **14.** Care of dead body and mortuary formalities

#### **OTHER PROCEDURES**

## (As per the institutional protocol)

1. Alternative therapies

## **CLINICAL SPECIALITY - II**

## MEDICAL SURGICAL NURSING- NEUROSCIENCES NURSING

Placement: II Years Hours of Instruction

Theory	150 Hours
Practical	950 Hours
Total	1100 Hours

#### **COURSE DESCRIPTION:**

This course is designed to assist students in developing expertise and in depth knowledge in the field of neurology and neurosurgical Nursing. It will help students to develop advanced skills for nursing intervention in caring for patients with neurological and neurosurgical disorders. It will enable the student to function as neuroscience nurse practitioner / specialist. It will further enable the student to function as educator, manager and researcher in the field of neurology and neurosurgical Nursing.

#### **OBJECTIVES:**

At the end of the course the students will be able to

- 1. Appreciate trends and issues related to neurology and neurosurgical Nursing.
- 2. Review the anatomy and physiology of nervous system
- **3.** Describe the epidemiology, etiology, Patho-physiology and diagnostic assessment of patients with neurological and neurosurgical disorders
- **4.** Perform neurological assessment and assist in diagnostic procedures
- 5. Describe the concepts and principles of neuroscience nursing
- **6.** Describe the various drugs used in neurosciences and nurses responsibility
- 7. Assist in various therapeutic and surgical procedures in neuroscience nursing
- **8.** Demonstrate advance skills/competence in managing patients with neurological and neurosurgical disorder following nursing process approach
- **9.** Identify psychosocial problems of patients with disabilities and assist patients and their family to cope with emotional distress, spiritual, grief and anxiety
- **10.** Participate in preventive, promotive and rehabilitative services for neurological and neurosurgical patients.
- 11. Explain the legal and ethical issues related to brain death, organ transplantation and practice of neuroscience nursing
- **12.** Incorporate evidence based nursing practice and identify the areas of research in the field of neuroscience nursing
- **13.** Organise and conduct inservice education program for nursing personnel.
- 14. Develop standards of care for quality assurance in neuroscience nursing practice
- **15.** Identify the sources of stress and manage burnout syndrome among health care providers.
- **16.** Teach and supervise nurses and allied health workers.
- 17. Plan and develop physical layout of neuro intensive care unit

## **CONTENT OUTLINE:**

Units	Hours	Content
I	5	INTRODUCTION:
		Introduction to neuroscience (neurological and neurosurgical) nursing

		T		
		<ul> <li>History-Development in neurological and neurosurgical nursing, Service &amp; education</li> </ul>		
		• Emerging trends and issues in neurology and neuro surgery and its implication to nursing.		
		<ul> <li>Neurological and neurosurgical problems –</li> </ul>		
		<ul> <li>Concepts, principles and nursing perspectives</li> </ul>		
		Ethical and legal issues.		
		• Evidence based nursing and its application in neurological and		
		neurosurgical nursing		
II	5	EPIDEMIOLOGY:		
		Major health problems-		
		• Risk factors associated with neurological conditions- Hereditary,		
		Psychosocial factors, smoking, alcoholism, dietary habits, cultural and		
		ethnic considerations, occupational and infections.		
		• Health promotion, disease prevention, life style modification and its		
		implications to nursing		
	4.5	Alternate system of medicine/complementary therapies		
III	10	REVIEW OF ANATOMY AND PHYSIOLOGY:		
		• Embryology		
		• Structure and functions of Nervous system- CNS, ANS, cereberal		
		circulation, cranial and spinal nerves and reflexes, motor and sensory functions		
IV	15	<ul> <li>Sensory organs</li> <li>ASSESSMENT AND DIAGNOSTIC MEASURES:</li> </ul>		
1 4	13	• Assessment		
		History taking		
		Physical assessment, psychosocial assessment		
		Neurological assessments, Glasgow coma scale interpretation & its		
		relevance to nursing.		
		Common assessment abnormalities		
		Diagnostic measures		
		Cerebro spinal fluid analysis		
		• Radiological studies-Skull and spine X-ray Cerebral Angiography, CT		
		Scan, Single Photon Emission Computer Tomography(SPECT), MRI		
		(Magnetic Resonance Imaging), MRA, MRS, Functional MRI,		
		Myelography, PET (Positron Emission Test), Interventional		
		radiology.		
		<ul> <li>Electorgraphic studies- Electro encephalo graphy, MEG, EMG, video EEG,</li> </ul>		
		<ul> <li>Nerve conduction studies-Evoked potentials, visual evoked potentials,</li> </ul>		
		brain stem auditory evoked potentials, somatosensory evoked		
		potentials		
		<ul> <li>Ultrasound studies-Carotid duplex, transcranial Doppler sonography,</li> </ul>		
		<ul> <li>Immunological studies.</li> </ul>		
		Biopsies – muscle, nerve and Brain.		
		Interpretation of diagnostic measures		
		Nurse's role in diagnostic tests		
V	5	MEETING NUTRITIONAL NEEDS OF NEUROLOGICAL PATIENTS:		
		Basic nutritional requirements		
		Dasic nutritional requirements		

		Metabolic changes following injury and starvation
		Nutritional assessment
		• Common neurological problems that interfere with nutrition and
		strategies for meeting their nutritional needs
		Special metabolic and electrolyte imbalances
		Chronic fatigue syndrome
VI	5	DRUGS USED IN NEUROLOGICAL AND NEUROSURGICAL
		DISORDERS:
		<ul> <li>Classification</li> </ul>
		• Indications, contraindications, actions and effects, toxic effects
		Role of nurse
VII	10	TRAUMATIC CONDITIONS:
		• Causes, Patho-physiology, Clinical types, Clinical features, diagnosis,
		Prognosis, Management: medical, surgical and Nursing management
		of
		Cranio cerebral injuries.
		Spinal & Spinal cord injuries.
		<ul> <li>Peripheral nerve injuries.</li> </ul>
		Unconsciousness
VIII	10	CEREBRO VASCULAR DISORDERS:
V 111	10	• Causes, Patho-physiology, Clinical types, Clinical features, diagnosis,
		Prognosis, Management: medical, surgical and Nursing management
		of
		Stroke & arterio venous thrombosis.
		Haemorrhagic embolus.
		Cerebro vascular accidents.
		Intracranial aneurysm.
		Subarchnoid Haemorrhage.
		Arterio venous fistula.
		Brain tumours
		Diseases of cranial nerves; Trigiminal neuralgia, Facial palsy, Bulbar
		palsy.
IX	10	DEGENERATING AND DEMYELINATING DISORDERS:
		• Causes, Patho-physiology, Clinical types, Clinical features, diagnostic,
		Prognosis, Management: medical, surgical and Nursing management
		of
		<ul> <li>Motor neuron diseases.</li> </ul>
		<ul> <li>Movement disorders- Tics, dystonia, chorea, wilson's disease,</li> </ul>
		essential tremors
		Dementia.
		Parkinson's disease.
		Multiple sclerosis.
		Alzemier's
X	10	NEURO INFECTIONS:
		• Causes, Patho-physiology, Clinical types, Clinical features, diagnostic,
		Prognosis, Management: medical, surgical and Nursing management
		of Neuro infections
		Meningitis-types

		• Enconhalitie	
		• Encephalitis.	
		Poliomyelitis.	
		Parasitic infections.	
		Bacterial infections	
		Neurosyphilis.	
		• HIV & AIDS.	
		Brain abscess.	
XI	10	PAROXYSMAL DISORDERS:	
		• Causes, Patho-physiology, Clinical types, Clinical features, diagnosis,	
		Prognosis, Management: medical, surgical and Nursing management	
		of	
		<ul> <li>Epilepsy and seizures.</li> </ul>	
		Status epilepticus.	
		• Syncope.	
		<ul> <li>Menier's syndrome.</li> </ul>	
		Cephalgia.	
XII	10	DEVELOPMENTAL DISORDERS:	
		Causes, Patho-physiology, Clinical types, Clinical features, diagnostic,	
		Prognosis, Management: medical, surgical and Nursing management of	
		Hydrocephalus.	
		Craniosynostosis.	
		spina bifida- Meningocele, Meningomyelocele encephalocele	
		• syringomyelia.	
		<ul> <li>Cerebro vascular system anomalies.</li> </ul>	
		Cerebral palsies.	
		<ul> <li>Down's syndrome</li> </ul>	
XIII	10	NEURO MUSCULAR DISORDERS:	
1111		• Causes, Patho-physiology, Clinical types, Clinical features, diagnostic,	
		Prognosis, Management: medical, surgical and Nursing management of	
		<ul> <li>Polyneuritis – G B Syndrome.</li> </ul>	
		Muscular dystrophy.	
		Myasthenia gravis.	
		Trigeminal neuralgia.	
		Bell's palsy.	
		Menier's disease	
		Carpal tunnel syndrome	
		Peripheral neuropathies	
XIV	5	NEOPLASMS – SURGICAL CONDITIONS:	
		• Causes, Patho-physiology, Clinical types, Clinical features, diagnostic,	
		Prognosis, Management: medical, surgical and Nursing management	
		of	
		<ul> <li>Space occupying lesions -types</li> </ul>	
		Common tumors of CNS,	
XV	5	OTHER DISORDERS:	
		• Causes, Patho-physiology, Clinical types, Clinical features, diagnostic,	
		Prognosis, Management: medical, surgical and Nursing management	
		of	
		Metabolic disorders- diabetes, insipidus, metabolic encephalopathy	

		Sleep disorders	
		• Auto immune disorders- multiple sclerosis, inflammatory myopathies	
XVI	10	NEURO EMERGENCIES:	
		• Causes, Patho-physiology, Clinical types, Clinical features, diagnostic,	
		Prognosis, Management: medical, surgical and Nursing management	
		of	
		Increased intracranial pressure	
		• Unconscious	
		Herniation syndrome	
		Seizures	
		Severe head injuries	
		Spinal injuries	
		Cerebro vascular accidents	
XVII	5	REHABILITATION:	
12,12		<ul> <li>Concept and Principles of Rehabilitation.</li> </ul>	
		• Factors affecting quality of life and coping	
		• Rehabilitation in acute care setting, and following stroke, head injury	
		and degenerative disorders of brain	
		Physiotherapy.	
		• Counselling	
		• Care giver's role	
		Speech & LanguageNeurogenic communication disorders, Speech	
		therapy	
XVIII	5	ETHICAL AND LEGAL ISSUES IN NEUROSCIENCE NURSING:	
		Brain death and organ transplantation	
		• Euthanasia	
		Negligence and malpractice	
	_	Nosocomial infections	
XIX	5	Quality assurance in neurolgical nursing practice	
		Role of advance practitioner in neurological nursing	
		Professional practice standards	
		Quality control in neurologic nursing	
		Nursing audit     Nurse ICLI	
		Neuro ICU      Dhilasanha ains and ahiastina	
		Philosophy, aims and objectives  Philosophy, aims and objectives	
		Policies, staffing pattern, design and physical plan of neuro ICU	
		• Team approach, functions	
		Psychosocial aspects in relation to staff and clients of neuro ICU,	
		In-service education	

# **PRACTICAL:**

Total = 960 Hours 1 Week = 30 Hours

S. No.	Department / Unit	No. of Week	Total Hours

1	O.P.D	2	60 Hours
2	Casualty	2	60 Hours
3	Diagnostics	2	60 Hours
4	Neuro psychiatry	1	30 Hours
5	Neuro Medical wards	4	120 Hours
6	Paediatric Neuro ward	2	60 Hours
7	Neuro surgical wards	4	120 Hours
8	Head Injury ward	3	90 Hours
9	ICU- neuro medicine	4	120 Hours
10	I.C.U neuro surgical	4	120 Hours
11	Rehabilitation	2	60 Hours
12	Operation Theatre	2	60 Hours
	Total	32 Weeks	960 Hours.

## **ESSENTIAL NEURO NURSING SKILLS:**

## I. PROCEDURES OBSERVED:

- 1. CT scan
- **2.** MRI
- **3.** PET
- **4.** EEG
- **5.** EMG
- **6.** Sleep pattern studies/Therapy
- 7. Radiographical studies
- 8. Neuro surgeries
- **9.** Nerve conduction studies
- 10. Ultrasound studies
- 11. Any other

## II. PROCEDURES ASSISTED:

- 1. Advanced Cardiac life support
- 2. Lumbar Puncture
- 3. Biopsies muscle, nerve and Brain
- 4. Arterial Blood Gas
- 5. ECG Recording
- **6.** Blood transfusion
- 7. IV cannulation open method
- 8. Endotracheal intubation

- **9.** Ventilation
- **10.** Tracheostomy
- 11. ICP monitoring
- 12. Gama Knife
- 13. Cereberal angiography
- 14. Myelography
- 15. Neuro surgeries

#### III. PROCEDURES PERFORMED:

- 1. Airway management
  - a. Application of Oro Pharyngeal Airway
  - b. Care of Tracheostomy
  - c. Conduct Endotracheal Intubation
  - d. Use of AMBU bag, artificial respirators
  - e. Setting of Ventilators and Care of patients on ventilators
- 2. Cardio Pulmonary Resuscitation Defibrillation
- 3. Neurological assessment -Glasgow coma scale
- 4. Gastric Lavage
- **5.** IV Cannulation
- **6.** Administration of emergency IV Drugs, fluid
- 7. Care of patients with incontinence, bladder training Catheterization
- **8.** Care of patients on traction related to the neurological conditions
- **9.** Blood Administration.
- **10.** Muscle strengthening exercises
- 11. Guidance and counseling
- **12.** Monitoring management and care of monitors.

#### IV. OTHER PROCEDURES:

## **CLINICAL SPECIALITY - II**

## MEDICAL SURGICAL NURSING- NEPHRO-UROLOGY NURSING

Placement : II Year Hour of Instruction

Theory 150 Hours

Practical 950 Hours Total 1100 Hours

## **COURSE DESCRIPTION:**

This course is designed to assist students in developing expertise and indepth understanding in the field of Nephro and urological Nursing. It will help students to develop advanced skills for nursing intervention in various nephro and urological conditions. It will enable the student to function as nephro and urology nurse practitioner/specialist and provide quality care. It will further enable the student to function as educator, manager, and researcher in the field of nephro and urology nursing

## **OBJECTIVES:**

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

- 1. Appreciate trends and issues related to nephro and urological nursing
- **2.** Describe the epidemiology, etiology, Patho-physiology and diagnostic assessment of nephro and urological conditions
- 3. Perform physical, psychosocial & spiritual assessment
- **4.** Assist in various diagnostic, therapeutic and surgical interventions
- 5. Provide comprehensive nursing care to patients with nephro and urological conditions
- **6.** Describe the various drugs used in nephro and urological conditions and nurses responsibility
- 7. Demonstrate skill in handling various equipments/gadgets used for patients with nephro and urological conditions
- **8.** Appreciate team work & coordinate activities related to patient care.
- **9.** Practice infection control measures.
- 10. Identify emergencies and complications & take appropriate measures
- 11. Assist patients and their family to cope with emotional distress, grief, anxiety and spiritual needs
- 12. Discuss the legal and ethical issues in nephro and urological nursing
- 13. Identify the sources of stress and manage burnout syndrome among health care providers
- 14. Appreciate the role of alternative system of medicine in the care of patient
- **15.** Incorporate evidence based nursing practice and identify the areas of research in the field of nephro and urological nursing
- **16.** Teach and supervise nurses and allied health workers.
- 17. Design a layout of kidney transplant unit and dialysis unit.
- **18.** Develop standards of nephro urological nursing practice.

# **CONTENT OUTLINE:**

Units	Hours	Content	
I	5	INTRODUCTION:	
		• Historical development: trends and issues in the field of nephro and	
		urological nursing.	
		Nephro and urological problems	
		<ul> <li>Concepts, principles and nursing perspectives</li> </ul>	
		Ethical and legal issues	
		• Evidence based nursing and its application in nephro and urological	
		nursing(to be incorporated in all the units)	
II	5	EPIDEMIOLOGY:	
		• Major health problems- urinary dysfunction, urinary tract infections,	
		Glomuerular disorders, obstructive disorders ad other urinary disorders	
		• Risk factors associated with nephro and urological conditions	
		conditions- Hereditary, Psychosocial factors, smoking, alcoholism,	
		dietary habits, cultural and ethnic considerations	
		• Health promotion, disease prevention, life style modification and its	
		implications to nursing	
		Alternate system of medicine/complementary therapies	
III	5	REVIEW OF ANATOMY AND PHYSIOLOGY OF URINARY	
		SYSTEM:	
		• Embryology	
		• Structure and functions	
		Renal circulation	
		Physiology of urine formation	
		Fluid and electrolyte balance	
		• Acid base balance	
TX7	20	<ul> <li>Immunology specific to kidney</li> <li>ASSESSMENT AND DIAGNOSTIC MEASURES:</li> </ul>	
IV	20		
		<ul><li>History taking</li><li>Physical assessment, psychosocial assessment</li></ul>	
		<ul> <li>Common assessment abnormalities-dysurea, frequency, enuresis,</li> </ul>	
		urgency, hesistancy, hematuria, pain, retention, burning on urination,	
		pneumaturia, incontinence, nocturia, polyurea, anuria, oliguria, fluid	
		and electrolyte imbalance.	
		<ul> <li>Diagnostic tests-urine studies, blood chemistry, radiological</li> </ul>	
		procedures-KUB, IVP, nephrotomogram, retrograde pylogram, renal	
		arteriogram, renalultrasound, CT scan, MRI, cystogram, renal scan,	
		biopsy, endoscopy-cystoscopy, urodynamics studiescystometrogram,	
		urinary flow study, sphincter electromyography, voiding pressure flow	
		study, videourodynamics, Whitaker study Interpretation of diagnostic	
		measures Nurse's role in diagnostic tests.	
V	5	RENAL IMMUNOPATHY/IMMUNOPATHOLOGY:	
•		General Concept of immunopathology	
		Immune mechanism of glomerual vascular disease	
		Role of mediater systems in glomerula vascular disease	
VI	15	UROLOGICAL DISORDERS AND NURSING MANAGEMENT:	
4 I	10	CHOCOGOTE DISCUSSING THE HURSING WITH MICHIEFIT.	

		<ul> <li>Etiology, clinical manifestations, diagnosis, prognosis, related Pathophysiology, medical, surgical and nursing management of</li> <li>Urinary tract infections- pyelonephritis, lower urinary tract infections,</li> <li>Disorders for ureters, bladder and urethera</li> <li>Urinary tract infections-</li> <li>Urinary dysfunctions- urinary retention, urinary incontinence, urinary reflux,</li> <li>Bladder disorders- neoplasms, calculi, neurogenic bladder, trama, congenital abnormalities</li> <li>Urinary Diversions &amp; Heal conduit.</li> <li>Benign prostrate hypertrophy(BPH)</li> <li>Ureteral disorders: ureteritis, ureteral trauma, congenital anomalies of ureters</li> <li>Uretheral disorders- tumours, trauma, congenial anomalies of</li> </ul>
		ureters,
VII	25	<ul> <li>GLOMUERAL DISORDERS AND NURSING MANAGEMENT:</li> <li>Etiology, clinical manifestations, diagnosis, prognosis, related Pathophysiology, medical, surgical and nursing management of</li> <li>Glomueralo nephritis- chronic, acute, nephritic syndrome</li> <li>Acute Renal failure and chronic renal failure.</li> <li>Renal calculi</li> <li>Renal tumours-benign and malignant</li> <li>Renal trauma</li> <li>Renal abscess</li> <li>Diabetic nephropathy</li> <li>Vascular disorders</li> <li>Renal tuberculosis</li> <li>Polycystic</li> <li>Congenital disorders</li> <li>Handitory report disorders</li> </ul>
VIII	10	<ul> <li>Hereditary renal disorders</li> <li>MANAGEMENT OF RENAL EMERGENCIES:</li> </ul>
<b>VIII</b>	10	<ul> <li>Anuria</li> <li>Acute Renal failure</li> <li>Poisoning</li> <li>Trauma</li> <li>Urine retention</li> <li>Acute graft rejection</li> <li>Hematuria</li> <li>Nurse's role</li> </ul>
IX	10	DRUGS USED IN URINARY DISORDERS:
IA	10	<ul> <li>Classification</li> <li>Indications, contraindications, actions and effects, toxic effects</li> <li>Role of nurse</li> </ul>
X	10	<ul> <li>DIALYSIS:</li> <li>Dialysis- Historical, types, Principles, goals         <ul> <li>Hemodialysis- vascular access sites- temporary and permanent</li> <li>Peritoneal dialysis</li> </ul> </li> <li>Dialsyis Procedures- steps, equipments, maintenance,</li> <li>Role of nurse- pre dialysis, intra and post dialysis</li> <li>Complications-</li> </ul>

		• Counseling		
		Patient education		
		Records and reports		
XI	10	Kidney transplantation		
AI	10	* *		
		<ul> <li>Nursing management of a patient with Kidney transplantation</li> <li>Kidney transplantations- a historical review</li> </ul>		
		<ul> <li>Immunology of graft rejections</li> <li>The recipient of a renal transplant</li> </ul>		
		Renal preservations     Hyman I good with Antigon (III A) typing matching and gross matching.		
		• Human Leucocytic Antigen(HLA) typing matching and cross matching		
		in renal transplantation		
		Surgical techniques of renal transplantations     Chronic renal transplant rejection		
		• Chronic renal transplant rejection		
		• Complication after KTP: Vascular and lymphatic, Uroloical,		
		cardiovascular, liver and neurological, infectious complication		
		• KTP in children and management of pediatric patient with KTP		
		<ul> <li>KTP in developing countries</li> <li>Results of KTP</li> </ul>		
		Work up of donor and recipient for renal transplant		
		Psychological aspect of KTP and organ donations      Set in the month of the set of		
		• Ethics in transplants		
VII	-	Cadaveric transplantation  On Palabilitation of actions with resolution and actions and actions are actions.		
XII	5	Rehabilitation of patient with nephrological problems		
		<ul> <li>Risk factors and prevention</li> <li>Rehabilitation of patients on dialysis and after kidney transplant</li> </ul>		
		<ul> <li>Rehabilitation of patients on dialysis and after kidney transplant</li> <li>Rehabilitation of patients after urinary diversions</li> </ul>		
VIII	10	• Family and patient teaching		
XIII	10	PEDIATRIC URINARY DISORDERS:  • Etiple and plaining limited manifestations of discovering and an arise related Daths		
		• Etiology, clinical manifestations, diagnosis, prognosis, related Patho-		
		physiology, medical, surgical and nursing management of children		
		with Renal Diseases -UTI, ureteral reflux, glomerulo nephritis,		
		nephrotic syndrome infantile nephrosis, cystic kidneys, familial factors		
		in renal diseases in childhood, Haemolytic uraemic syndrome. Benign		
37137	-	recurrent haemturia, nephropathy, wilms' tumour		
XIV	5	CRITICAL CARE UNITS- DIALYSIS, KTP UNIT:		
		• Philosophy, aims and objectives		
		Policies, staffing pattern, design and physical plan of Dialysis and KTP  points		
		units		
		• Team approach, functions		
		• Psychosocial aspects in relation to staff and clients of ICU, dialysis		
		unit		
		• In-service education		
<b>X/X</b> /	-	• Ethical and legal issues		
XV	5	Quality assurance in nephrological nursing practice		
		Role of advance practioner in nephrological nursing		
		Professional practice standards		
		Quality control in nephrological nursing		
	1	<ul> <li>Nursing audit</li> </ul>		

# **PRACTICALS:**

Total = 960 Hours 1 Week = 30 Hours

S. No.	Department / Unit	No. of Week	Total Hours
1	Nephrology Ward	6	180 Hours

2	Pediatrics	2	60 Hours
3	Critical Care Unit	2	60 Hours
4	Urology Ward	6	180 Hours
5	Dialysis Unit	4	120 Hours
6	Kidney Transplantation Unit	2	60 Hours
7	URO OT	2	60 Hours
8	Emergency Wards	2	60 Hours
9	Uro Nephro OPDs	4	120 Hours
10	Diagnostic Labs	2	60 Hours
Total		32 Weeks	960 Hours.

## I. PROCEDURES OBSERVED:

- 1. CT Scan
- **2.** MRI
- **3.** Radiographic studies
- 4. Urodynamics
- 5. Hemodialysis
- 6. Renal Surgeries

## II. PROCEDURES ASSISTED:

- 1. Blood transfusion
- **2.** I V cannulation therapy
- 3. Arterial Catheterization
- 4. Insertion of central line/cvp line
- **5.** Connecting lines for dialysis
- 6. Peritoneal dialysis
- 7. Renal biopsy
- 8. Endoscopies- Bladder, urethra

## III. PROCEDURE PERFORMED:

- 1. Health assessment
- 2. Insertion of uretheral and suprapubic catheters
- **3.** Urine analysis
- 4. Catheterisation

- 5. Peritoneal dialysis
- 6. Bladder irrigation
- 7. Care of ostomies
- 8. Care of urinary drainage
- 9. Bladder training
- 10. Care of vascular access
- 11. Setting up dialysis machine and starting, monitoring and closing dialysis
- **12.** Procedures for prevention of infections:
- **13.** Hand washing, disinfection & sterilization surveillance, and fumigation universal precautions.
- **14.** Collection of specimen.
- **15.** Administration of drugs: IM, IV injection, IV cannulation & fixation of infusion pump, calculation of dosages, blood administration. Monitoring -fluid therapy, electrolyte imbalance,
- **16.** Nutritional needs, diet therapy & patient education.
- 17. Counselling

#### IV. OTHER PROCEDURES:

# CLINICAL SPECIALITY – II MEDICAL SURGICAL NURSING - ORTHOPEDIC NURSING

Placement: II Year Hours of Instruction

Theory 150 Hours Practical 950 Hours Total 1100 Hours

#### **COURSE DESCRIPTION:**

This course is designed to assist students in developing expertise and indepth understanding in the field of orthopedic nursing. It will help students to develop advanced skills for nursing intervention in various orthopedic conditions. It will enable the student to function as orthopedic nurse practitioner/specialist providing quality care. It will further enable the student to function as educator, manager, and researcher in the field of orthopedic nursing.

#### **OBJECTIVES:**

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

- 1. Appreciate the history and developments in the field of orthopedic nursing.
- **2.** Describe the anatomy and physiology of musculo skeletal system.
- **3.** Perform physical and psychological assessment of patients with orthopedic conditions and disabilities.
- **4.** Identify the psycho-social needs of the patient while providing holistic care.
- 5. Describe various disease conditions and their management
- **6.** Discuss various diagnostic tests required in orthopedic conditions
- 7. Apply nursing process in providing care to patients with orthopedic conditions and those requiring rehabilitation.
- **8.** Recognize and manage orthopedic emergencies.
- **9.** Describe recent technologies and treatment modalities in the management of patients with orthopedic conditions and those requiring rehabilitation.
- **10.** Integrate the concept of family centered, long term care and community based rehabilitation to patients with orthopedic conditions.
- 11. Counsel the patients and their families with orthopedic conditions
- **12.** Describe various orthotic and prosthetic appliances
- 13. Appreciate the legal and ethical issues pertaining to patients with orthopedic conditions and those requiring rehabilitation.
- **14.** Appreciate the role of alternative system of medicine in care of patients with orthopedic conditions
- **15.** Incorporate evidence based nursing practice and identify the areas of research in the field of orthopedic nursing.
- **16.** Explain the orthopedic disorder affecting children.
- 17. Describe various orthopedic disease conditions affecting the geriatric population.
- **18.** Explain the drugs used in the treatment of orthopedic diseases.
- **19.** Recognize the role of orthopedic nurse practitioner and as a member of the orthopedic and rehabilitation team.
- **20.** Discuss the orthopedic rehabilitation.
- **21.** Describe the national policies and programmes set up for the welfare of orthopedic patients.
- **22.** Teach orthopedic nursing to undergraduate students and in-service nurses.
- 23. Prepare a design and layout of orthopedic and rehabilitative units.

# **CONTENT OUTLINE:**

Units	Hours	Content		
I	5	INTRODUCTION:		
		<ul> <li>Historical perspectives – History and trends in orthopedic nursing</li> </ul>		
		<ul> <li>Definition and scope of orthopedic nursing</li> </ul>		
		<ul> <li>Anatomy and physiology of Musculo-skeletal system</li> </ul>		
		Posture, Body landmarks, skeletal system Muscular system. Nervous		
		system - Main nerves		
		• Healing of - Injury, bone injury,		
		Repair of ligaments		
		Systemic response to injury		
		Ergonomics, Body mechanics, biomechanical measures		
	_	Orthopedic team		
II	8	ASSESSMENT OF ORTHOPEDIC PATIENT:		
		• Health Assessment: History, physical examination- Inspection,		
		palpation, movement, Measurement, muscle strength Testing.		
		• Diagnostic studies – Radiological studies, Muscle enzymes, serologic		
***	10	studies Studies		
III	10	CARE OF PATIENTS WITH DEVICES:		
		Splints, braces, various types of plaster cast		
		Various types of tractions,     Various types of orthonodic hode and mattragges.		
		Various types of orthopedic beds and mattresses     Comfort devices.		
		<ul><li>Comfort devices</li><li>Implants in orthopedic</li></ul>		
		Prosthetics and Orthotics		
IV	15	INJURIES:		
1 4	13	Trauma & Injuries		
		• Causes, Patho-physiology, clinical types, clinical features, diagnosis,		
		prognosis, management, medical surgical and nursing management of :		
	Early management of Trauma			
		• Fractures		
		• Injuries of the		
		Shoulder and arm		
		Elbow, fore arm, wrist, hand		
		Hip, thigh, knee, leg, ankle, foot		
		• Spine		
		Head injury		
		• Chest injury		
		Polytrauma		
		Nerve injuries		
		Vascular injuries		
		Soft tissue injuries		
		<ul><li>Sport tissue injuries</li><li>Sports injuries</li></ul>		
		Amputation		
V	8	INFECTIONS OF BONES AND JOINTS:		
•		• Causes, Patho-physiology, clinical types, clinical features, diagnosis,		
		prognosis, management, medical surgical and nursing management of :		

		<ul> <li>Tuberculosis</li> </ul>		
		<ul> <li>Osteomyelitis</li> </ul>		
		<ul> <li>Arthritis</li> </ul>		
		• Leprosy		
VI	5	BONE TUMOURS:		
	<ul> <li>Causes, Patho-physiology, clinical types, clinical feature</li> </ul>			
	prognosis, management, medical surgical and nursing management			
		Bone tumors – Benign, Malignant and metastatic		
		<ul> <li>Different types of therapies for tumors</li> </ul>		
VII				
V 11	10	• Causes, Patho-physiology, clinical types, clinical features, diagnosis,		
		prognosis – medical surgical and nursing management of:Scoliosis,		
		Kyphosis, Lordosis		
		<ul> <li>Congenital disorders: Congenital dislocation of hip(CDH), Dislocation</li> </ul>		
		of patella, knee,		
		<ul> <li>Varus and valgus deformities,</li> </ul>		
		<ul><li>Value and valgus deformities,</li><li>Deformities of digits,</li></ul>		
		<ul><li>Congenital torticollis.</li></ul>		
		<ul> <li>Meningocele, meningomyelocele, spina bifida,</li> </ul>		
		Chromosomal disorders.		
		<ul> <li>Computer related deformities</li> </ul>		
VIII	5	DISORDERS OF THE SPINE:		
V 111	3			
IV		Low back disorder – Low back pain, PND, spinal stenosis, spondylosis     NUTRITIONAL/METABOLIC AND ENDOCRINE DISORDERS:		
IX	5			
		causes, rame physicios, chinear towards, and nests,		
		prognosis, medical surgical and nursing management of:		
		• Rickets,		
		• Scurvy,		
		Hyper vitaminosis A and D,		
		Osteomalacia,		
		<ul> <li>Osteoporosis</li> </ul>		
		<ul> <li>Paget's disease,</li> </ul>		
		• gout,		
		• Gigantism,		
		• Dwarfism,		
		Acromegaly.		
		Therapeutic diets for various orthopedic disorders		
		Therapeatic diets for various orthopeate disorders		
X	8	NEURO-MUSCULAR DISORDERS:		
21		• Causes, Patho-physiology, clinical types, clinical features, diagnosis,		
		prognosis, medical surgical and nursing management of:		
		Poliomyelitis, Cerebral Palsy		
		Myasthenia gravis     Grantical		
		Spina bifida.		
		Peripheral nerve lesion,		
		Paraplegia, Hemiplegia, Quadriplegia.		
		Muscular dystrophy		

XI	8	CHRONIC/DEGENERATIVE DISEASES OF JOINTS AND		
		AUTOIMMUNE DISORDERS:		
		• Causes, Patho-physiology, clinical types, clinical features, diagnosis		
		prognosis – medical surgical and nursing management of:		
		Osteo Arthritis		
		Rheumatoid Arthritis		
		<ul> <li>Ankylosing spondylitis.</li> </ul>		
		Spinal disorders.		
		<ul> <li>Systemic Lupus Erythematosus</li> </ul>		
XII	5	ORTHOPEDIC DISORDERS IN CHILDREN:		
		General and special consideration on pediatric orthopedics		
		Genetic disorders		
		Congenital anomalies		
		Growth disorders		
		Genetic counseling		
		• Nurses role in genetic counseling		
XIII	5	GERIATRIC PROBLEMS:		
		• Geriatric population, types of disabilities, causes, treatment and		
	Management – Hospitalization, rest, physiotherapy, inv			
		family members, social opportunities.		
		• Care at home – involvement of family and community, follow up care		
		and rehabilitation		
XIV	6	PHARMACOKINETICS:		
		<ul> <li>Principles of drug administration</li> </ul>		
		<ul> <li>Analgesics and anti inflammatory agents</li> </ul>		
		<ul> <li>Antibiotics, Antiseptics,</li> </ul>		
		<ul> <li>Drugs used in orthopedics and neuromuscular disorders</li> </ul>		
		<ul> <li>Blood and blood components</li> <li>Care of drugs and nurses role</li> </ul>		
		Calcium supplement		
		<ul> <li>Management of fat embolism.</li> </ul>		
XV	30	NURSES ROLE IN ORTHOPEDIC CONDITIONS:		
		• Gait analysis		
		Urodynamic studies		
<ul> <li>Prevention of physical deformities</li> </ul>		<ul> <li>Prevention of physical deformities</li> </ul>		
		• Alteration of body temperature regulatory system and immune systems		
	• Immobilization – cast, splints, braces and tractions			
		<ul> <li>Prevention and care of problems related to immobility</li> </ul>		
		Altered sleep patterns		
		Impaired communication		
		<ul> <li>Self care and activities of daily living</li> </ul>		
		Bladder and bowel rehabilitation		
		<ul> <li>Sensory function rehabilitation</li> </ul>		
		<ul> <li>Psychological reaction related to disabilities and disorders.</li> </ul>		
		<ul> <li>Coping of individual and family with disabilities and disorders</li> </ul>		
		Maintaining sexuality		
		• Spirituality – A rehabilitative prospective		
		ORTHOPEDIC RECONSTRUCTIVE SURGERIES		
	• Replacement surgeries – Hip, Knee, Shoulder			

• Spine surgeries		
<ul><li> Grafts and flaps surgery</li><li> Deformity correction.</li></ul>		
PHYSIOTHERAPY  Concerts Principles purpose		
• Concepts, Principles, purpose,  Mahilipation Everyings types advection in welling.		
Mobilization – Exercises: types, re-education in walking:  Out to the second control of the second contro		
Crutch walking, wheel chair, Transfer techniques,		
• Types of gaits: Non-weight bearing, partial weight bearing,		
four point crutch, tripoid, walking with sticks, calipers		
• Forms of therapies: Hydrotherapy, electrotherapy, wax bath,		
,		
,		
<ul><li>Community based rehabilitation (CBR)</li><li>Challenges in rehabilitation.</li></ul>		
<ul> <li>Challenges in rehabilitation.</li> <li>Role of the nurse in rehabilitation,</li> </ul>		
Legal and ethical issues in rehabilitation nursing		
Occupational therapy		
disability -		
<ul> <li>National programmes for rehabilitation of persons with disability - National Institutes, artificial limbs manufacturing Corporation, District</li> </ul>		
,		
Rehabilitation Centers and their schemes  Regional rehabilitation centers etc.		
Public policy in rehabilitation nursing		
<ul> <li>The persons with disabilities act 1995,</li> <li>Mental rehabilitation and Multiple disabilities act 1992,</li> </ul>		
The National Trust Rules 1999 and 2000  The National Trust Rules 1999 and 2000		
Rehabilitation Council of India		
Legal and ethical aspects in orthopedic nursing		
members.		
<ul><li>Nursing audit</li><li>Staffing</li></ul>		
-		

# **PRACTICALS:**

- 1. Clinical practice in Orthopedic, physiotherapy and Rehabilitation Units.
- **2.** Application of tractions and plaster casts and removal of tractions and plaster casts and other appliances.

- **3.** Apply Theories and Nursing Process in the management of patients with orthopedic conditions.
- **4.** Provide various types of physical and rehabilitative therapies
- 5. Provide health education on related disease conditions.
- 6. Unit management and plan designing

# **Clinical Experience**

S. No.	Department / Unit	No. of Week	Total Hours
1	Orthopedic Ward	8	240 Hours
2	Orthopedic Operation theatre	4	120 Hours
3	Neurosurgical Ward	2	60 Hours
4	Orthopedic O.P.D.	4	120 Hours
5	Casualty/Emergency and Trauma	4	120 Hours
6	Rehabilitation Units	2	60 Hours
7	Physiotherapy Unit	4	120 Hours
8	Paediatric /paediatric surgery unit	2	60 Hours
9	Field Visit	2	60 Hours
Total		32 Weeks	960 Hours.

## PROCEDURES OBSERVED:

- 1. X Ray
- 2. Ultrasound
- **3.** MRI
- 4. C T Scan/bone scan
- **5.** Arthroscopy
- **6.** Electrothermally –assisted capsule shift or ETAC (Thermal capsulorrhaphy)
- **7.** Fluroscopy
- **8.** Electromyography
- 9. Myelography
- 10. Discography
- 11. Others

## PROCEDURES ASSISTED:

- 1. Blood Transfusion
- 2. IV cannulation and therapy
- 3. Ventilation

- **4.** Various types of tractions
- **5.** Orthopedic surgeries Arthrocentesis, Arthroscopy, Bone lengthening, Arthrodesis, grafting, Fractures fixation, reconstructive, reimplantation, replantation, spinal ecompression, transplantation of bone, muscle or articular cartilage, autografting, allografting.
- **6.** Injection Intra articular, intra osseous.
- 7. Advance Life Support

#### PEOCEDURES PERFORMED:

- 1. Interpretation of X ray films.
- 2. Application and removal of splints, casts, and braces.
- **3.** Care of tractions skin and skeletal traction, pin site care.
- **4.** Cold therapy.
- **5.** Heat therapy
- **6.** Hydrotherapy
- 7. Therapeutic exercises
- **8.** Use of TENS (Transcutaneous electrical nerve stimulation)
- 9. Techniques of transportation
- 10. Crutch walking, walkers, wheel chair.
- 11. Use of devices for activities of daily living and prevention of deformities.
- 12. Administration of drugs: IV injection, IV cannulation, and Blood transfusion.
- **13.** Procedures for prevention of infections: disinfection and sterilization, surveillance, fumigation.
- **14.** Special skin/ part preparations for orthopedic surgeries.
- **15.** Surgical dressings Debridement.
- **16.** Bladder and bowel training

#### OTHER PROCEDURES

### **CLINICAL SPECIALITY - II**

#### MEDICAL SURGICAL NURSING - GASTRO ENTEROLOGY NURSING

Placement: II Year Hours of Instruction

Theory 150 hrs. Practical 950 hrs.

Total 1100 hrs.

#### **COURSE DESCRIPTION:**

This course is designed to assist students in developing expertise and indepth understanding in the field of gastro enterology Nursing. It will help students to develop advanced skills for nursing intervention in various gastro enterology conditions. It will enable the student to function as gastro enterology nurse practitioner/specialist and provide quality care. It will further enable the student to function as educator, manager, and researcher in the field of gastro enterology nursing

#### **OBJECTIVES:**

At the end of the course the students will be able to

- 1. Appreciate trends and issues related to gastro enterology nusing
- **2.** Describe the epidemiology, etiology, Patho-physiology and diagnostic assessment of gastrointestinal conditions
- **3.** Participate in national health programs for health promotion, prevention and rehabilitation of patients with gastrointestinal conditions
- 4. Perform physical, psychosocial & spiritual assessment
- 5. Assist in various diagnostic, therapeutic and surgical procedures
- **6.** Provide comprehensive care to patients with gastrointestinal conditions
- 7. Describe the various drugs used in gastrointestinal conditions and nurses responsibility
- **8.** Demonstrate skill in handling various equipments/gadgets used for patients with gastrointestinal conditions
- **9.** Appreciate team work & coordinate activities related to patient care.
- **10.** Practice infection control measures.
- 11. Identify emergencies and complications & take appropriate measures
- 12. Assist patients and their family to cope with emotional distress, grief, anxiety and spiritual needs
- 13. Discuss the legal and ethical issues in GE nursing

#### **CONTENT OUTLINE:**

Units	Hours	Content
I	5	<ul> <li>INTRODUCTION:</li> <li>Historical development: trends and issues in the field of gastro enterology.</li> <li>Gastro enterological problems</li> </ul>

		Concepts, principles and nursing perspectives
		Ethical and legal issues
		• Evidence based nursing and its application in gastrointestinal nursing
		(to be incorporated in all the units)
II	5	EPIDEMIOLOGY:
		Risk factors associated with GE conditions- Hereditary, Psychosocial
		factors, smoking, alcoholism, dietary habits, cultural and ethnic
		considerations
		Health promotion, disease prevention, life style modification and its
		implications to nursing
		National health programmes related to gastro enterology
***	_	Alternate system of medicine/complementary therapies  PRIMERY OF ANALYSIS
III	5	REVIEW OF ANATOMY AND PHYSIOLOGY OF
		GASTROINTESTINAL SYSTEM:
		Gastrointestinal system
		Liver, biliary and pancreas     General acid considerations
		<ul><li>Gerontologic considerations</li><li>Embryology of GI system</li></ul>
		Immunology specific to GI system
IV	15	ASSESSMENT AND DIAGNOSTIC MEASURES:
1 4	13	History taking
		Physical assessment, psychosocial assessment
		Diagnostic tests
		Radiological studies: Upper GIT- barium swallow, lower GIT
		Barrium enema,
		Ultra sound:
		Computed tomography
		• MRI
		Cholangiography: Percutaneous transheptatic
		Cholangiogram(PTC)
		Magnetic Resonance Cholangio pancreotography (MRCP)
		<ul> <li>Nuclear imaging scans(scintigraphy)</li> </ul>
		<ul> <li>Endoscopy</li> </ul>
		<ul> <li>Colonoscopy</li> </ul>
		<ul> <li>Proctosigmoidoscopy</li> </ul>
		Endoscopic Retrogrde Cholongio pancreotography (ERCP)
		Endoscopic ultrasound
		Peritonoscopy(Laproscopy)
		Gastric emptying studies
		Blood chemistries: Serum amylase, serum lipase
		Liver biopsy
		Miscellaneous tests:Gastric analysis, fecal analysis
		<ul> <li>Liver function tests: Bile formation and excretion, dye</li> </ul>
		excretion test, Protein metabolism, haemostatic functions-
		prothrombin vitamin K production, serum enzyme tests, Lipid
		metabolismserum cholesterol
		Interpretation of diagnostic measures
		Nurse's role in diagnostic tests
V	25	GASTRO INTESTINAL DISORDERS AND NURSING

		MANAGEMENT:
VI	15	MANAGEMENT:  ■ Etiology, clinical manifestations, diagnosis, prognosis, related Pathophysiology, medical, surgical and nursing management of  • Disorders of the mouth:Dental caries,Peridontal disease,Acute tooth infection, Stomatitis, Thrush (moniliasis),Gingivitis, Leukoplakia, Inflammation of the parotid gland, Obstruction to the flow of saliva,Fracture of the jaw  • Disorders of the oesophagus: Reflux oesophagitis, Oesophageal achalasia, Oesoophageal varices, Hiatus hernia, Diverticulum  • Disorders of the stomach and duodenum: Gastritis, Peptic ulcer, Dumping of the stomach, Food poisoning, idiopathic gastroparesis, Aerophagia and belching syndrome, Ideopathic cyclic nausea and vomiting, Rumination syndrome, Functional dyspepsia, Chronic Non specific (functional) abdominal pain  • Disorders of the small intestine  ☆ Malabsorption syndrome – tropical sprue  ☆ Gluten – sensitive enteropathy (Coeliac disease)  ☆ Inflammatory diseases of intestines and abdomen,: appendicitis, Peritonities, Intestinal obstruction, Abdominal TB, Gastrointestinal polyposis syndrome  ☆ Chronic inflammatory bowel disease, Ulcerative colites, crohn's disease  ❖ Infestations and infections – Worm infestations, Typhoid, Leptospirosis  ❖ Solitary rectal ulcer syndrome  ★ Alteration in bowel elimination (diarrhoea, constipation, fecal impaction, fecal incontinence, Irritable bowel syndrome, Chronic idiopathic constipation, Functional Diarrhea  Anorectal Conditions: Hemorrhoide, Anal fissure, Anal fistula, Abscess, Strictures, Rectal prolapse, Pruritis ani, Pelonidal disease, Anal condylomas, Warts  DISORDER OF LIVER, PANCREAS GALL BLADDER AND NURSING MANAGEMENT:  ● Disorders of liver biliary tract:  ● Viral Hepatitis – A, B, C, D & E  ■ Toxic hepatitis  • Cirrhosis of liver, liver failure, Liver transplantation  • Non cirrhotic portal fibrosis  • Liver abscess,;  • Parasitic and other cysts of the liver  • Disorders of the Gall Bladder and Bile Duct:  • Cholecystitis
		· ·
		<ul><li>Cholelitheasis</li><li>Choledocholilethiasis</li></ul>
		<ul> <li>Choledocholitethiasis</li> <li>Disorders of the pancreas: Pancreatitis,</li> </ul>
		Benign tumors of islet cells
		Disorders of the Peritoneum
		<ul> <li>Infections of the peritoneum</li> <li>Surgical peritonitis</li> </ul>
	1	Surgical peritorius

		Spontaneous bacterial peritonitis			
		Tuberculosis peritonitis			
		<ul> <li>Disorders of the Diaphragm</li> </ul>			
		Diaphragmatic hernia			
		<ul> <li>Congenital hernias</li> </ul>			
		<ul> <li>Paralysis of diaphragm</li> </ul>			
		Tumors of the diaphragm			
		• Hiccups			
VII	15	GASTRO INTESTINAL EMERGENCIES AND NURSING			
, 22		INTERVENTIONS:			
		• Etiology, clinical manifestations, diagnosis, prognosis, related Patho-			
		physiology, medical, surgical and nursing management of:			
		Esophageal varices,			
		<ul><li>Ulcer perforation,</li></ul>			
		*			
		<ul><li>Acute cholecystitis</li><li>Diverticulitis</li></ul>			
		Fulminant hepatic failure			
		Biliary obstruction			
		Bowel obstruction			
		• Gastroenteritis			
		<ul> <li>Intussusception</li> </ul>			
		<ul> <li>Acute intestinal obstruction, perforation</li> </ul>			
		Acute pancreatitis			
		Cirrhosis of liver complications			
		Liver, spleen, stomach pancreatic, mesenteric, bowel and			
		greater vessel injuries			
		Acute appendicitis /peritonitis			
		Acute abdomen			
		Food poisoning			
VIII	15	CONGENITAL ANOMALIES OF ESOPHAGUS:			
V 111	13	• Esophageal atresia			
		÷ ₹			
		Tracheo esophageal fistula			
		Esophageal stenosis			
		Esophageal duplications			
		Dysphagia – Lusoria – aberrent right subclavian artery			
		compressing esophagus			
		<ul> <li>Esophageal rings – schalzkiring</li> </ul>			
		<ul> <li>Esophageal webs</li> </ul>			
		CONGENITAL ANOMALIES OF STOMACH:			
		Gastric atresia			
		<ul> <li>Micro gastria</li> </ul>			
		Gastric diverticulum			
		Gastric duplication			
		Gastric teratoma			
		Gastric volvulus			
		Infantile hypertrophic pyloric stenosis			
		Adult hypertrophic pyloric stenosis  CONCENITAL ANOMALIES OF DUODENAL.			
		CONGENITAL ANOMALIES OF DUODENAL:			

		D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Duodenal Atresia or stenosis
		Annular pancreas
		<ul> <li>Duodenal duplication cysts</li> </ul>
		<ul> <li>Malrotation and mid gut volvolus</li> </ul>
		DEVELOPMENTAL ANOMALIES OF THE INTESTINE:
		<ul> <li>Abdominal wall defects (omphalocele and Gastroschisis)</li> </ul>
		Meckel's diverticulum
		Intestinal atresia
		Hirschsprung's disease
IX	15	PHARMO KINETICS:
		Drugs used in GIT
		Principles of administration
		Roles responsibilities of nurses
		<ul> <li>Drugs in Peptic ulcer disease</li> </ul>
		<ul> <li>Proton Pump inhibitors</li> </ul>
		H <sub>2</sub> Receptor Antagonists
		Cytoprotective Agents:
		<ul> <li>Drugs used in Diarrhea</li> </ul>
		<ul> <li>Drugs used in constipation</li> </ul>
		<ul> <li>Drugs used in Inflammatory Bowel Disease</li> </ul>
		Aminosalicylates
		• Corticosteroids
		Immunomodulators
		• chemotherapy
		• Antibiotics
		• Antiemetics:
		• Anticholinergics
		Antihistaminics
		Antihelminthics
		Vitamin Supplements
X	10	NUTRITION AND NUTRITIONAL PROBLEMS RELATED TO GI
21	10	SYSTEM:
		Nutritional assessment and nursing interventions
		Therapeutic diets
		<ul> <li>Adverse reactions between drugs and various foods</li> </ul>
		Malnutrition- etiology, clinical manifestations and management
		Tube feeding, parenteral nutrition, total parenteral nutrition
		Obesity- etiology, clinical manifestations and management
		Eating disorders- anorexia nervosa, bulimia nervosa
		Recent advances in nutrition
		- Recent develoes in nation
XI	15	MALIGNANT DISORDERS OF GASTRO INTESTINAL SYSTEM:
		• Etiology, clinical manifestations, diagnosis, prognosis, related Patho-
		physiology, medical , surgical, other modalities and nursing
		management of:
		Malignancy of oral cavity ,Lip,Tongue,buccal mucosa,
		oropharynx, Salivary gland
		Esophageal , Gastric , Carcinoma of bowel - Small bowel,
		Esophagear, Gasure, Caremonia of bower - Sman bower,

		Colorectal and Anal carcinoma,			
		Liver, biliary tract and Pancreatic carcinoma			
XII	5	ADMINISTRATION AND MANAGEMENT OF GE UNIT:			
		<ul><li>Design &amp; layout</li></ul>			
		• Staffing,			
		• Equipment, supplies,			
		Infection control; Standard safety measures			
		<ul> <li>Quality Assurance:-Nursing audit –records /reports, Norms, policies and protocols</li> </ul>			
		Practice standards			
XIII	5	EDUCATION AND TRAINING IN GE CARE:			
		• Staff orientation, training and development,			
		• In-service education program,			
		Clinical teaching programs			

### **PRACTICALS:**

S. No.	Department / Unit	No. of Week	Total Hours
1	Diagnostic labs	2	60 Hours

2	Emergency and casualty	3	90 Hours
3	Liver transplant unit	1	30 Hours
4	GE Medical Ward	6	180 Hours
5	GE Surgical Ward	8	240 Hours
6	OT	2	60 Hours
7	ICU	5	120 Hours
8	Pediatric gastroenterology	2	60 Hours
9	Oncology	2	60 Hours
10	GE OPD	2	60 Hours
Total		32 Weeks	960 Hours.

#### PROCEDURES ASSISTED:

- **1.** Endoscopy room Upper G.I. Endoscopy (Diagnotic and therapeutic).
- 2. Sigmoidoscopy
- 3. Colonoscopy
- 4. Polypectomy
- **5.** Endoscopic retrograde cholangio pancreatiography (ERCP)
- **6.** Liver biopsy
- 7. Percutaneous catheter drainage (PCD) of Pseudocyst pancreas
- **8.** Abdominal paracentesis
- **9.** Percutaneous aspiration of liver abscess
- 10. GE Lab: PT, HbsAg, Markers A, B, C virus, CBP, ESR, Stool Test

#### PROCEDURES PERFORMED:

- 1. History and Physical assessment
- **2.** RT intubation / extubation / aspiration/suction
- 3. Gastric lavage and gavage
- 4. Bowel wash
- 5. Therapeutic Diets
- **6.** Ostomy feeding
- 7. Stoma care
- **8.** Monitoring vital parameters
- 9. Plan of inservice education programme for nursing staff and Class-IV employees
- 10. Counseling

# CLINICAL SPECIALITY – II OBSTETRIC AND GYNAECOLOGICAL NURSING

Placement - II Year

**Hours of Instruction** 

Theory 150 hrs

Practical 950 hrs Total 1100 hrs

#### **COURSE DESCRIPTION:**

This course is designed to assist the student in developing expertise and in depth understanding in the field of Obstetric and gynecological Nursing. It will help the student to develop advanced nursing skills for nursing interventions in various obstetrical and gynecological conditions. It will further enable the students to function as midwifery nurse practitioner/ specialist, educator, manager and researcher in the field of obstetric and gynecological nursing.

#### **OBJECTIVES:**

At the end of the course, the student will be able to:

- 1. Describe the epidemiology, etiology, Patho-physiology and diagnostic assessment of women with obstetric and gynaecological conditions
- 2. Perform physical, psychosocial, cultural & spiritual assessment
- **3.** Demonstrate competence in caring for women with obstetrical and gynaecological conditions and counsel women and families.
- **4.** Demonstrate competence in caring for high risk newborn.
- 5. Identify and Manage obstetrical and neonatal emergencies as per protocol.
- **6.** Utilize recent technology and various diagnostic, therapeutic modalities in the management of obstetrical, gynecological and neonatal care.
- 7. Demonstrate skill in handling various equipments/gadgets used for obstetrical, gynaecological and neonatal care
- **8.** Design a layout of speciality units of obstetrics and gynecology
- **9.** Develop standards for obstetrical and gynaecological nursing practice.
- **10.** Teach and supervise nurses and allied health workers.
- 11. Incorporate evidence based nursing practice and identify the areas of research in the field of obstetrical and gynaecological nursing
- **12.** Function as independent midwifery nurse practitioner.

Units	Hours			Content		
I	20	MANAGEMENT	OF	WOMEN	WITH	OBSTETRICAL
		COMPLICATIONS	<b>S:</b>			

		<ul> <li>Risk approach of obstetrical nursing care, concept &amp;goals.</li> <li>Screening of high-risk pregnancy, newer modalities of diagnosis.</li> <li>Nursing Management of Pregnancies at risk-due to obstetrical complication         <ul> <li>Perisitant hyperemesis gravidarum.</li> <li>Bleeding in early pregnancy, abortion, ectopic pregnancy, and gestational trophoblostic diseases.</li> <li>Hemorrhage during late pregnancy, ante partum hemorrhage, Placenta praevia, abruptio placenta.</li> <li>Hypertensive disorders in pregnancy, pre-eclampsia, eclampsia, Heomolysis Elevated liver enzyme Low Platelet count</li> </ul> </li> </ul>
		(HELLP)
II	20	Iso-immune diseases. Rh and ABO incompatibility  MANAGEMENT OF WOMEN WITH MEDICAL CONDITIONS
		COMPLICATING PREGNANCY:  Metabolic conditions.  Anemia and nutritional deficiencies  Hepatitis  Cardio-vascular disease.  Thyroid diseases.  Epilepsy.  Essential hypertension  Chronic renal failure.  Tropical diseases.  Psychiatric disorders  Infections Toxoplasmosis Rubella Cytomegalo virus Herpes (TORCH); Reproductive Tract Infection(RTI);STD; Vaginal infections; Leprosy, Tuberculosis  Pregnancies complicating with tumors, uterine anomalies, prolapse, ovarian cyst. (Retro-Verted Gravid Uterus).  Hematological problems in pregnancy.  Hydramnios-oligohydramnios  Prolonged pregnancy- post term, post maturity.  Multiple pregnancies.  Intra uterine infection & pain during pregnancy.  Diabetes Mellitus  Gestational Diabetes Mellitus  Intra Uterine Growth Retardation(IUGR), Premature Rupture of Membrane(PROM), intra uterine death.
III	15	ABNORMAL LABOUR, PRE-TERM LABOUR & OBSTETRICAL EMERGENCIES:  ■ Etiology, pathopyhsiology and nursing management of  ■ Uncoordinated uterine actions, Atony of uterus, precipitate labour, prolonged labour.  ■ Obstructed Labor.  ■ Abnormal lie, presentation, position.  ■ Contracted pelvis-CPD; dystocia. Cervical and shoulder dystocia  ■ Obstetrical emergencies Obstetrical shock, vasa praevia,

VI	15	HIGH RISK NEWBORN:  Concept, goals, assessment, principles.  Nursing management of  Pre-term, small for gestational age, post-mature infant, IUGR and baby of diabetic and substance use mothers.  Respiratory conditions, Asphyxia neonatorum, neonatal apnoea meconium aspiration syndrome, pneumo thorax, pneumo mediastinum  Icterus neonatorum. Birth injuries. Hypoxic ischaemic encephelopathy Congenital anomalies. Neonatal seizures. Neonatal hypocalcaemia, hypoglycemia, hypomagnesaemia. Neonatal heart diseases. Neonatal infections, neonatal sepsis, opthalmia neonatorum, cogenital syphilis, HIV/AIDS Advanced neonatal procedures. Calculation of fluid requirements. Hematological conditions — erythroblastosis fetalis, hemorrhagic disorder in the newborn Organization of neonatal care, services(Levels), transport, neonatal intensive care unit, organization and management of nursing services in NICU  HIV/AIDS: HIV positive mother and her baby Epidemiology Screening
IV V	25	<ul> <li>Concept, goals, assessment, principles.</li> <li>Nursing management of</li> <li>Pre-term, small for gestational age, post-mature infant, IUGR</li> </ul>

		• Parent to child transmission(PTCT)
		Prophylaxis for mother and baby
		Standard safety measures
		• Counseling
		<ul><li>Breast feeding issues</li></ul>
		National policies and guidelines
		Issues: Legal,ethical, Psychosocial and rehabilitation
X / T X	25	Role of nurse
VII	25	GYNECOLOGICAL PROBLEMS AND NURSING MANAGEMENT:
		• Gynecological assessment
		• Gynecological procedures
		• Etiology, Patho-physiology, diagnosis and nursing management of
		Menstrual irregularities
		Diseases of genital tract
		<ul> <li>Genital tract infections</li> </ul>
		Uterine displacement
		<ul> <li>Genital prolapse</li> </ul>
		Genital injuries
		<ul> <li>Uterine malformation</li> </ul>
		• Uterine fibroid, ovarian tumors, Breast carcinoma, Pelvic
		inflammatory diseases, reproductive tract malignancies,
		hysterectomy – vaginal and abdominal.
		<ul> <li>Genital tract injuries-Third degree perineal tear, VVF, RVF.</li> </ul>
		<ul> <li>Sexual abuse, rape, trauma, assault</li> </ul>
VIII	15	ADMINISTRATION AND MANAGEMENT OF OBSTETRICAL
		AND GYNAECOLOGICAL UNIT:
		• Design & layout
		• Staffing,
		• Equipment, supplies,
		<ul> <li>Infection control; Standard safety measures</li> </ul>
		• Quality Assurance:-Obstetric auditing –records /reports, Norms,
		policies and protocols
		Practice standards for obstetrical and gynaecological unit
IX	5	EDUCATION AND TRAINING IN OBSTETRICAL AND
		GYNECOLOGICAL CARE:
		• Staff orientation, training and development,
		• In-service education program,
		<ul> <li>Clinical teaching programs.</li> </ul>
	5	ABORTION:
		Types, causes
		<ul> <li>Legislations, Clinical rights and professional responsibility</li> </ul>
		Abortion procedures
		<ul><li>Complications</li></ul>
		Nursing management  Rela of midwifory purse practitioner
1	1	Role of midwifery nurse practitioner

## **PRACTICALS:**

S. No.	Department / Unit	No. of Week	Total Hours
1	Antenatal OPD including Infertility clinics/Reproductive medicine, Family welfare and post partum clinic / PTCT	6	180 Hours
2	Antenatal and Postnatal ward	6	180 Hours
3	Labour room	4	120 Hours
4	Neonatal Intensive Care Unit	3	90 Hours
5	Obstetric/Gynae Operation Theatre	3	90 Hours
6	Gynae Ward	4	120 Hours
7	CHC, PHC, SC	6	180 Hours
Total		32 Weeks	960 Hours.

# ESSENTIAL OBSTETRICAL AND GYNECOLOGICAL SKILLS PROCEDURE OBSERVED:

- Assisted Reproductive Technology procedures
- Ultra sonography
- ❖ Specific laboratory tests.
- Amniocentesis.
- ❖ Cervical & vaginal cytology.
- ❖ Fetoscopy.
- Hysteroscopy.
- **❖** MRI.
- Surgical diathermy.
- Cryosurgery.

#### PROCEDURES ASSISTED:

- Operative delivery
- ❖ Abnormal deliveries-Forceps application, Ventouse, Breech
- Exchange blood transfusion
- Culdoscopy.
- Cystoscopy
- Tuboscopy
- **&** Laparoscopy.
- Endometrial Biopsy
- Tubal patent test
- Chemotherapy
- \* Radiation therapy
- ❖ Medical Termination of Pregnancy.
- Dilatation and Curettage

#### PROCEDURES PERFORMED:

- History taking.
- Physical Examination-General

- ❖ Antenatal assessment. 20
- ❖ Pelvic examination
- ❖ Assessment of risk status.
- ❖ Assessment of Intra uterine foetal well-being.kick chart and foetal movement chart, Doppler assessment, Non Stress Test, Contraction stress test(Oxytocin challenge test)
- Universal precautions- Disposal of biomedical waste.
- Per Vaginal examination and interpretation (early pregnancy, labour, post partum).
- Utilization of Partograph
- ❖ Medical & Surgical induction(Artificial rupture of membranes).
- ❖ Vacuum extraction
- Conduct of delivery.
- Prescription and administration of fluids and electrolytes through intravenous route.
- ❖ Application of outlet forceps, delivery of breach Burns Marshall, Loveset manoeuvere
- \* Repair of tears and Episiotomy suturing.
- ❖ Vacuum extraction
- ❖ Controlled cord traction, Manual removal of placenta, placental examination,
- Manual vacuum aspiration
- Postnatal assessment. 20
- Management of breast engorgement
- Thrombophlebitis (white leg)
- Postnatal counseling.
- \* Reposition of inversion of uterus.
- ❖ Laboratory tests: Blood- Hb, Sugar, Urine-albumin, sugar
- ❖ Breast care, breast exam, and drainage breast abscess.
- Postnatal exercise.
- ❖ Assessment –New born assessment; physical and neurological, Apgar score, high-risk newborn, Monitoring neonates; Clinically and With monitors, Capillary refill time, Assessment of jaundice, danger signs
- Anthropometric measurement
- Neonatal resuscitation
- **❖** Gastric Lavage
- ❖ Care of newborn in multi channel monitor and ventilator.
- \* Care of newborn in radiant warmer and incubator.
- \* Kangaroo mother care.
- ❖ Assisting mother with exclusive Breast-feeding
- ❖ Feeding technique: Katori, spoon, naso/orogastric, Total Parenteral nutrition
- \* Assessement, calculation and administration of fluids and medications:
  - o Oral
  - o I.D.
  - o I.M.
  - o I.V.- Securing IV line, infusion pump
- ❖ Administration of drug per rectum
- Capillary blood sample collection.
- Oxygen therapy.
- Phototherapy.
- **.** Chest physiotherapy.
- counseling Parental, bereavment, family planning, infertility etc
- Setting of operation theatre.
- Trolley and table set up for Obstetrical & gynaecoligical operations.
- Pap smear.

- ❖ Vaginal smear.
- Insertion of pessaries,
  Insertion of IUD and removal.
- **❖** Teaching skills
- communication skills
- ❖ Prepare referral slips
- Pre transport stabilization
  Networking with other stake holders

# **CLINICAL SPECIALTY -II** PEDIATRIC (CHILD HEALTH) NURSING

Placement : II Year Hours of Instruction

Theory 150 hours Practical 950 hours Total: 1100 hours

#### **COURSE DESCRIPTION:**

This course is designed to assist students in developing expertise and indepth understanding in the field of Pediatric Nursing. It will help students to develop advanced skills for nursing intervention in various pediatric medical and surgical conditions. It will enable the student to function as pediatric nurse practitioner/specialist. It will further enable the student to function as educator, manager, and researcher in the field of Paediatric nursing

#### **OBJECTIVES:**

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

- 1. Apply the nursing process in the care of ill infants to pre adolescents in hospital and community
- 2. Demonstrate advanced skills/competence in nursing management of children with medical and surgical problems
- 3. Recognize and manage emergencies in children
- **4.** Provide nursing care to critically ill children
- 5. Utilize the recent technology and various treatment modalities in the management of high risk children
- **6.** Prepare a design for layout and describe standards for management of pediatric units/hospitals
- 7. Identify areas of research in the field of pediatric nursing

Units	Hours	Content
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I	5	INTRODUCTION:
		<ul> <li>Current principles, practices and trends in Pediatric Nursing</li> </ul>
		Role of pediatric nurse in various settings -Expanded and extended
II	35	• Patho-physiology, assessment (including interpretation of various
		invasive and non-invasive diagnostic procedures), treatment modalities
		and nursing intervention in selected pediatric medical disorders
		Child with respiratory disorders:
		- Upper respiratory tract: choanal atresia, tonsillitis,
		epistaxis, aspiration.
		- Lower respiratory tract: Broncheolitis, Bronchopneumonia,
		Asthma, cystic fibrosis
		<ul> <li>Child with gastro-intestinal disorders:</li> </ul>
		- Diarrheal diseases, gastro-esophageal reflux.
		- Hepatic disorders: Hepatitis, Indian childhood cirrhosis,
		liver transplantation.
		- Malabsorption syndrome, Malnutrition
		• Child with renal/ urinary tract disorders: Nephrotic syndrome,
		Nephritis, Hydronephrosis, hemolytic-uremic syndrome,
		kidney transplantation
		Child with cardio-vascular disorders:      Diagram of the cardio-vascular disorders:
		- Acquired: Rheumatic fever, Rheumatic heart disease,
		<ul> <li>Congenital: Cynotic and acynotic</li> <li>Child with endocrine/metabolic disorders: Diabetes insipidus,</li> </ul>
		Child with endocrine/metabolic disorders: Diabetes insipidus,     Diabetes Mellitus – IDDM, NIDDM, hyper and hypo
		thyroidism, phenylketonuria, galactosemia
		<ul> <li>Child with Neurological disorders: Convulsions, Meningitis,</li> </ul>
		encephalitis, guillian- Barre syndrome
		<ul> <li>Child with oncological disorders: Leukemias, Lymphomas,</li> </ul>
		Wilms' tumor, nephroblastomas, neuroblastomas,
		Rhabdomyosarcoma, retinoblastoma, hepatoblastoma, bone
		tumors
		• Child with blood disorders: Anemias, thalassemias, hemophilia,
		polycythemia, thrombocytopenia, and disseminated
		intravascular coagulation
		Child with skin disorders
		<ul> <li>Common Eye and ENT disorders</li> </ul>
		<ul> <li>Common Communicable diseases</li> </ul>
III	35	• Assessment (including interpretation of various invasive and non-
		invasive diagnostic procedures), treatment modalities including
		cosmetic surgery and nursing interventions in selected pediatric
		surgical problems/ Disorders
		Gastrointestinal system: Cleft lip, cleft palate and conditions
		requiring plastic surgery, Tracheo esophageal fistula/atresia,
		Hirschsprungs' disease/megacolon, malrotation, intestinal
		obstruction, duodenal atresia, gastrochisis, exomphalus,
		anorectal malformation, omphalocele, diaphragmatic hernia
		Anomalies of the nervous system: Spina bifida, Meningocele,  Myelomeningocele, hydrocenhalus
		<ul><li>Myelomeningocele, hydrocephalus</li><li>Anomalies of the genito-urinary system: Hypospadias,</li></ul>
		• Anomalies of the genito-urinary system: Hypospadias,

		Epispadias, Undescended testes, Exstrophy bladder
		Anomalies of the skeletal system
		Eye and ENT disorders
		<ul> <li>Nursing management of the child with traumatic injuries:</li> </ul>
		General principles of managing Pediatric trauma
		- Head injury, abdominal injury, poisoning, foreign body
		obstruction, burns
		- & Bites
		• Child with oncological disorders: Solid tumors of childhood,
		Nephroblastoma, Neuro blastoma, Hodgkin's/Non Hodgkin's
		Lymphoma, Hepatoblastoma, Rhabdomyosarcoma
		<ul> <li>Management of stomas, catheters and tubes</li> </ul>
		<ul> <li>Management of wounds and drainages</li> </ul>
IV	10	INTENSIVE CARE FOR PEDIATRIC CLIENTS:
		Resuscitation, stabilization & monitoring of pediatric patients
		• Anatomical & physiological basis of critical illness in infancy and
		childhood
		Care of child requiring long-term ventilation
		Nutritional needs of critically ill child
		Legal and ethical issues in pediatric intensive care
		• Intensive care procedures, equipment and techniques
		Documentation
V	20	HIGH RISK NEWBORN:
		• Concept, goals, assessment, principles.
		Nursing management of
		Post-mature infant and baby of diabetic and substance use
		mothers.
		Respiratory conditions, Asphyxia neonatorum, neonatal apnoea
		meconium aspiration syndrome, pneumo thorax, pneumo
		mediastinum
		Icterus neonatorum.  Bidining
		Birth injuries.
		Hypoxic ischaemic encephelopathy
		Congenital anomalies.
		Neonatal seizures.
		Neonatal hypocalcaemia, hypoglycemia, hypomagnesaemia.
		Neonatal heart diseases.
		Neonatal hemolytic diseases
		Neonatal infections, neonatal sepsis, opthalmia neonatorum,
		cogenital syphilis, HIV/AIDS
		Advanced neonatal procedures.
		Calculation of fluid requirements.
		Hematological conditions – erythroblastosis fetalis, hemorrhagic
		disorder in the newborn
		Organization of neonatal care, services(Levels), transport,
		neonatal intensive care unit, organization and management of
1/1	12	nursing services in NICU
VI	2	CHILD UNDER GOING SURGERY:  Nurses role and remonsibilities in Paediatric surgery and Nursing
VII	0	Nurses role and responsibilities in Paediatric surgery and Nursing.      DEVELOPMENTAL DISTURBANCES AND IMPLICATIONS FOR
VII	8	DEVELOPMENTAL DISTURBANCES AND IMPLICATIONS FOR

		NURSING:		
		<ul> <li>Adjustment reaction to school,</li> </ul>		
		Learning disabilities		
		Habit disorders, speech disorders,		
		• Conduct disorders,		
		• Early infantile autism, Attention deficit hyperactive disorders		
		(ADHD), depression and childhood schizophrenia.		
VIII	10	CHALLENGED CHILD AND IMPLICATIONS FOR NURSING:		
		• Physically challenged, causes, features, early detection & management		
		• Cerebral palsied child,		
		Mentally challenged child.		
		• Training & rehabilitation of challenged children		
IX	5	CRISIS AND NURSING INTERVENTION:		
		• The hospitalized child,		
		<ul> <li>Terminal illness &amp; death during childhood</li> </ul>		
		<ul> <li>Nursing intervention-counseling</li> </ul>		
X	5	DRUGS USED IN PEDIATRICS:		
		Criteria for dose calculation		
		<ul> <li>Administration of drugs, oxygen and blood</li> </ul>		
		Drug interactions		
		Adverse effects and their management		
XI	10	ADMINISTRATION AND MANAGEMENT OF PEDIATRIC CARE		
		UNIT::		
		<ul><li>Design &amp; layout</li></ul>		
		• Staffing,		
		• Equipment, supplies,		
		<ul> <li>Norms, policies and protocols</li> </ul>		
		<ul> <li>Practice standards for pediatric care unit</li> </ul>		
		Documentation		
XII	5	<b>EDUCATION AND TRAINING IN PEDIATRIC CARE:</b>		
		• Staff orientation, training and development,		
		<ul> <li>In-service education program,</li> </ul>		
		<ul> <li>Clinical teaching programs.</li> </ul>		

## **PRACTICAL:**

#### FIELD VISITS:

S. No.	Department / Unit	No. of Week	Total Hours
1	Pediatric medicine ICU	4	120 Hours
2	Pediatric surgical ICU	4	120 Hours
3	NICU	4	120 Hours
4	Pediatric OT	2	60 Hours
5	Pediatric medicine ward	6	180 Hours
6	Pediatric surgery ward	6	180 Hours
7	Emergency/Casualty	4	120 Hours
8	Field visits*	2	60 Hours
Total		32 Weeks	960 Hours.

<sup>\*</sup>Child care center, Anganwadi, play school, Special schools for challenged children, Juvenile court, UNICEF, Orphanage, Creche, SOS village

#### I. PROCEDURES OBSERVED:

- Echo cardiogram
- Ultrasound head
- \* ROP screening (Retinopathy of prematurity)
- **❖** Any other

#### II. PROCEDURES ASSISTED

- ❖ Advanced neonatal life support
- Lumbar Puncture
- ❖ Arterial Blood Gas
- **❖** ECG Recording
- Umbilical catheterization arterial and venous
- ❖ Arterial B P monitoring
- ❖ Blood transfusion- exchange transfusion full and partial
- ❖ IV cannulation & therapy
- ❖ Arterial catheterization
- Chest tube insertion
- Endotracheal intubation
- Ventilation
- Insertion of long line
- **❖** Assist in surgery

#### III. PROCEDURES PERFORMED:

Airway Management

- Application of Oro Pharyngeal Airway
- Oxygen therapy
- CPAP(Continuous Positive Airway Pressure)
- Care of Tracheostomy
- Endotracheal Intubation
- ❖ Neonatal Resuscitation
- ❖ Monitoring of Neonates clinically & with monitors, CRT(Capillary Refill Time), assessment of jaundice, ECG
- **❖** Gastric Lavage
- Setting of Ventilators
- Phototherapy
- ❖ Assessment of Neonates: Identification & assessment of risk factors, APGAR Score, gestation age, Anthropometric assessment, Weighing the baby, Newborn examination, detection of life threatening congenital abnormalities,
- ❖ Admission & discharge of neonates
- ❖ Feeding management of breast feeding, artificial feeding, expression of breast milk, OG(Orogastric) tube insertion, gavage feeding, TPN, Breast feeding counseling
- ❖ Thermoregulation- Axillary temperature, Kangaroo Mother Care (KMC), Use of Radiant warmer, incubators, management of thermoregulation & control
- ❖ Administration of Drugs: I/M, IV injection, IV Cannulation & fixation infusion pump, Calculation of dosages, Neonatal formulation of drugs, use of tuberculin/ insulin syringes, Monitoring fluid therapy, Blood administration.
- Procedures for prevention of infections: Hand washing, disinfections & sterilization, surveillance, fumigation
- Collection of specimens
- Setting, Use & maintenance of basic equipment: Ventilator, O<sub>2</sub> analyzer, monitoring equipment, Photo therapy unit, Flux meter, Infusion pump, Radiant warmer, incubator, Centrifuge machine, Bilimeter, Refractometer, laminar flow

#### IV. OTHER PROCEDURES:

# CLINICAL SPECIALITY - II PSYCHIATRIC (MENTAL HEALTH) NURSING

#### Placement: II Year Hours of Instruction

Theory 150 hrs Practical 950 hrs Total 1100 Hours

#### **COURSE DESCRIPTION:**

This course is designed to assist students in developing expertise and indepth understanding in the field of Psychiatric Nursing. It will help students to develop advanced skills for nursing intervention in various psychiatric conditions. It will enable the student to function as psychiatric nurse practitioner/specialist. It will further enable the student to function as educator, manager, and researcher in the field of Psychiatric nursing

#### **OBJECTIVES:**

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

- 1. Apply the nursing process in the care of patients with mental disorders in hospital and community
- 2. Demonstrate advanced skills/competence in nursing management of patients with mental disorders
- **3.** Identify and care for special groups like children, adolescents, women, elderly, abused and neglected, people living with HIV/AIDS.
- 4. Identify and manage psychiatric emergencies.
- **5.** Provide nursing care to critically ill patients with mental disorders
- **6.** Utilize the recent technology and various treatment modalities in the management of patients with mental disorders
- 7. Demonstrate skills in carrying out crisis intervention.
- **8.** Appreciate the legal and ethical issues pertaining to psychiatric nursing.
- **9.** Identify areas of research in the field of psychiatric nursing.
- **10.** Prepare a design for layout and describe standards for management of Psychiatric units/emergency units/hospitals
- 11. Teach psychiatric nursing to undergraduate students & in-service nurses.

Units	Hours	Content
I	2	PRINCIPLES AND PRACTICE OF PSYCHIATRIC NURSING:

		Review
II	10	CRISIS INTERVENTION:
		• Crisis, Definition
		<ul> <li>Phases In The Development of A Crisis</li> </ul>
		• Types of Crisis; Dispositional, Anticipated Life Transitions Traumatic
		Stress, Maturational/ Development, Reflecting Psychopathology
		Psychiatric Emergencies and their management
		Grief and grief reaction
		• Crisis Intervention; Phases
		Post traumatic stress disorder (PTSD)
		Role of the Nurse
III	4	ANGER/ AGGRESSION MANAGEMENT:
	•	Anger and Aggression, Types, Predisposing Factors
		Management
		Role of The Nurse
IV	5	THE SUICIDAL CLIENT:
1 4	3	Epidemiological Factors
		• Risk Factors:
		Predisposing Factors: Theories of Suicide-Psychological,
		Sociological ,Biological
		Nursing Management
V	5	DISORDERS OF INFANCY, CHILDHOOD, AND ADOLESCENCE:
V	3	Mentally Challenged
		Autistic Disorders
		Attention-Deficit/Hyperactivity Disorder     Conduct Disorders behavioural disorders
		• Conduct Disorders, behavioural disorders
		Oppositional Defiant Disorder  The Mark Property of the Control of the Contr
		• Tourette's Disorders
		Separation Anxiety Disorder
X 7 X	<b>-</b>	Psychopharmacological Intervention and Nursing Management      Psychopharmacological Intervention Interven
VI	5	DELIRIUM, DEMENTIA, AND AMNESTIC DISORDERS:
		• Delirium
		• Dementia
		• Amnesia
	1.0	Psychopharmacological Intervention and Nursing Management
VII	10	SUBSTANCE-RELATED DISORDERS:
		<ul> <li>Substance-Use Disorders</li> </ul>
		Substance-Induced Disorders
		<ul> <li>Classes Of Psychoactive Substances</li> </ul>
		<ul> <li>Predisposing Factors</li> </ul>
		The Dynamics Of Substance-Related Disorders
		The Impaired Nurse
		Codependency
		• Treatment Modalities For Substance-Related Disorders and Nursing
		Management
VIII	10	SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS (CHECK
		ICD10):
		Nature of the Disorder
		<ul> <li>Predisposing Factors</li> </ul>

		<ul><li>Schizophrenia - Types</li><li>Disorganized Schizophrenia</li></ul>
		•
		Catatonic Schizophrenia
		Paranoid Schizophrenia
		Undifferentiated Schizophrenia
		•Residual Schizophrenia
		• Other Psychotic disorders
		•Schizoaffective Disorder
		Brief Psychotic Disorder
		•Schizophrenicform Disorder
		Psychotic Disorder Due to a General Medical Condition
		•Substance-Induced Psychotic Disorder
T 7 7	0	Treatment and Nursing Management
IX	8	MOOD DISORDERS:
		Historical Perspective
		• Epidemiology
		• The Grief Response
		Maladaptive Responses To Loss     Toward Of Mand Disorders
		Types Of Mood Disorders  Depressive disorders
		Depressive disorders     Dipolar disorders
		<ul><li>Bipolar disorders</li><li>Treatment and Nursing Management</li></ul>
X	8	Treatment and Nursing Management     ANXIETY DISORDERS:
Λ	O	
		*
		•Generalized Anxiety Disorder
		•Phobias
		Obsessive-Compulsive Disorder
		Posttraumatic Stress Disorder
		•Anxiety Disorder Due to a General Medical Condition
		Treatment Modalities
		Psychopharmacology & Nursing Management
XI	5	SOMATOFORM AND SLEEP DISORDERS:
		Somatoform Disorders
		Historical Aspects
		Epidemiological Statistics
		Pain Disorder
		Hypochondriasis
		Conversion Disorder
		Body Dysmorphic Disorder
		•
XII	4	DISSOCIATIVE DISORDERS AND MANAGEMENT:
_		
		•
	1	Application of the Nursing Management
XI	5	<ul> <li>Historical Aspects</li> <li>Epidemiological Statistics</li> <li>How much is too much?</li> <li>Types <ul> <li>Panic Disorder</li> <li>Generalized Anxiety Disorder</li> <li>Phobias</li> <li>Obsessive-Compulsive Disorder</li> <li>Posttraumatic Stress Disorder</li> <li>Anxiety Disorder Due to a General Medical Condition</li> <li>Substance-Induced Anxiety Disorder</li> </ul> </li> <li>Treatment Modalities</li> <li>Psychopharmacology &amp; Nursing Management</li> </ul> <li>SOMATOFORM AND SLEEP DISORDERS: <ul> <li>Somatoform Disorders</li> <li>Historical Aspects</li> <li>Epidemiological Statistics</li> <li>Pain Disorder</li> <li>Hypochondriasis</li> <li>Conversion Disorder</li> <li>Body Dysmorphic Disorder</li> </ul> </li> <li>Sleep Disorder</li> <li>Treatment Modalities and Nursing Management</li> <li>DISSOCIATIVE DISORDERS AND MANAGEMENT: <ul> <li>Historical Aspects</li> <li>Epidemiological Statistics</li> </ul> </li>

		Treatment Modalities and Nursing Management		
XIII	4	SEXUAL AND GENDER IDENTITY DISORDERS:		
		Development Of Human Sexuality		
		Sexual Disorders		
		Variation In Sexual Orientation		
		Nursing Management		
XIV	4	EATING DISORDERS:		
2 <b>11</b> V	-	Epidemiological Factors		
		<ul> <li>Predisposing Factors : Anorexia Nervosa And Bulimia Nervosa</li> </ul>		
		obesity		
		<ul><li>Psychopharmacology</li></ul>		
		Treatment & Nursing Management		
VV	1			
XV	4	ADJUSTMENT AND IMPULSE CONTROL DISORDERS:		
		Historical and Epidemiological Factors		
		Adjustment Disorders		
		<ul> <li>Impulse Control Disorders</li> </ul>		
		Treatment & Nursing Management		
XVI	4	MEDICAL CONDITIONS DUE TO PSYCHOLOGICAL		
		FACTORS:		
		<ul><li>Asthma</li></ul>		
		• Cancer		
		Coronary Heart Disease		
		Peptic Ulcer		
		Essential Hypertension		
		Migraine Headache		
		Rheumatoid Arthritis		
		Ulcerative Colitis		
		Treatment & Nursing Management		
XVII	8	PERSONALITY DISORDERS:		
		Historical perspectives		
		<ul> <li>Types Of Personality Disorders</li> </ul>		
		Paranoid Personality Disorder		
		Schizoid Personality Disorder		
		Antisocial Personality Disorder		
		Borderline Personality Disorder		
		Histrionic Personality Disorder		
		Narcissitic Personality Disorder     Avaidance Personality Disorder		
		Avoidance Personality Disorder		
		Dependent Personality Disorder		
		<ul> <li>Obsessive-Compulsive Personality Disorder</li> </ul>		
		<ul> <li>Passive-Aggressive Personality Disorders</li> </ul>		
		<ul> <li>Identification, diagnostic, symptoms</li> </ul>		
		<ul> <li>Psychopharmacology</li> </ul>		
		Treatment & Nursing Management		
XVIII	8	THE AGING INDIVIDUAL:		
		Epidemiological Statistics		
		Biological Theories		
		Biological Aspects of Aging		

	,	
		<ul> <li>Psychological Aspects of Aging</li> </ul>
		Memory Functioning
		Socio-cultural aspects of aging
		<ul> <li>Sexual aspects of aging</li> </ul>
		<ul> <li>Special Concerns of the Elderly Population</li> </ul>
		<ul> <li>Psychiatric problems among elderly population</li> </ul>
		<ul> <li>Treatment &amp; Nursing Management</li> </ul>
XIX	5	THE PERSON LIVING WITH HIV DISEASE:
		<ul> <li>Psychological problems of individual HIV/AIDS</li> </ul>
		• Counseling
		Treatment & Nursing Management
XX	5	PROBLEMS RELATED TO ABUSE OR NEGLECT:
		• Vulnerable groups, Women, Children, elderly, psychiatric patients,
		under privileged, challenged
		Predisposing Factors
		Treatment & Nursing management- Counseling
XXI	7	COMMUNITY MENTAL HEALTH NURSING:
AAI	'	National Mental Health Program- Community mental health program
		The Changing Focus of care
		The Changing Pocus of care     The Public Health Model
		The Public Fleath Woder      The Role of the Nurse
		• Case Management
		• The community as Client
		Primary Prevention
		Populations at Risk
		Secondary prevention
		Tertiary Prevention
		Community based rehabilitation
XXII	5	ETHICAL AND LEGAL ISSUES IN PSYCHIATRIC/MENTAL
		HEALTH NURSING:
		Ethical Considerations
		Legal Consideration
		Nurse Practice Acts
		• Types of Law
		Classification within Statutory and Common Law
		Legal Issues in Psychiatric/Mental Health Nursing
		Nursing Liability
XXIII	5	PSYCHOSOCIAL REHABILITATION:
2828111		• Principles of rehabilitation
		Disability assessment
		<ul><li>Day care centers</li></ul>
		Half way homes
		<ul> <li>Reintegration into the community</li> <li>Training and support to care givers</li> </ul>
		• • • •
		• Sheltered workshops
*/*/**	-	• Correctional homes
XXIV	5	COUNSELING:
		Liaison psychiatric nursing
		Terminal illnesses-Counseling
		Post partum psychosis-treatment, care and counseling

		Death dying- Counseling	
		• Treatment, care and counseling –	
		Unwed mothers	
		HIV and AIDS	
XXV	5	ADMINISTRATION AND MANAGEMENT OF PSYCHIATRIC	
		UNITS INCLUDING EMERGENCY UNITS:	
		• Design & layout	
		• Staffing,	
		• Equipment, supplies,	
		Norms, policies and protocols	
		Quality assurance	
		Practice standards for psychiatric nursing	
		<ul> <li>Documentation</li> </ul>	
XXVI	5	EDUCATION AND TRAINING IN PSYCHIATRIC CARE:	
		• Staff orientation, training and development,	
		<ul> <li>In-service education program,</li> </ul>	
		Clinical teaching programs.	

## **PRACTICAL:**

S. No.	Department / Unit	No. of Week	Total Hours
1	Acute Psychiatric Ward	4	120 Hours
2	Chronic Psychiatric Ward	4	120 Hours
3	De-addiction Unit 4		120 Hours
4	Psychiatric Emergency Unit	4	120 Hours
5	O.P.D (Neuro and psychiatric) 3		90 Hours
6	Child Psychiatric Unit and child	2	60 Hours
	guidance clinic		
7	Post natal ward	1	30 Hours
8	Family Psychiatric Unit	2	60 Hours
9	Field visits	2	60 Hours
10	Rehabilitation	2	60 Hours
11	Community Mental Health Unit	4	120 Hours
Total		32 Weeks	960 Hours.

# ESSENTIAL PSYCHIATRIC NURSING SKILLS PROCEDURES OBSERVED

- 1. Psychometric tests
- 2. Personality tests
- **3.** Family therapy
- 4. Assisted
- **5.** CT
- **6.** MRI
- 7. Behavioral therapy.

#### PROCEDURES PERFORMED

- 1. Mental status examination
- 2. Participating in various therapies Physical; ECT,
- 3. Administration of Oral, IM, IV psychotropic drugs
- 4. Interviewing skills
- 5. Counseling skills
- **6.** Communication skills
- 7. Psychoeducation
- **8.** Interpersonal relationship skills
- 9. Community Survey for identifying mental health problems
- **10.** Rehabilitation therapy
- 11. Health education and life skills training.
- 12. Supportive psychotherapic skills
- **13.** Group therapy
- **14.** Milieu therapy
- **15.** Social/Recreational therapy.
- **16.** Occupational therapy.

#### **CLINICAL SPECIALITY – II**

#### **COMMUNITY HEALTH NURSING**

#### Placement: II Year Hours of Instruction

Theory 150 hrs Practical 950 hrs Total 1100 Hours

#### **COURSE DESCRIPTION:**

This course is designed to assist students in developing expertise and indepth understanding in the field of community health nursing. It will help students to develop advanced skills for nursing intervention in various aspects of community health care settings. It will enable the student to function as community health Nurse practitioner/specialist. It will further enable the student to function as educator, manager and researcher in the field of community health nursing.

#### **OBJECTIVES:**

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

- Appreciate trends and issues related to community health Nursing reproductive and child health, school health, Occupational health, international health, rehabilitation, geriatric and mental health.
- 2. Apply epidemiological concepts and principles in community health nursing practice
- 3. Perform community health assessment and plan health programmes
- **4.** Describe the various components of Reproductive and child health programme.
- **5.** Demonstrate leadership abilities in organizing community health nursing services by using inter-sectoral approach.
- **6.** Describe the role and responsibilities of community health nurse in various national health and family welfare programmes
- **7.** Participate in the implementation of various national health and family welfare programme
- **8.** Demonstrate competencies in providing family centered nursing care independently
- 9. Participate/Conduct research for new insights and innovative solutions to health problems
- **10.** Teach and supervise nurses and allied health workers.
- **11.** Design a layout of sub center/Primary health center/Community health center and develop standards for community health nursing practice.

Ī	Units	Hours	Content	
Ī	I	40	NATIONAL HEALTH AND FAMILY WELFARE PROGRAMMES:	

	1			
		<ul> <li>Objectives, Organisation/manpower/resources, Activities, Goals, intersectoral approach, implementation, item/purpose, role and responsibilities of community health nurse:         <ul> <li>National Vector Borne Disease Control Programm (NVBDCP)</li> <li>NationalFilaria Control Programme</li> <li>National Leprosy Eradication Programme</li> <li>Revised national TB Control Programme</li> <li>National Programme for Control of Blindness</li> <li>National Iodine Deficiency disorders Control Programme</li> <li>National Mental Health Programme</li> <li>National AIDS Control Programme</li> <li>National Cancer Control Programme</li> <li>RCH I and II</li> <li>Non- communicable disease programmes</li> <li>NRHM</li> </ul> </li> </ul>		
		HEALTH SCHEMES:		
		• ESI		
		• CGHS		
		Health Insurance		
II	15	SCHOOL HEALTH:		
		• Introduction: definition, concepts, objectives,.		
		• Health assessment, Screening, identification, referral and follow up,		
		• Safe environment		
		• Services, programmes and plans- first aid, treatment of minor ailments		
		Inter-sectoral coordination		
		• Adolescent health		
		Disaster, disaster preparedness, and management     Cycleans and accuracing.		
		<ul><li>Guidance and counseling</li><li>School health records - maintenance and its importance</li></ul>		
		<ul> <li>Roles and responsibilities of community health nurse</li> </ul>		
III	15	OCCUPATIONAL HEALTH:		
111	13	<ul> <li>Introduction: Trends, issues, Definition, Aims, Objectives, Workplace</li> </ul>		
		safety		
		<ul> <li>Ergonomics and Ergonomic solutions</li> </ul>		
		Occupational environment- Physical, social, Decision making, Critical		
		thinking		
		Occupational hazards for different categories of people physical,		
		chemical, biological, mechanical, , Accidents,		
		Occupational diseases and disorders		
		Measures for Health promotion of workers; Prevention and control of		
		occupational diseases, disability limitations and rehabilitation		
		Women and occupational health		
		Occupational education and counseling		
		Violence at workplace Child labour		
		Disaster preparedness and management		
		Legal issues: Legislation, Labour unions, ILO and WHO		
		recommendations, Factories act, ESI act		
		Role of Community health nurse, Occupational health team		

IV	15	GERIATRIC:	
•		<ul> <li>Concept, trends, problems and issues</li> </ul>	
		Aging process, and changes	
		• Theories of ageing	
		Health problems and needs	
<ul><li>Psycho-physiological str</li><li>Myths and facts of aging</li></ul>		<ul> <li>Psycho-physiological stressors and disorders</li> </ul>	
		Health assessment	
		Home for aged-various agencies	
		Rehabilitation of elderly	
		• Care of elderly	
		Elderly abuse	
		Training and supervision of care givers	
		Government welfare measures Programmes for elderly- Role of NGOs	
		Roles and responsibilities of Geriatric nurse in the community	
V	15	COMMUNITY MENTAL HEALTH:	
•		Magnitude, trends and issues	
		National Mental Health Program- Community mental health program	
		• The Changing Focus of care	
		The Public Health Model	
		Case Management- Collaborative care	
		• Crisis intervention	
		Welfare agencies	
		Population at Risk	
		The community as Client	
		Primary Prevention	
		Secondary prevention	
		Tertiary Prevention	
		Community based rehabilitation	
		Human rights of mentally ill	
		Substance use	
		<ul> <li>Mentally challenged groups</li> </ul>	
		Role of community health nurse	
VI	25	EDUCATION AND ADMINISTRATION:	
		<ul><li>Quality assurance</li></ul>	
		<ul> <li>Standards, Protocols, Policies, Procedures</li> </ul>	
		<ul> <li>Infection control; Standard safety measures</li> </ul>	
		Nursing audit	
		• Design of Sub-Centre/Primary Health Centre/ Community health	
		center	
		• Staffing; Supervision and monitoring-Performance appraisal	
		Budgeting	
		Material management	
		• Role and responsibilities of different categories of personnel in	
		community health	
		<ul> <li>Referral chain- community outreach services</li> </ul>	
		<ul> <li>Transportation</li> </ul>	
		Public relations	
		Planning in-service educational programme and teaching	
		• Training of various categories of health workers preparation of	

		manuals.	
		<ul> <li>Plan community health programmes.</li> <li>Evaluation of community health programmes.</li> </ul>	
		· · · · · ·	
		Personal management, Recruitment, Selection.  Supervision and Codidana and Institute of the first of the	
		Supervision and Guidance, evaluation of staff, staff welfare and the staff welfare	
		staff development.	
X 7 T T	1.5	Computation of staff requirement at different levels    Different levels	
		INTERNATIONAL HEALTH:	
		• Global burden of disease	
		• Global health rules to halt disease spread	
		• Global health priorities and programes	
		• International quarantine	
		• Health tourism	
		• International cooperation and assistance	
		• International travel and trade	
		Health and food legislation, laws, adulteration of food	
		Disaster management	
		<ul> <li>Migration</li> </ul>	
		• International health agencies -World Health organizations, World	
		health assembly, UNICEF, UNFPA, UNESCO, ILO, CARE, SIDA,	
		US AID, DANIDA, DFID. AusAID etc	
		<ul> <li>International health issues and problems</li> </ul>	
		<ul> <li>International nursing practice standards</li> </ul>	
		<ul> <li>International health vis-a vis national health</li> </ul>	
		International health days and their significance	
VIII 10 REHABILITATION:			
		• Introduction: Concepts, principles, trends, issues,	
		Rehabilitation team	
		<ul><li>Models, Methods</li></ul>	
		<ul> <li>Community based rehabilitation</li> </ul>	
		• Ethical issues	
	Rehabilitation Council of India		
		<ul> <li>Disability and rehabilitation- Use of various prosthetic devices</li> </ul>	
		Psychosocial rehabilitation	
		Rehabilitation of chronic diseases	
		Restorative rehabilitation	
		Vocational rehabilitation	
		Role of voluntary organizations	
		Guidance and counseling	
		Welfare measures	
		<ul> <li>Role and responsibilities of community health nurse</li> </ul>	

## **PRACTICAL:**

S. No.	Department / Unit	No. of Week	Total Hours
1	Urban and Rural community	17	510 Hours
2	School Health	3	90 Hours
3	International health	2	60 Hours
4	Administration(SC/PHC/CHC)	2	60 Hours
5	Occupational health	2	60 Hours
6	Community Mental Health	2	60 Hours
7	Home for aged and Hospice	2	60 Hours
8	Rehabilitation	2	60 Hours
Total		32 Weeks	960 Hours.

#### **CATEGORIZATION OF PRACTICAL ACTIVITIES:**

#### **OBSERVED:**

- **❖** MCH office and DPHNO
- ❖ CHC/ First Referral Unit(FRU)
- Child guidance clinic
- Institute/Unit for mentally challenged
- District TB centre
- ❖ AIDS control society
- Filariasis clinic
- \* RCH clinic
- ❖ STD clinic
- Leprosy clinic
- Community based rehabilitation unit
- Cancer centers
- Palliative care
- ❖ Home of old age
- Mental health units
- De-addication centres
- School health services
- **❖** Industry
- Selected industrial health centers
- **❖** ESI unit
- Municipality/ corporation office

#### **ASSISTED**

- Laparoscopic sterilization
- Vasectomy

- ❖ All clinics related to RCH
- ❖ Monitoring of national health and family welfare programmes

#### **PERFORMED**

- Conduct various clinics
- School health assessment.
- Health survey.
- Health assessment
- Drug administration as per the protocols
- Treatment of minor ailments
- Investigating outbreak of epidemic.
- Screening for leprosy, TB and non-communicable disease
- Presumptive and radical treatment for Malaria.
- Counselling
- \* Report writing
- \* Referrals
- Writing a project proposal
- ❖ Material management- requisition for indent, condemnation, inventory maintenance,
- Training and Supervision of various categories of personnel
- ❖ Liaison with NGO's