



# **Strengthening Pre-Service Education for the Nursing and Midwifery Cadre in India**

## **Operational Guidelines**

**January 2013**

**Maternal Health Division  
Ministry of Health & Family Welfare  
Government of India**





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### PREFACE

Since the launch of NRHM, impressive achievements have started to become visible in terms of strengthening of health systems and health outcomes. The demand for services in public sector has gone up substantially as is evident from surge in OPD & IPD attendance and institutional deliveries including Caesarean Sections. Availability of drugs, diet and assured referral has increased manifold. The contribution made by various initiatives taken up under RCH/NRHM especially JSY and JSSK is enormous.

Despite impressive progress, improving the quality of services remains a key challenge. Shortage of skilled manpower, particularly, doctors and specialists is a major bottleneck. I strongly believe that task shifting is not an option but an imperative and there is major scope for entrusting nurses and midwives a wider range of responsibilities backed by appropriate skill building.

ANMs and GNMs are the pillars of the primary health care and their empowerment and expertise are critical to improving quality of health care. Though in-service training for improving the knowledge and skills of ANMs and GNMs has been a thrust area under RCH, quality of pre-service nursing education has not received due attention. Hence, this initiative in collaboration with the Indian Nursing Council to prepare an exhaustive roadmap for strengthening pre-service nursing education.

It is heartening to note that steps have separately been taken by the Indian Nursing Council to improve the duration and curriculum of ANM / GNM courses, lay emphasis on development of key competencies and introduce reforms with regard to evaluation and competency-based certification.

These operational guidelines developed by Maternal Health Division are a major step forward and are intended to give an unambiguous and clear direction to all stakeholders with regard to the new path being charted out with the aim to equip ANMs and GNMs with right skills. The guidelines are applicable to all States and a beginning has already been made in high focus states.

I sincerely hope that Principal Secretaries and Health Secretaries will personally peruse these guidelines and take pro-active steps to ensure their implementation. I am confident that they will, in addition, take a variety of other innovative measures to empower and encourage Nurses and Midwives who hold the key to improved RMNCH outcomes.

  
( Anuradha Gupta)

New Delhi

Dated:5<sup>th</sup> December, 2012



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## **FOREWORD**

The biggest challenge for the provision of health care services and attaining the MDG is the acute shortage of health personnel and disproportionate skill mix of the existing staff. An analysis of the trends of critical health indicators like infant mortality rate (IMR) & maternal mortality ratio (MMR) and availability of health personnel show a positive correlation where better availability of skilled health personnel also have lower mortality indicators

The State have been recruiting medical officers, ANMs, nurses etc on contractual basis. Compulsory rural posting for multiskilling doctors and allied health professionals has also been attempted by many States for overcoming the problem of availability of health professionals in rural areas. However, adequate knowledge and skills of ANMs and Staff Nurses working in the public sector facilities is one of the major bottlenecks in delivering quality RMNCH services particularly at primary and secondary level health facilities.

The guidelines provide a comprehensive road-map, which will facilitate program managers, state nursing cells, faculty of the mid-wifery institutions and other stakeholders in strengthening the pre-service nursing and midwifery education in the country particularly in the high focus states.

I hope the relevant stakeholders will make use of this guideline in planning for technical strengthening of ANM and GNM training institutions which will help ultimately help in availability of adequate number of competent and confident nurse-mid-wives in the public health institutions all over the country.

  
(Dr. Vishwas Mehta)

New-Delhi  
Dated 4th Dec, 2012



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## FOREWORD

With an increase in institutional delivery at the public health institutions under NRHM, there has been a supply side constraint in terms of shortage of the human resources for delivering quality services.

The capacity of the states to produce sufficient number of competent and confident nurses and ANMs providing quality midwifery services are crucial for the success of the various RMNCH programs being launched and implemented by the Govt. of India. So the role of ANMs and SNs has become a critical determinant for improving services to the vast rural population in the country.

This Operational Guideline prepared by MOHFW, in collaboration with Indian Nursing Council, and with support from various development partners, is a step in the right direction for strengthening the quality of pre-service education at the GNM Schools and ANM training centres in the 10 high focus states of Madhya Pradesh, Jharkhand, Bihar, Rajasthan, Uttar Pradesh, Uttarakhand, Chhattisgarh, Orissa, Assam and Jammu & Kashmir.

The various stakeholders including development partners can make use of this tool for implementing the road- map towards strengthening the pre-service education for nursing and mid-wifery. I am hopeful that the guidelines if implemented in a coordinated manner, will help improving the quality of pre-service nursing and mid-wifery and in turn improve the quality of RMNCH services at public health facilities especially in the rural areas.

(Dr. Rakesh Kumar)

New-Delhi  
Dated 4th Dec, 2012

Healthy Village, Healthy Nation



एड्स - जानकारी ही बचाव है  
Talking about AIDS is taking care of each other



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### ACKNOWLEDGEMENT

Ministry of Health & FW is committed to improve the maternal, neonatal and child health outcomes in line with the Millennium Development Goals (MDGs). This document has been prepared with a view to facilitate the program managers, state nursing cells, faculty of the mid-wifery institutions and other stakeholders in strengthening the pre-service nursing and midwifery education.

The strategic approach adopted for this program includes a combination of top down and bottoms up programmatic activities where in the setting up of national/state nodal centers is initiated at the national or state levels, concurrently, the strengthening of the ANMTCs and GNM Schools is also initiated at the state and district levels, so as to minimize the time lag between the setting up of nodal centers and strengthening of ANM and GNM Schools


I would like to express my sincere gratitude to Ms Anuradha Gupta, AS& MD, NRHM, GOI for steering the process of strengthening the nursing mid-wifery institutions & constantly guiding us in preparing this road-map. I would also like to thank Dr Rakesh Kumar, JS (RCH), MOHFW & Dr. Vishwas Mehta, JS (Nursing), MOHFW for their regular guidance and support in initiating this process.

I would like to acknowledge the contribution of Mr. T. Dileep Kumar, President, INC & Dr Bulbul Sood, Country Director, JHPIEGO for their proactive support in framing these guidelines. The technical support given by Dr. Somesh Kumar & Ms. P. Princy Fernando of JHPIEGO has been vital while the guidelines were being prepared. The support and inputs given by the technical officers of UN and International agencies i.e. UNICEF, UNFPA, USAID, US Department of HHS, WHO, DFID, SIDA & NIPI has been valuable. The positive role & willingness of Dr J.K Das, Director, NIHFV for spearheading the institutional process of strengthening the pre-service midwifery teaching and training is a firm step in institutionalizing this effort. Lastly, I would like to appreciate the effort put forth by Dr Pushkar Kumar, Dr Ravinder Kaur & Dr Rajeev Agarwal, Senior Consultants, MH Division in bringing out this document.

There are many experts and institutions who have contributed and participated in the deliberations even at short notice & without fail, my sincere thanks to all of them for their untiring effort. Once the task is accomplished, this will be an expression of the combined efforts put by one and all.

Finally my earnest request to all State Mission Directors and program officers for taking personal initiative and interest in the implementation of the road- map for strengthening nursing and ANM teaching and training.

I wish success for the programme.

  
(Dr. Himanshu Bhushan)

New-Delhi

Dated 4th Dec, 2012



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## LIST OF ABBREVIATIONS AND ACRONYMS

<b>ANC</b>	Antenatal Care
<b>ANM</b>	Auxiliary Nurse Midwife
<b>ANMTC</b>	Auxiliary Nurse Midwife Training Center
<b>BP/CR</b>	Birth Preparedness and Complications Readiness
<b>CBT</b>	Competency Based Training
<b>CSS</b>	Clinical Skills Standardization
<b>DP</b>	Development Partner
<b>ETS</b>	Effective Teaching Skills
<b>FP</b>	Family Planning
<b>FRU</b>	First Referral Unit
<b>GNM</b>	General Nursing and Midwifery
<b>GoI</b>	Government of India
<b>ICM</b>	International Confederation of Midwives
<b>IEC</b>	Information, Education and Communication
<b>IMNCI</b>	Integrated Management of Neonatal and Childhood Illness
<b>INC</b>	Indian Nursing Council
<b>IP</b>	Infection Prevention
<b>IUCD</b>	Intra Uterine Contraceptive Device
<b>JSY</b>	Janani Suraksha Yojana
<b>LHV</b>	Lady Health Visitor
<b>LRP</b>	Learning Resource Package
<b>MCHIP</b>	Maternal and Child Health Integrated Program
<b>MEC</b>	Medical Eligibility Criteria
<b>MNC</b>	Maternal and Newborn Care
<b>MNCH</b>	Maternal, Newborn and Child health
<b>NIHFW</b>	National Institute of Health and Family Welfare
<b>NNC</b>	National Nodal Center
<b>NRHM</b>	National Rural Health Mission
<b>PHC</b>	Primary Health Center
<b>PNC</b>	Postnatal Care
<b>PSE</b>	Pre service Education
<b>RCH</b>	Reproductive and Child Health
<b>SBA</b>	Skilled Birth Attendant
<b>SBMR</b>	Standards Based Management and Recognition
<b>SHS</b>	State Health Society
<b>SNC</b>	State Nodal Center
<b>ToT</b>	Training of Trainers
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children's Fund
<b>USAID</b>	United States Agency for International Development
<b>WHO</b>	World Health Organization



# Strengthening Pre-Service Education for Nursing and Midwifery Cadre in India

## Operational Guidelines

### Introduction

The National Rural Health Mission (NRHM) of the Government of India (GoI) has brought back the focus on delivery of essential reproductive, maternal, newborn and child health (RMNCH) interventions at the level of Primary Health Centers. The overarching objective of NRHM is to increase the accessibility of these services to the vast rural population of India. The recent policies and programs, focusing on RMNCH, Janani Suraksha Yojana (JSY scheme), Janani Shishu Suraksha Karyakram (JSSK), Integrated Management of Newborn and Childhood Illnesses (IMNCI), Operationalization of 24/7 PHCs and First Referral Units; have put an increased emphasis on the role of the basic health worker, the Auxiliary Nurse Midwife (ANM), and General Nurse Midwife (GNM) in the provision of comprehensive RMNCH services in the country, especially in rural areas.

While the GoI has initiated the above mentioned programs like the JSY and JSSK to increase the access to institutional care for childbirth and other basic RMNCH services, the quality of care at the health facilities is not consistent throughout the country. One of the main contributing factors towards this inconsistent quality of care is the sub-optimal competency of the providers, especially the nurse-midwives, working in the public sector facilities. This problem is further aggravated by the shortage of the human resources, especially the nurse-midwives, at the public sector facilities. Therefore, capacity of the states to produce sufficient number of competent and confident nurse-midwives is crucial for the success of the various RMNCH programs being launched and implemented by the GoI. This is all the more important because the staff nurses and ANMs are the providers of basic health care at the lowest level of the health system and therefore the availability of adequate number of competent nurse-midwives in the country is a critical determinant to accessibility of quality RMNCH services to the vast rural population in the country.

To respond to this need for development of the adequate number of competent and confident basic healthcare service providers who can provide quality RMNCH services at the grassroots level, a comprehensive initiative to strengthen the foundation of pre-service education (PSE) for these nurse-midwives is being undertaken by the Ministry of Health and Family Welfare (MoHFW) in collaboration with the Indian Nursing Council (INC).

### Strategic Approach

The MoHFW, GoI, in collaboration with INC, and with support from various development agencies, has initiated a national program for strengthening the quality of pre-service education at the GNM Schools and ANM training centers in the 10 high focus states of Madhya Pradesh, Jharkhand, Bihar, Rajasthan, Uttar Pradesh, Uttarakhand, Chhattisgarh, Orissa, Assam and Jammu & Kashmir.

However, though only 10 high focus states have been identified for implementation of this program, it is strongly recommended that other states also adopt/adapt this program for strengthening quality of pre-service education for the nursing midwifery cadre in their nursing-midwifery institutions.

The strategic approach for strengthening GNM Schools and ANMTCs include establishment of a number of National/State Nodal Centers (Upgraded Colleges of Nursing) to steer the process. It is envisioned that these Nodal Centers, besides serving as model teaching institutions, would also serve as pedagogic resource centers for strengthening PSE at the GNM Schools and ANM Training Centers

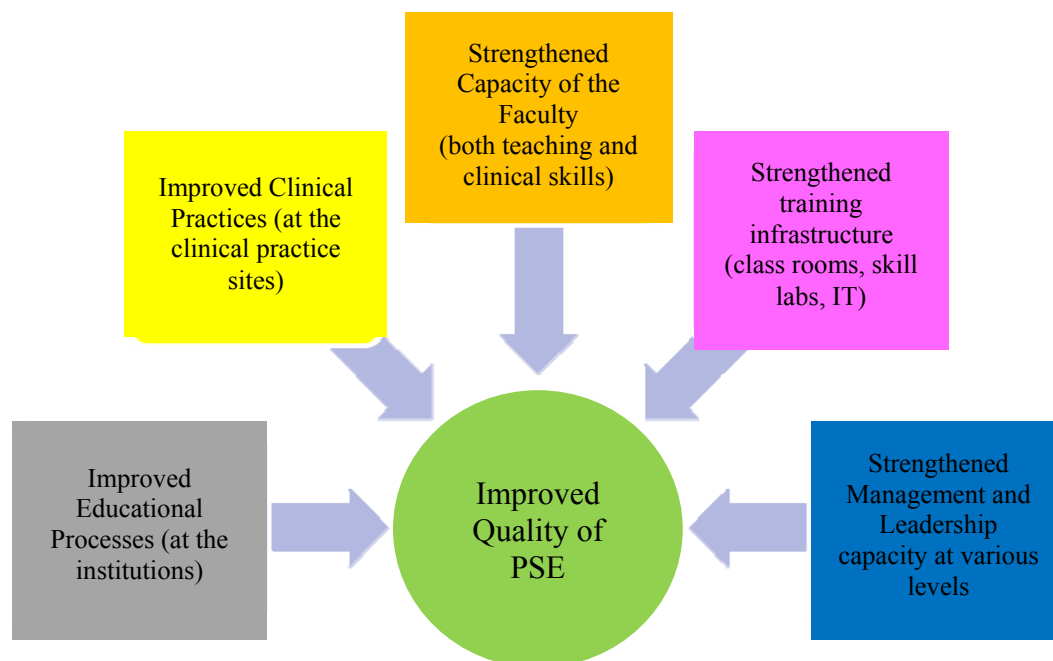
(ANMTCs) in their respective regions and assigned states and also provide support in the concurrent strengthening of these ANMTCs and GNM Schools. It is important to note that the goal of this initiative is to strengthen the quality of education at the ANM and GNM schools with special priority to high focus states of India. The national/state nodal centers are being set up to just act as intermediaries of the Nursing Division of MOHFW and the Indian Nursing Council, for bringing about this improvement in the quality of education at the ANM and GNM schools. Therefore, the setting up of national/state nodal centers should be viewed in the perspective of the strengthening of PSE at the ANM and GNM schools and not as standalone milestones or deliverables.

The approach adopted for this program includes a combination of top down and bottoms up programmatic activities where in the setting up of national/state nodal centers is initiated at the national or state levels, concurrently, the strengthening of the ANMTCs and GNM Schools is also initiated at the state and district levels, so as to minimize the time lag between the setting up of nodal centers and strengthening of ANM and GNM Schools.

Towards this objective, the initiative will work on strengthening of the five of the most critical dimensions of the Pre Service Education (PSE) at all the ANM and GNM schools, which include the following:

- ❖ Educational Processes at the schools
- ❖ Clinical practices at the respective clinical practice sites of the schools
- ❖ Capacity, including the clinical skills and teaching skills, of the faculty
- ❖ Training infrastructure of the schools, including the skill lab, library and the IT labs
- ❖ Management capacity for overall strengthening of the PSE for Nursing & Midwifery

### Components of the initiative for improving quality of nursing-midwifery education



## Programmatic Approach

### Goal:

Strengthen the foundation of nursing and midwifery education in ten high focus states of India, resulting in higher functioning educational institutions and better prepared service providers i.e. ANMs and nurse midwives who are competent, confident and ready to work, especially in rural areas.

### Priority states:

Madhya Pradesh, Jharkhand, Bihar, Rajasthan, Uttar Pradesh, Uttarakhand, Chhattisgarh, Orissa, Assam and Jammu & Kashmir. **However, though only 10 high focus states have been identified for implementation of this program, other states can also adopt/adapt this program for strengthening quality of pre-service education for the nursing midwifery cadre in their nursing-midwifery institutions.**

### Objectives:

- ❖ To strengthen the educational and clinical standards and processes in National Nodal Centers of Pre-service Nursing and Midwifery Education (NME), towards enabling them to assume responsibility for the training and mentoring of master trainers of SNC and faculty of ANM/GNM Schools.
- ❖ To strengthen the educational and clinical standards and processes in State Nodal Centers of Pre-service Nursing and Midwifery Education (NME), towards enabling them to assume responsibility for the training and mentoring faculty of ANM/GNM Schools;
- ❖ To strengthen the quality of Pre-service Nursing and Midwifery Education at the ANM/GNM Schools by improving the MNCH/FP knowledge and clinical skills of ANM/GNM School faculty and implementing the quality improvement process for strengthening educational processes and clinical practices at all ANM/GNM Schools;

The identified NNCs/SNCs will be set up by the implementation of the INC endorsed performance standards for the national/state nodal centers through the quality improvement process and standardization. It is expected that an institution can be recognized as a nodal center once it achieves 70% to 80% of the performance standards which ultimately helps in strengthening of the educational and clinical processes; strengthening of the training infrastructure by establishment of the skills lab, computer lab, library and strengthening of the management, teaching and clinical capacity of the faculty of these institutions.

Concurrently the ANM/GNM schools also will be strengthened through the use of simple, measurable performance standards which serve as a quality improvement guide. These performance standards provide a structure for program support and a criterion-based quality improvement system which will allow the GoI/INC, through its nodal centers (State/National level) for nursing and midwifery education, to provide specific ongoing technical support for strengthening of the quality of education at these institutions.

### Expected Outcomes:

- ❖ National Nodal Centers and State Nodal Centers established at pre-determined colleges of Nursing.
- ❖ Improved quality of pre-service education at the ANM/GNM Schools in the ten states:

- GNM Schools and ANMTCs strengthened in terms of faculty positions, training infrastructure, educational processes, clinical practices and achieving and sustaining at least 70% of the INC approved performance standards.
  - Strengthened capacity of the faculty of the GNM Schools and ANMTCs by focused refresher training in teaching and clinical skills.
- ❖ Strengthened capacity at the national and state levels to better manage the nursing and midwifery education in the country, especially focusing on these ten high focus states.

## Program Implementation Plan

### Setting up of National Technical Advisory Group/Task Force:

MOHFW, GoI, jointly with the INC, will assemble a national technical advisory group/task force for advising and steering this initiative to strengthen the quality of pre-service education for the nursing midwifery cadre in India. This group will include representative/s from MOHFW, GoI, INC, NIHF, representatives of the state governments, representatives of the national and state nodal centers and development Agencies. The role of this group will include the following:

- Meet on a semi-annual basis (more frequently if required) to review the status of implementation of the program,
- Advise the program on the strategic and operational directions for ensuring efficient and effective implementation,
- Advise the program on the broad timelines and its adherence to the implementation,
- Advise the program on new/additional interventions and or modifications in the current interventions, for ensuring effective implementation of the program and

### Setting up of National/State Nodal Centers:

#### Major activities and steps:

- **Identification of National/State Nodal Centers:** Identification of the Colleges of Nursing to be strengthened as National/State Nodal Centers. The criteria for selection of these Colleges of Nursing are as follows:
  - The institution should be a college of nursing, preferably located at a central location in the state.
  - The management of the institution should be willing to accept the additional responsibilities of a nodal center.
  - The institution should have physical space/infrastructure to undertake the responsibilities of the nodal center, like housing the additional nodal center staff, training the faculty of the GNM schools and ANMTCs.
  - The institution should have access to a well functional Department of Obstetrics and gynecology at its own/close by institution with permission to the nurse-midwives to conduct deliveries.
  - The institution should be ready to follow the norms and guidelines of the program



Till now, the following colleges of nursing have been identified by the MOHFW, GoI and the INC, for developing them as national nodal centers:

- College of Nursing, NRS Medical College, Kolkata
  - College of Nursing, CMC Vellore.
  - College of Nursing, CMC Ludhiana
  - College of Nursing, St. Stephen's Hospital, New Delhi
  - Government College of Nursing, Vadodara
  - College of Nursing, Safdarjung Hospital, New Delhi
  - RAK College of Nursing, New Delhi.
- **Identification of state nodal centers:** Every state will have at least one college of nursing identified as state nodal center on the criteria mentioned above. States like Bihar and Uttarakhand have already identified existing colleges of nursing for setting up of state nodal centers.

Other states need to identify the same on priority and send the names of the identified institutes to the MoHFW, GoI, with a copy to NIHFW, INC and supporting partners.

- **Orientation of faculty of nodal centers:** Three day orientation of the identified additional and regular faculty of the college of nursing (Principal, tutors), and the representatives from the clinical practice sites (HOD –OBG, LR in-charge, Nursing Superintendent/Matron) to the educational and clinical standards and its implementation, has to be undertaken at national nodal center. While the first two days of the workshop will be dedicated to the educational standards corresponding to the sections 1 to 4 of performance standards (see the table below), the third day of the workshop is committed to orientation on the clinical standards. The first two days of the orientation will be attended by faculty of the Nodal Centers while the third day of the meeting will also be attended by representatives of the clinical practice sites.

Performance standards for setting up of national /state nodal center (see Annexure 1)		
Sections	Areas	Number of Standards
1.	Class room and practical instruction	15
2.	Clinical instruction and practice	17
3.	School infrastructure and training materials	13
4.	School management	16
5.	Clinical site practices	21
	<b>TOTAL</b>	<b>82</b>

- **Baseline assessment:** Baseline assessment of the college and the clinical site using the educational and clinical standards and preparation of an action plan for addressing the identified gaps, to be done by the faculty of the college oriented at the national nodal center with support from the development partner.
- **Three day on-site training for standardization of clinical practices :** Three day on-site training for standardization of clinical practices at the respective clinical practice sites of the identified national/state nodal centers for updating the clinical skills and knowledge of clinical staff from the OBG and pediatrics department of these sites along with the identified faculty of the nodal center, to facilitate the implementation of the clinical standards at these sites. The first day of the training will focus on orientation to the clinical standards and discussion on the gaps of the clinical practice site as assessed in the baseline assessment. The next two days of the training will be focused on clinical update and standardization of clinical skills and knowledge of the providers of the clinical practice sites and select faculty of the nodal center. The action plan with timelines for

implementation of standards, along with the roles and responsibilities, will also be discussed with the stake holders during this training.

- **Finalization of the action plan:** A two day on site meeting/orientation of the faculty of the college of nursing to orient them on the educational standards, discussion on the baseline assessment findings and finalization of the action plan for strengthening of educational processes at the college of nursing. The action plan with timelines for implementation of standards, along with the roles and responsibilities, will also be discussed during this meeting.
- **Implementation of action plan:** Implementation of the action plan developed as per the gaps identified during baseline assessments of clinical and educational processes, to be done by the faculty of the identified institutions. Periodic internal assessments to be done at an interval of every four weeks so that the standards are achieved at least upto 70% within six to nine months of initiation of the process. .
- **Hiring of Faculty:** Advertise, conduct interview and hire 2-3 additional faculty at the Nodal Centers (TOR in *Annexure 4*). The institution to also identify at least three-four existing faculty who would take up the responsibility for strengthening of the quality of education at these institutions and also conduct trainings for the faculty of ANM and GNM schools once the nodal center is established.
- **Strengthening of training infrastructure:** Strengthen the skills labs, library and IT infrastructure of the college of nursing for enabling it to assume additional responsibilities of the nodal center. The GoI has developed the guidelines for setting up the skill labs for the nodal centers (*Annexure 2: Specifications of mannequins and equipments for skills lab, Annexure 3: List of Skills station, Annexure 5: List of equipment's, Mannequins and charts of skill labs of Nodal Centers*) and these guidelines should be followed for setting up of skill labs for the nodal centers. The list of books for the library and equipments for the IT lab is also annexed for guiding the strengthening of the library and IT lab of the nodal center (*Annexure 6: List of the books for the library at NNC/SNC, Annexure 7: List of the books for the library of ANMTC and Annexure 8: Specifications for the IT Lab of Nodal Centers*) The existing infrastructure of the college of nursing may have to be strengthened for setting up of the skill lab, library and IT lab for enabling the college of nursing to assume the responsibilities of nodal center.
- **Identification of additional faculty:** While the educational and clinical standards are being implemented, identified faculty from the NNC and SNC, including the additionally hired faculty, shall be sent to a functional National Nodal Center for a 10 day training to equip them as master trainers for the conduction of the six-week training for the faculty of the ANM and GNM schools.
- **External assessment:** On conducting the periodic internal assessments based on the performance standards (*Annexure 1: Performance standards of the Nodal Centers and GNM/ANM Schools*) as stated above, if the institution is confident that they have achieved 70-80% of the performance standards, the authorities of these nodal centers will call for external assessment of the educational and clinical standards of the college of nursing by the Indian Nursing Council, with intimation to NIHF and Nursing Division, MoHFW, GoI, for assessing whether the college of nursing has achieved the score for certification by INC as a national nodal center. On conducting internal assessments, if the staff of the college of nursing feels that they have not achieved 70-80% clinical and educational standards, they should again take time bound steps to address the remaining gaps towards achieving these scores.

#### **Expected Outcomes from setting up of national/state nodal centers:**

- Strengthened educational processes and infrastructure in the NNC/SNC
- Strengthened clinical practices in the clinical practice sites of the National Nodal Centres (NNC)/ State Nodal Centres (SNC)

- Improved knowledge & clinical skills of the faculty of the nodal centers for MNCH/FP
- Strengthened teaching and clinical skills of the faculty of the nodal centers.
- Well-functioning College of Nursing identified and strengthened to function as national/state nodal center (SNC).

#### **Roles and responsibilities of the established nodal centers:**

- Support the state nursing cell for developing the roadmap for strengthening pre-service nursing midwifery education and for budgeting the same.
- Advertise, conduct interview and hire a program assistant to coordinate the 6 weeks trainings.
- Conduct 6 weeks trainings for the faculty of the GNM/ANM schools . Trainings to be planned so that not more than 2 faculty from an ANMTC participates in the same batch of training.
- Faculty of the NNC/SNC to conduct mentorship visit to the GNM Schools and ANMTCs, from which the faculty have been trained, to hand hold them in post training transfer of learning and onsite follow up. (Each ANMTC to be visited at least once every 6 months) (*Annexure 9: SOP of the mentoring visit of the faculty of the nodal center*).

### **Strengthening the quality of pre-service Nursing and Midwifery Education at the ANMTCs and GNM Schools:**

#### **Major activities and steps:**

- **Sanctioning of faculty for GNM schools and ANMTCs:** Policy decision and budgeting at the state level to be made to sanction posts at the GNM schools and ANMTCs as per the INC requirements and plans for recruitment for the posts to be made.
- **Hiring of Faculty:** Advertise, conduct interview and recruit faculty for all the GNM Schools and ANMTCs so that the HR shortages can be addressed.
- **Orientation of faculty:** Three day orientation of the identified additional and regular faculty of the ANM/GNM Schools (Principal, tutors), and the representatives from the clinical practice sites (HOD –OBG, LR in-charge, NS) of these schools to the educational and clinical standards and its implementation. While the first two days of the workshop will be dedicated to the educational standards corresponding to the sections 1<sup>st</sup> to 4<sup>th</sup> of section of performance standards, the third day of the workshop is committed to orientation on the clinical standards. The first two days will be attended by faculty of the GNM/ANM Schools while the third day of the meeting will also be attended by representatives of the clinical practice sites.
- Based on the capacity of the state/development partner supporting the state, the state can stagger the strengthening of ANM/GNM Schools and can do it in a phased manner, selecting a select number of ANM/GNM Schools to be strengthened in the first phase and then undertake the strengthening of the rest of the ANM/GNM Schools in the subsequent phase. This planning process will be led by the state nursing cell and supported by state nodal center.
- **Baseline assessment :** Baseline assessments of the GNM and ANM schools and their affiliated clinical sites using the performance standards and preparation of an action plan for addressing the identified gaps to be conducted by the faculty of the ANMTC/ GNM School, supported by the faculty of SNC and respective development partners.
- **Three day on-site training for standardization of clinical practices :** Three day on-site training for standardization of clinical practices at the respective clinical practice sites of the ANM/GNM Schools for updating the clinical skills and knowledge of clinical staff from the OBG and pediatrics department of these sites along with the identified faculty of the ANM/GNM School, to facilitate the implementation of the clinical standards at these sites. The first day of the training will focus on orientation to the clinical standards and discussion on the gaps of the clinical

practice site as assessed in the baseline assessment. The next two days of the training will be focused on clinical update and standardization of clinical skills and knowledge of the providers of the clinical practice sites and select faculty of the ANM/GNM Schools. The action plan with timelines for implementation of standards, along with the roles and responsibilities, will also be discussed with the stake holders during this training.

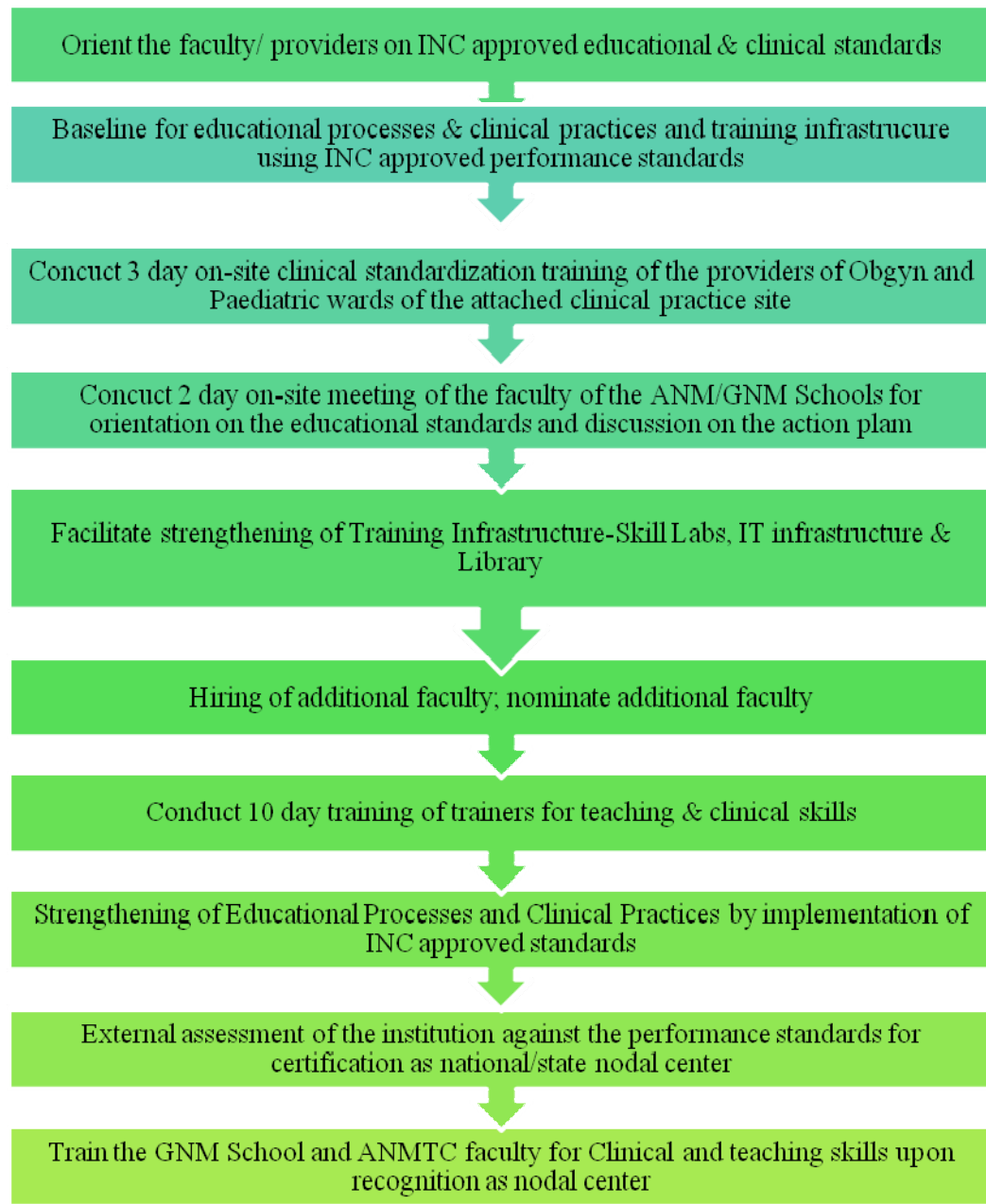
- **Finalization of the action plan:** A two day on site meeting/orientation of the faculty of the ANM/GNM Schools to orient them on the educational standards, discussion on the baseline assessment findings and finalization of the action plan for strengthening of educational processes at the ANM/GNM Schools. The action plan with timelines for implementation of standards, along with the roles and responsibilities, will also be discussed during this meeting.
- **Implementation of action plan:** Implementation of the action plan developed as per the gaps identified during baseline assessments of clinical and educational processes, to be done by the faculty of the ANM/GNM Schools. Periodic internal assessments to be done at an interval of every four weeks so that the standards are achieved at least upto 70% within six to nine months of initiation of the process.
- **Strengthening of training infrastructure:** Strengthen the skills labs, library and IT infrastructure of the ANM/GNM Schools. The existing infrastructure of the ANM/GNM Schools may have to be strengthened for setting up of the skill lab, library and IT labs.
- **Six weeks trainings:** Faculty from the ANMTC/ GNM School to be trained in the 6 weeks trainings at the SNC/NNC.

#### Main components of the 6 weeks curriculum:

- Effective teaching skills
- Skilled birth attendance
- Integrated Management of Neonatal and Childhood illness
- Prevention of Reproductive tract infections including prevention of Parent to Child Transmission of HIV
- Family Planning
- Quality improvement in nursing education (SBMR)

- **Implementation of action plan (contd.):** Implementation of the performance standards to strengthen the educational and clinical practices at these institutions to continue as per the action plans developed during baseline and subsequent internal assessments.
- Faculty at the ANMTCs/GNM Schools will start implementing competency based trainings at their ANMTC/ GNM School while teaching their students. The strengthened skills lab, library and computer labs should be fully utilized during the trainings.
- **Mentorship visits:** Faculty of the NNC/SNC to conduct mentorship visit to the GNM Schools and ANMTCs from which the faculty have been trained to hand hold them in post training transfer of learning and support the above mentioned steps for strengthening of GNM/ANM Schools. (Each GNM School/ANMTC to be visited at least once every 6 months) (*Annexure 9*: Standard Operating Procedure (SOP) of the mentoring visit of the faculty of the nodal center).

## Critical steps for setting up of National/State Nodal Centers and strengthening of GNM schools and ANMTCs



# ANNEXURE 1: PERFORMANCE STANDARDS OF THE NODAL CENTERS, ANM AND GNM SCHOOLS

## INTRODUCTION

This document describes the performance and quality improvement standards for the provision of Pre service nursing and midwifery education in India. This initiative of the GoI aims at contributing to the Millennium Development Goals 4 and 5 by achieving the planned targets of reducing the maternal mortality ratio as well as the infant mortality rates in the country.

## WHAT ARE THESE STANDARDS

As a step towards addressing the quality pre service nursing and midwifery education, Indian Nursing Council with technical assistance from Jhpiego through the USAID supported MCHIP project have developed these 'Performance Standards for Nodal centers and ANM/GNM Schools for strengthening the pre-service Nursing and Midwifery education'. These standards are a performance improvement tool intended for periodic use by the service providers, supervisors and managers to monitor and improve the quality of pre service education at the Nodal centers and ANM/GNM Schools.

## WHO CAN USE THESE STANDARDS

All sections of the Performance Standards are relevant for all the tutors at the Nodal center .ANM/GNM School. Through these standards tutors can identify whether their method of teaching and demonstrating is according to standards and they also will be able to correct the practices with the help of the standards. They also need to ensure that all equipment and supplies required for the services are available and functional in their demonstration rooms. They need to look at these sections of the standards tool and self-assess their performance and also use the tool as a checklist to ensure all the tasks are being accomplished. They need to know that they will be responsible for the results of the assessment of these standards conducted by their supervisors from time to time at least once a quarter to assess quality of pre service education at their nodal center and GNM/ANM School. The nursing and non-nursing supervisors and managers of the training centre, district, region or state can use the same tool to assess the quality of pre service education at the training centres periodically. As the same tool will be used by all for the services, there is a high degree of objectivity of the assessment.

## HOW TO RECORD FINDINGS

There are four columns to record the assessment findings with date. This will allow periodic assessment on the same tool to identify the progress over time, discuss observations with the concerned team and assess the reasons of the standards and criteria not being met to help resolve them for future improvement. During the assessment the assessor needs to write 'Y' for 'YES' if the task is accomplished as per standards, 'N' for tasks 'NOT DONE' or 'NOT DONE AS PER STANDARDS' and 'NA' if the task is 'NOT APPLICABLE' for the situation being observed. A standard will be considered achieved **only if all** the criteria of it are accomplished ('Y' and 'NA'). The 'NA' in a standard will be considered with 'Yes' and as achieved. If there is any specific qualitative finding for any criteria, the assessor may mention it in the column of comments with date in brackets.

## SCORING

At the end of each section there is a table with the total number of standards for that section. There is space to record the number of standards observed and the number of standards met for that section with date of observation. List the standards accordingly in this table. Each achieved standard with all criteria 'Yes' and 'NA' scores one point and if the criteria is not achieved (N) then the score will be zero. Write the sum of the points achieved for the section in row three at the appropriate place.

At the end of the tool is a summary sheet of scores. Note the total number of standards observed and total standards met in rows 2 and 3 respectively of column 2. Mark the score % by calculating the total number of standards met divided by total number of standards observed multiplied by 100. Eg. If the total standards observed are 50 and the total standards met are 30, then the Score % will be =  $30/50 \times 100 = 60\%$ . Note this score in column number 3 adjacent to the total number of standards met.

The purpose of this tool is not to find fault with the subordinate staff or service providers by the managers/supervisors right from the ANM training centre to the state level, but is to work as a team with different roles to accomplish the achievement of the standards of quality pre service education to the students.

The service delivery guidelines of the Ministry of Health and Family Welfare, Maternal health and Family Planning Division, Government of India, INC curriculum for ANM pre service education have been referred to develop these guidelines. We hope that the service providers, the supervisors and managers of the facilities find these standards useful in their performance for improving quality of pre service nursing and midwifery education for nodal centers and ANM/GNM Schools in India.



# Performance Standards for National/ State Nodal Centers for Nursing and Midwifery Education in India

## Section 1

# Classroom and Practical Instruction

March 2010



## Performance Standards for National/State Nodal Centers Classroom and Practical Instruction

School (name and place): \_\_\_\_\_ Supervisor/Assessor: \_\_\_\_\_ Date: \_\_\_\_\_

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS	
		Date:	Date:	Date:	Date:		
1. Nursing faculty has the required qualifications.	Verify through review of administrative records if:						
	<ul style="list-style-type: none"> <li>▪ There is evidence that the Nodal center Principal has M.Sc. degree (with 10 years' experience, at five years in teaching)</li> </ul>						
	<ul style="list-style-type: none"> <li>▪ All nursing faculty have evidence of M.Sc. Nursing with two years' experience, at least two nursing faculty have MCH/OB/Community/Pediatrics experience</li> </ul>						
	<ul style="list-style-type: none"> <li>▪ Evidence exists of a total of two years of clinical practice experience within the past five years for each faculty member or 20% of time is spent in practice</li> </ul>						
	<ul style="list-style-type: none"> <li>▪ If nursing faculty is newly graduated, they must work a minimum of 20% in clinical area</li> </ul>						
	<ul style="list-style-type: none"> <li>▪ Nursing faculty members who teach OBS/GYNE have received at least one</li> </ul>						
	<ul style="list-style-type: none"> <li>▪ MCH/FP/Newborn related knowledge update in the past two years</li> </ul>						
2. Nursing faculty come to class prepared.	Verify through direct observation or interview and teaching plans and materials review if the classroom Nursing faculty:						
	<ul style="list-style-type: none"> <li>▪ Developed and distributed a course syllabus, including course calendar</li> </ul>						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>▪ Has developed a lesson plan to guide teaching, including learning objectives</li> <li>▪ Has prepared, or uses visual aids during the class</li> </ul>					
3. Nursing faculty is teaching according to the curriculum and related learning resource materials.	During classroom instruction, observe whether the Nursing faculty:					
	<ul style="list-style-type: none"> <li>▪ Specifies which unit is being taught</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Refers to the correct reference books</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Uses the learning resource materials for that unit</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Review academic calendar or course syllabus or schedule and compare to curriculum to determine consistency</li> </ul>					
4. The nursing faculty uses effective session introduction and summary skills.	Observe the nursing faculty during the session to verify that he/she:					
	<ul style="list-style-type: none"> <li>▪ Introduces session using an engaging technique</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ States objectives as a part of introduction</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Presents effective summary: <ul style="list-style-type: none"> <li>— Draws the main points of presentation</li> <li>— Links to next topic</li> </ul> </li> </ul>					
5. The nursing faculty uses effective facilitation skills.	Observe the nursing faculty during the session to verify that he/she:					
	<ul style="list-style-type: none"> <li>▪ Uses student's names often</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>Uses notes or a teaching plan</li> </ul>					
	<ul style="list-style-type: none"> <li>Maintains eye contact with the students</li> </ul>					
	<ul style="list-style-type: none"> <li>Projects their voice so that all students can hear</li> </ul>					
	<ul style="list-style-type: none"> <li>Maintains energy</li> </ul>					
	<ul style="list-style-type: none"> <li>Uses audiovisuals effectively</li> </ul>					
	<ul style="list-style-type: none"> <li>Provides opportunities for application or practice of presentation content</li> </ul>					
6. The nursing faculty uses effective questioning skills	Observe the nursing faculty during the session to verify that he/she:					
	<ul style="list-style-type: none"> <li>Asks questions of the entire group</li> </ul>					
	<ul style="list-style-type: none"> <li>Targets question to individuals</li> </ul>					
	<ul style="list-style-type: none"> <li>Asks questions at a variety of levels (recall, application, analysis)</li> </ul>					
	<ul style="list-style-type: none"> <li>Responds to students questions</li> </ul>					
7. Nursing faculty plan and administer knowledge assessments properly. <sup>1</sup>	Review school records to verify if:					
	<ul style="list-style-type: none"> <li>Summative knowledge assessments were administered per INC norms</li> </ul>					
	<ul style="list-style-type: none"> <li>Formative knowledge assessments are administered at least mid and end term</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>Students are informed at least 1 week in advance of assessment</li> </ul>					
	Review an MCH/FP/Newborn related exam to verify if:					
	<ul style="list-style-type: none"> <li>Questions related to learning objectives in modules were covered</li> </ul>					
	<ul style="list-style-type: none"> <li>Question bank exists as a Nursing faculty resource</li> </ul>					
	Verify through discussion or interview with at least two Nursing faculty, if:					
	<ul style="list-style-type: none"> <li>Knowledge assessments are reviewed periodically to determine reliability, fairness, validity and adherence to the course objectives.</li> </ul>					
	<ul style="list-style-type: none"> <li>Student papers were graded/scored consistently (e.g., using answer key)</li> </ul>					
8. Knowledge assessment is a valid measurement tool	Verify by reviewing written examination papers of two courses:					
	<ul style="list-style-type: none"> <li>Whether the cover page of test paper contains all of the following (general instruction, number and type of questions, number of pages and time allotted)</li> </ul>					
	<ul style="list-style-type: none"> <li>Whether the instructions for each section of questions is clear</li> </ul>					
	<ul style="list-style-type: none"> <li>Whether the value or points for each question are stated</li> </ul>					
	<ul style="list-style-type: none"> <li>Questions assess at a variety of levels (not only recall, also application, analysis)</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>▪ Whether the papers include at least two of the following types of questions: <i>(tick each type of question that is used and fill in, if not, use n/a)</i></li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Multiple choice questions</li> </ul>					
	<ul style="list-style-type: none"> <li>— Have an easy to understand stem</li> </ul>					
	<ul style="list-style-type: none"> <li>— Distractors are realistic</li> </ul>					
	<ul style="list-style-type: none"> <li>— Use the negative construction not at all or rarely (&lt;10 % of the questions)</li> </ul>					
	<ul style="list-style-type: none"> <li>— Number of choices never exceeds five</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Short answer questions</li> </ul>					
	<ul style="list-style-type: none"> <li>— Are clear and easy to understand</li> </ul>					
	<ul style="list-style-type: none"> <li>— Have adequate spaces for the student to enter answers</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Matching questions</li> </ul>					
	<ul style="list-style-type: none"> <li>— Focus on one theme</li> </ul>					
	<ul style="list-style-type: none"> <li>— Basis for matching is indicated</li> </ul>					
	<ul style="list-style-type: none"> <li>— Not less than five and not more than 15 questions</li> </ul>					
	<ul style="list-style-type: none"> <li>— Listed on one page</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>▪ True false questions</li> </ul>					
	<ul style="list-style-type: none"> <li>— Language clear, concise and understandable</li> </ul>					
	<ul style="list-style-type: none"> <li>— Avoid words and expressions that frequently identify statements as true or false</li> </ul>					
	<ul style="list-style-type: none"> <li>— Equivalent number of true and false statements</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Essays questions</li> </ul>					
	<ul style="list-style-type: none"> <li>— Have objective scoring criteria</li> </ul>					
	<ul style="list-style-type: none"> <li>— Are not overly broad, and focus the student on a specific area</li> </ul>					
9. Nursing faculty use a standard answer key for grading knowledge assessments	Verify by reviewing the answer key for last year's examination of two courses that:					
	<ul style="list-style-type: none"> <li>▪ Answer key does not contain entire question ( or is coded), in order to try to maintain the integrity of the question</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ System for linking answer key to test paper is clear</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Different question types have correct answers noted</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Multiple choice questions have a single correct answer noted</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Short answer questions have a clear answer or answers noted</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>Correct matching sequence of matching questions is noted</li> <li>Elements of correct answer for essay questions is noted</li> </ul>					
10. Knowledge assessments reflect course content and priorities	Review course objectives and written examinations of two maternal, reproductive health or newborn related courses:					
	<ul style="list-style-type: none"> <li>Ensure that priority cognitive course objectives related to maternal and newborn and reproductive health competencies are assessed in exams</li> </ul>					
11. Results of knowledge assessments and exams are recorded and reported properly.	Verify through records and other documents review and by interviewing the classroom Nursing faculty, if:					
	<ul style="list-style-type: none"> <li>Exams are structured so that they can be scored blindly (without seeing the student's name)</li> </ul>					
	<ul style="list-style-type: none"> <li>Assessment results are accurately recorded</li> </ul>					
	<ul style="list-style-type: none"> <li>Opportunities are offered for students to discuss the examination and scores with the Nursing faculty and view their graded papers under supervision</li> </ul>					
12. Nursing faculty use the skills learning lab effectively for demonstrating clinical skills.	Verify through observation or by interviewing the nursing faculty that:					
	Direct observation: Observe whether Nursing faculty introduce new skills by:					
	<ul style="list-style-type: none"> <li>Ensuring that all students have the necessary learning materials (e.g., supplies, models, checklists, etc.)</li> </ul>					
	<ul style="list-style-type: none"> <li>Describing the skill and why the skill is important</li> </ul>					
	<ul style="list-style-type: none"> <li>Describing steps involved in the skill, using the relevant checklist</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>▪ Demonstrating the skill as follows:               <ul style="list-style-type: none"> <li>— Simulates clinical setting as much as possible</li> <li>— Proceeds in a step-by-step manner</li> <li>— Demonstrates skill accurately</li> <li>— Demonstrates skill from beginning to end, without skipping steps</li> <li>— Uses all the necessary supplies and equipment</li> <li>— Demonstrates so that all students can see</li> <li>— Ensures that each student follows using a checklist</li> <li>— Summarizes and allows students to ask questions</li> </ul> </li> <li>Or Interview: Ask the Nursing faculty to explain to you step-by-step how s/he introduces new skills to the students using the learning lab:               <ul style="list-style-type: none"> <li>▪ Ensures that all students follow using a checklist</li> <li>▪ Describes the skill and why the skill is important</li> <li>▪ Describes the steps involved in the skill, using the relevant learning guide</li> <li>▪ Demonstrates so that all students can see</li> </ul> </li> </ul>					



PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>Simulates clinical setting as much as possible</li> </ul>					
	<ul style="list-style-type: none"> <li>Proceeds in a step-by-step manner</li> </ul>					
	<ul style="list-style-type: none"> <li>Demonstrates skill accurately</li> </ul>					
	<ul style="list-style-type: none"> <li>Demonstrates skill from beginning to end, without skipping steps</li> </ul>					
	<ul style="list-style-type: none"> <li>Summarizes and allows students to ask questions</li> </ul>					
13. Nursing faculty use the skills learning lab effectively for student practice of clinical skills.	Verify through observation or by interviewing nursing faculty:					
	Direct observation: Observe whether nursing faculty uses learning lab to foster practical learning by:					
	<ul style="list-style-type: none"> <li>Allowing students to practice the skill in small groups, taking turns with various roles (practicing, observing, giving feedback, simulating role of patient)</li> </ul>					
	<ul style="list-style-type: none"> <li>Ensuring that there are no more than six students per model</li> </ul>					
	<ul style="list-style-type: none"> <li>Observing students practicing and providing feedback in a positive and constructive manner</li> </ul>					
	<ul style="list-style-type: none"> <li>Questioning students to check their knowledge and clinical decision-making skills</li> </ul>					
	<ul style="list-style-type: none"> <li>Summarizing the session</li> </ul>					
	Or Interview: Ask the nursing faculty to explain to you how s/he uses the learning lab to foster practical learning:					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>Allowing students to practice the skill in small groups, taking turns with various roles (practicing, observing, giving feedback, simulating role of patient)</li> </ul>					
	<ul style="list-style-type: none"> <li>Ensuring that there are no more than six students per model</li> </ul>					
	<ul style="list-style-type: none"> <li>Observing students practicing and providing feedback in a positive and constructive manner</li> </ul>					
	<ul style="list-style-type: none"> <li>Questioning students to check their knowledge and clinical decision-making</li> </ul>					
	<ul style="list-style-type: none"> <li>Summarizing the session</li> </ul>					
14. Nursing faculty use the skills learning lab effectively for assessing student achievement of clinical skill competence.	Verify through observation or by interviewing nursing faculty:					
	Direct observation: Observe whether the nursing faculty uses the learning lab to assess the achievement of clinical competence in desired skills in the following manner:					
	<ul style="list-style-type: none"> <li>Ensuring students are aware that they will be assessed for specific skill competence using the skills checklist</li> </ul>					
	<ul style="list-style-type: none"> <li>Ensuring that each student has a copy of the skills checklist</li> </ul>					
	<ul style="list-style-type: none"> <li>Preparing assessment station with all necessary supplies and equipment</li> </ul>					
	<ul style="list-style-type: none"> <li>Conducting assessments in an objective and impartial manner</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>Providing feedback at the conclusion of the assessment session, but not during the assessment</li> </ul>					
	<ul style="list-style-type: none"> <li>Recording results of the assessment session in the student's logbook</li> </ul>					
	<ul style="list-style-type: none"> <li>Recording results of the assessment session in the student's performance file</li> </ul>					
	<ul style="list-style-type: none"> <li>Providing opportunity for re-assessment if the student does not achieve competence during the session</li> </ul>					
	Or Interview: Ask the Nursing faculty to explain to you how s/he assesses the achievement of clinical competence in the desired skill:					
	<ul style="list-style-type: none"> <li>Ensuring students are aware that they will be assessed for specific skill competence using the skills checklist</li> </ul>					
	<ul style="list-style-type: none"> <li>Ensuring that each student has a copy of the skills checklist</li> </ul>					
	<ul style="list-style-type: none"> <li>Preparing assessment station with all necessary supplies and equipment</li> </ul>					
	<ul style="list-style-type: none"> <li>Conducting assessments in an objective and impartial manner</li> </ul>					
	<ul style="list-style-type: none"> <li>Providing feedback at the conclusion of the assessment session, but not during the assessment</li> </ul>					
	<ul style="list-style-type: none"> <li>Recording results of the assessment session in the student's logbook</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>Recording results of the assessment session in the student's performance file</li> </ul>					
	<ul style="list-style-type: none"> <li>Providing opportunity for re-assessment if the student does not achieve competence during the session</li> </ul>					
15. Teaching is routinely monitored for effectiveness at least two times per year	Through interviews with nursing faculty, students and by review of administrative records, verify that teaching is monitored for effectiveness:					
	There is an evaluation of nursing faculty performance on:					
	— Teaching skills					
	— Interpersonal and communication skills					
	— Review recorded on file					
	There are evaluations by students in following areas: (Note: these evaluations are not connected with faculty <i>promotion</i> )					
	— Relevance of teaching to course objectives					
	— Effectiveness of instruction					
	— Relevance of knowledge and skill assessments to course objectives on file					
	There is a review of students performance in:					
	— Knowledge					
	— Clinical assessments					

<b>TOTAL STANDARDS:</b>	<b>15</b>
TOTAL STANDARDS OBSERVED:	
TOTAL STANDARDS ACHIEVED:	
PERCENT ACHIEVEMENT (STANDARDS ACHIEVED / STANDARDS OBSERVED)	

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<sup>1</sup> Summative assessments are counted toward the final grade. Formative assessments do not count toward final grade (quiz, skill practice, case questions, etc.). Reliability—measuring achievement the same regardless of who the examiner is or which midwifery campus administers the assessment. Fairness—assessing teaching and learning that is happening with appropriate tools and in an unbiased manner (proper translation, no trick questions, graded blindly). Validity—measuring what you think you are measuring. Test questions should match the learning objectives.



# Performance Standards for National/State Nodal Centers for Nursing and Midwifery Education

## Section 2

# Clinical Instruction and Practice

March 2010

# Performance Standards for Auxiliary Nurse Midwife Education

## Clinical Instruction and Practice

School (name and place): \_\_\_\_\_ Supervisor/Assessor: \_\_\_\_\_ Date: \_\_\_\_\_

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
ENVIRONMENT						
1. The number of clinical practice sites meets requirements of the curriculum	Determine by interviewing nursing faculty and visiting clinical practice sites whether:					
	<ul style="list-style-type: none"> <li>▪ The number of sites is sufficient so that no more than six students are practicing in a particular service delivery area during one shift</li> </ul>					
2. The variety of clinical sites meets the requirements of the curriculum	Determine by interviewing school administrator and nursing faculty/tutors and reviewing administrative records whether:					
	<ul style="list-style-type: none"> <li>▪ Clinical practice sites are available for:               <ul style="list-style-type: none"> <li>— Antenatal care</li> <li>— Labor/assessment of patients presenting with signs of labor</li> <li>— Delivery and the management of delivery complications</li> <li>— Newborn care and management of newborn problems</li> <li>— Postpartum care</li> <li>— Management of obstetric emergencies</li> <li>— Family planning</li> <li>— General gynecologic care</li> </ul> </li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
3. The infrastructure of	<ul style="list-style-type: none"> <li>▪ Clinical practice sites represent the variety of types of facilities where graduates can be expected to work including:</li> </ul>					
	Determine by interviewing school administrator and nursing faculty/tutors and reviewing administrative records whether:					
	<ul style="list-style-type: none"> <li>▪ Clinical practice sites are available for:</li> </ul>					
	— Antenatal care					
	— Labor/assessment of patients presenting with signs of labor					
	— Delivery and the management of delivery complications					
	— Newborn care and management of newborn problems					
	— Postpartum care					
	— Management of obstetric emergencies					
	— Family planning					
	— General gynecologic care					
	Clinical practice sites represent the variety of types of facilities where graduates can be expected to work including:					
	— A hospital or First Referral Unit (FRU)					
	— 24/7 Primary Health Center or CHC					
— Sub-center or MCH clinics						
3. The infrastructure of	Observe in the clinical practice site whether the place:					



PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS	
		Date:	Date:	Date:	Date:		
the clinical practice area is conducive to clinical practice	<ul style="list-style-type: none"> <li>Has sufficient space in each clinical area to accommodate four to six students working alongside staff</li> </ul>						
	<ul style="list-style-type: none"> <li>Has space where preceptors and students can meet to review objectives and discuss practice</li> </ul>						
4. Clinical volume and practice provides students with sufficient practice to meet clinical objectives	Determine by reviewing statistical records whether there is sufficient clinical volume:						
	<ul style="list-style-type: none"> <li>Total volume is at least 20 “competent” deliveries per student</li> </ul>						
	<ul style="list-style-type: none"> <li>30 antepartum examinations provided</li> </ul>						
	<ul style="list-style-type: none"> <li>20 postpartum care of woman and newborn</li> </ul>						
	<ul style="list-style-type: none"> <li>Five vaginal obstetric examinations</li> </ul>						
	<ul style="list-style-type: none"> <li>Five IUD insertions</li> </ul>						
	<ul style="list-style-type: none"> <li>Five neonatal resuscitations</li> </ul>						
	<ul style="list-style-type: none"> <li>Five indicated episiotomy and repairs</li> </ul>						
5. The school has an agreement with the clinical practice sites that allows students’ learning.	Verify with the school administrator if:						
	<ul style="list-style-type: none"> <li>There is a Memorandum of Understanding or permission letter between the school and the local health authorities (specific title) that states that each clinical practice site has a policy that allows students to directly participate in supervised clinical care of patients</li> </ul>						
	There is an agreement with each of the following types of facilities:						
	<ul style="list-style-type: none"> <li>District Hospital</li> </ul>						
	<ul style="list-style-type: none"> <li>First Referral Unit/Community Health Center</li> </ul>						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>— Primary Health Care Center</li> <li>— Sub centre</li> </ul>					
6. The clinical practice sites are prepared for student teaching	Verify by interviewing clinical practice site coordinator/ supervisor and reviewing records whether:					
	<ul style="list-style-type: none"> <li>▪ Clinical practice facilities have been assessed prior to student placement</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Principal or faculty and hospital personnel meet regularly to discuss issues related to clinical practice of students</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ The clinical staff are aware of the learning objectives for clinical practice blocks</li> </ul>					
7. Clinical rotation plans have been developed to distribute students across clinical practice areas evenly	Verify with clinical preceptors if:					
	<ul style="list-style-type: none"> <li>▪ CRP for each class of students exists and has been shared with all the clinical practice sites</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Clinical rotation plan (CRP) ensures that groups of students (e.g., from different classes) are not assigned to same unit at the same time</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ CRP identifies nursing faculty responsible for each block of time a student group is in a unit</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ CRP is organized so that students complete a study block covering relevant theory content before practicing in the clinic</li> </ul>					
8. Transportation to and from clinical practice sites is assured	Verify with the school administration, students and nursing faculty whether:					
	<ul style="list-style-type: none"> <li>▪ Transportation has been arranged</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>Transportation ensures students arrive on time</li> <li>Nursing faculty accompany students to clinical practice</li> </ul>					
9. Students are provided meals while on duty in clinical practice facilities	<p>Verify with students and nursing faculty:</p> <ul style="list-style-type: none"> <li>If students are at a site for more than five hours, nutritious meals are provided. (Responsibility for providing meals negotiated between the midwifery program and the clinical site)</li> </ul>					
10. Nursing faculty/tutors have the necessary teaching materials to effectively guide students in clinical practice	<p>Verify with the nursing faculty/tutors if:</p> <ul style="list-style-type: none"> <li>There is a set of learning resource/teaching materials (learning guides/checklists, job aids, etc.) at the clinical site</li> <li>There are learning objectives for skills practice and they are provided to the students at the beginning of the course</li> </ul>					
<b>CLINICAL PRACTICE</b>						
11. Students are prepared for clinical practice prior to their departure for clinical practice site	<p>Verify with the school administration and by document review and interviews if:</p> <ul style="list-style-type: none"> <li>A nursing faculty meets with students prior to their departure for clinical practice sites</li> <li>Students are oriented to the use of a personal clinical experience log book</li> </ul>					
12. Students are prepared for clinical practice upon their arrival at clinical	<p>Verify with at least two students and nursing faculty if:</p> <p>Students are oriented to each site on arrival including:</p> <ul style="list-style-type: none"> <li>Introduced to staff on unit during their rotation</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
practice site	<ul style="list-style-type: none"> <li>An orientation to the facility including the general lay out of the departments, the pharmacy, laboratory, and out-patient department</li> </ul>					
	<ul style="list-style-type: none"> <li>Students receive explanations of admission and discharge procedures</li> </ul>					
	<ul style="list-style-type: none"> <li>Students receive orientation to medication administration record</li> </ul>					
	<ul style="list-style-type: none"> <li>Students are oriented to patient emergency procedures and equipment</li> </ul>					
	<ul style="list-style-type: none"> <li>Students are oriented to safety and security</li> </ul>					
13. Students and clinical instructor/ tutor use appropriate learning and assessment tools	Observe in the clinical practice site if:					
	<ul style="list-style-type: none"> <li>Students at the clinical practice sites have their personal learning resources (job aids, checklists, etc.)</li> </ul>					
	<ul style="list-style-type: none"> <li>Nursing faculty are recording observations, comments, and achievement of competence in the students' clinical assessment tools</li> </ul>					
	<ul style="list-style-type: none"> <li>Nursing faculty and students are using the clinical experience logbooks for recording the attainment of skills</li> </ul>					
14. Nursing faculty provide guidance for clinical practice sessions	Observe whether the nursing faculty:					
	<ul style="list-style-type: none"> <li>Clarify progress on objectives and identify remaining learning needs</li> </ul>					
	<ul style="list-style-type: none"> <li>Describe the tasks to be performed by students</li> </ul>					
	<ul style="list-style-type: none"> <li>Demonstrate skills on actual patients whenever possible, or use simulation if necessary</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
15. Nursing faculty monitors student performance and give feedback	Observe whether the nursing faculty					
	<ul style="list-style-type: none"> <li>▪ Protect patients' rights by: <ul style="list-style-type: none"> <li>— Informing the patient of the role of students and nursing faculty</li> <li>— Obtaining the patient's permission before students observe, assist with, or perform any procedures</li> <li>— Respecting the right to bodily privacy whenever a patient is undergoing a physical exam or procedure</li> </ul> </li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Supervise students as they work and do not leave students unsupervised for skills or activities that carry risk of patient harm</li> </ul>					
	Provide feedback to students by:					
	<ul style="list-style-type: none"> <li>▪ Providing praise and positive reinforcement during and/or after practice</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Correcting student errors while maintaining student self-esteem</li> </ul>					
16. Nursing faculty meet with students at the end of a clinical practice session	Observe whether nursing faculty:					
	<ul style="list-style-type: none"> <li>▪ Review learning progress</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Discuss cases seen that day, particularly those that were interesting, unusual, or difficult</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Provide opportunities for students to ask questions</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>Ask students to discuss their cases or care plans for patients</li> <li>Document clinical evaluation periodically</li> </ul>					
17. Nursing faculty or the school develops and implements structured practical examinations	Verify with the school administration, nursing faculty, and students, by interviews and records review, whether:					
	<ul style="list-style-type: none"> <li>Structured practical examinations are held for each student at the end of each term that includes skill related objectives</li> </ul>					
	<ul style="list-style-type: none"> <li>Information about the practical exam is outlined clearly in the syllabus or other area for students</li> </ul>					
	<ul style="list-style-type: none"> <li>As appropriate, patients are selected and participate with consent</li> </ul>					
	<ul style="list-style-type: none"> <li>Checklists or other tools are used to document observations of students in structured practical examinations</li> </ul>					
	<ul style="list-style-type: none"> <li>Results are provided to students once the exam is completed</li> </ul>					
	<ul style="list-style-type: none"> <li>Results are also shared with the administration for record keeping</li> </ul>					

<b>TOTAL STANDARDS:</b>	<b>17</b>
TOTAL STANDARDS OBSERVED:	
TOTAL STANDARDS ACHIEVED:	
PERCENT ACHIEVEMENT (STANDARDS ACHIEVED / STANDARDS OBSERVED)	



# Performance Standards for National/State Nodal Centers for Nursing and Midwifery Education

## Section 3

# School Infrastructure and Training Material

March 2010

## Performance Standards for National/State Nodal Centers: School Infrastructure and Training Material

School (name and place): \_\_\_\_\_ Supervisor/Assessor: \_\_\_\_\_ Date: \_\_\_\_\_

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
<b>ENVIRONMENT</b>						
1. The school has the basic infrastructure to function effectively	Observe that the school has:					
	▪ GNM school: four classrooms- each at least 720 sq meter					
	▪ B.Sc: four classrooms- each at least 720 sq meter					
	▪ Learning/skills laboratory					
	▪ Library facility					
	▪ Administrative space					
	▪ Areas for students to gather for eating and socializing					
	▪ Toilet facilities for faculty and staff (1:10 ratio)					
	▪ Toilet facilities for students					
	▪ Photocopy machine					
	▪ Computer in office					
	▪ Printer					
	▪ Fax machine					
▪ Phone						



PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
2. The school facilities are clean	Visit the school facilities to observe the absence of dust, soil, trash, insects, and spider webs in the following areas:					
	▪ Classrooms					
	▪ Learning/skills laboratory					
	▪ Library					
	▪ Administrative space					
	▪ Areas for students to gather for eating and socializing					
	▪ Toilet facilities					
	▪ Photocopy machine area					
3. Classrooms are comfortable and properly equipped for teaching.	Observe if the classrooms have:					
	▪ Adequate light, either natural or electrical					
	▪ Adequate ventilation (open windows or fan, air conditioner, fans)					
	▪ Chairs in sufficient numbers for the largest class size					
	▪ Desks in sufficient numbers for the largest class size					
	▪ Adequate and flexible space for group learning activities					
	▪ Blackboard or whiteboard and means to erase it					
▪ Chalk or whiteboard markers						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	▪ Source of electricity					
	▪ Overhead projector with voltage stabilizer or projection unit					
	▪ Screen for projection					
	▪ Clock					
	▪ Flipchart and tripod (as needed)					
	▪ Notice board					
	▪ Waste bin					
4. The learning lab is properly equipped for practical learning sessions	Observe that learning/skills labs have:					
	▪ Adequate light, either natural or electrical					
	▪ Adequate ventilation (open windows, air conditioner, fans)					
	▪ Tables to place models					
	▪ Seating is available					
	▪ Blackboard or whiteboard					
	▪ Chalk or whiteboard markers					
	▪ Cabinets with locks for supplies and drugs					
	Anatomic models:					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	— Childbirth simulator					
	— Episiotomy suturing model					
	— Zoë model with different size attachments (for teaching pelvic exam, cervical inspection and interval IUCD insertion)					
	— Cervical dilatation model					
	— Female boney pelvis					
	— Foetal skull					
	— IUCD handheld models					
	— Contraceptive basket having Oral pills, (ECP, POP, combination pills, ) condom- male and female, foam gel, jelly, IUCD, implants, DMPA)					
	▪ MVA syringes and cannulas					
	▪ Instrument kits					
	— Delivery kit (three artery forceps, scissors, bowl, kidney tray)					
	— BP apparatus and stethoscope					
	▪ Consumable medical supplies					
	▪ Appropriate infection prevention (IP) supplies and equipment for hand washing (running water into sinks or buckets)					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>▪ Plastic buckets for decontamination, soiled linen, and waste</li> </ul>					
	<ul style="list-style-type: none"> <li>— BMW color coded bins (These are Bio medical waste management bins which are of</li> </ul>					
	<ul style="list-style-type: none"> <li>— Black for domestic waste like papers, left over and peels of fruits and vegetables, empty box etc.</li> </ul>					
	<ul style="list-style-type: none"> <li>— Yellow—for infected non plastic waste like human anatomical waste, blood and body fluids and placenta etc.</li> </ul>					
	<ul style="list-style-type: none"> <li>— Blue- Infected plastic waste such as disposable syringe, IV sets catheter, ET tube urine bag.</li> </ul>					
	<ul style="list-style-type: none"> <li>— Puncture proof white container for sharps</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Educational posters and anatomical charts related to MCH, RH or Newborn care</li> </ul>					
5. The learning lab is accessible for independent practice	Verify if there is a system with:					
	<ul style="list-style-type: none"> <li>▪ Student or staff member assigned to allow access for students after hours</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ System of accountability exists for ensuring security of materials</li> </ul>					
6. The learning lab's anatomic models are in a functional state	Observe whether Zoë pelvic models:					
	<ul style="list-style-type: none"> <li>▪ Are draped appropriately and/or stored safely</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Have intact or repaired skin</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>Are complete and intact</li> </ul>					
	Observe whether the Obstetric Simulator models:					
	<ul style="list-style-type: none"> <li>Are draped appropriately and/or stored safely</li> </ul>					
	<ul style="list-style-type: none"> <li>Are complete and intact</li> </ul>					
	Observe whether the lab has:					
	<ul style="list-style-type: none"> <li>A bony pelvis and fetal skull</li> </ul>					
	<ul style="list-style-type: none"> <li>A cloth fetus</li> </ul>					
	<ul style="list-style-type: none"> <li>Fetus with placenta</li> </ul>					
	<ul style="list-style-type: none"> <li>Newborn baby with clothes</li> </ul>					
	<ul style="list-style-type: none"> <li>Newborn resuscitation model</li> </ul>					
7. A library is available	Verify by interview that:					
<ul style="list-style-type: none"> <li>The nodal center has a library or easy access to a university library</li> </ul>						
8. The library space is appropriately equipped and organized	Observe whether the library space has:					
	<ul style="list-style-type: none"> <li>Lockable cabinets for storing books and materials</li> </ul>					
	<ul style="list-style-type: none"> <li>Tables to allow for reading or studying</li> </ul>					
	<ul style="list-style-type: none"> <li>A system for recording and cataloguing materials</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>Has audiovisual equipment for use by students (TV/VCR/DVD/Computer for interactive CD-ROMs/DVDs) <i>(This verification item can be met if the campus has a separate computer room or if TV/VCR is available elsewhere)</i></li> </ul>					
	<ul style="list-style-type: none"> <li>System of accountability exists for ensuring security of materials</li> </ul>					
9. The library has appropriate reference materials	Observe whether the library:					
	Has <u>10 copies</u> of all reference materials described in the curriculum:					
	— IMNCI modules, Government of India					
	— ENBC module, Government of India					
	— HIV module, Government of India					
	— SBA guidelines, Government of India ,2010 & hand book					
	— Myles Textbook of Midwifery					
	— Infection Prevention Guidelines - Universally approved					
	— Family Planning: a Global Handbook for Providers, USAID, JHU, WHO 2007					
	— WHO- Jhpiego, Effective Teaching Skills					
— Materials in English as available						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS	
		Date:	Date:	Date:	Date:		
10. The library supports internet access	Verify by observation that:						
	▪ Clinical and educational journals with on-line subscription to additional nursing and educational journals is available						
	▪ There is Reliable internet access						
	▪ Video conferencing (web cam/ skype) facility exists and staff know how to use it						
11. The library is open to students on demand	Verify with the person in charge of the library if:						
	▪ Students are aware of library schedule						
	▪ Schedule shows that library is accessible to students for at least two hours per day outside of class hours						
12. The hostel is adequately furnished and suitable for women	Observe whether hostel:						
	▪ Has rules and regulations						
	▪ Has a responsible person, e.g., hostel manager <sup>1</sup>						
	▪ Is accessible to the school facilities						
	▪ Is secure, especially at night						
	▪ Has beds/cushions						
	▪ Has cupboards where students can lock personal belongings						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	▪ Has clean and functional bathing and toilet facilities					
	▪ Has access to kitchen facilities					
	▪ Has someone present during the day when students are absent					
	▪ Has a space for students to see visitors					
	▪ Has heating for cold weather and ventilation for warm weather (open windows, fans, air conditioner)					
	▪ Electricity is available at least for five–six hours during night					
	▪ Living/dining room (TV optional)					
	▪ Has quiet study area with desk or table					
	▪ Has laundry facilities and an area for drying					
	▪ There is anti-fire equipment in emergency case (Sand, Bucket, Dibble)					
13. Nutritious meals are provided to students	Observe the nutrition/kitchen unit and interview students to verify whether meals:					
	▪ Are prepared in a clean and hygienic manner					
	▪ Include sources of protein and vitamins					
	▪ Breakfast, lunch and dinner are available for hostel students everyday					
	▪ Meals are arranged with input from students					



<b>TOTAL STANDARDS:</b>	<b>13</b>
TOTAL STANDARDS OBSERVED:	
TOTAL STANDARDS ACHIEVED:	
PERCENT ACHIEVEMENT (STANDARDS ACHIEVED / STANDARDS OBSERVED)	

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<sup>1</sup> This may be one of trainers whose job description includes this responsibility





# Performance Standards for National/State Nodal Centers for Nursing and Midwifery Education

## Section 4

# School Management

March 2010

# Performance Standards for National/State Nodal Centers: School Management

School (name and place): \_\_\_\_\_ Supervisor/Assessor: \_\_\_\_\_ Date: \_\_\_\_\_

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS	
		Date:	Date:	Date:	Date:		
1. Student composition reflects national INC policies for nurse-midwifery education	Verify in the registry with record of student data if:						
	▪ Students are 15 to 35 years						
	Each student has passed an entrance exam equivalent:						
	▪ GNM equivalent 10 +2 years of education, preferably with science						
	▪ B.Sc equivalent 10 +2 years of education with science						
2. Class size is consistent with national INC policy and local capacity	Through review of school records, verify that the class size follows INC norms/ recommendations and does not exceed:						
	▪ Teacher-to-student ratio should be 1:10 in clinical area as per INC norms						
	— Theory: 1:60						
	— Small group/practical: 1:12						
	— Clinical: 1:4						
	▪ There is an adequate number of classrooms that accommodate all students in physical space of campus						
3. School has developed and implemented effective student	Through interview administrative staff and document review that:						
	▪ School has a policy that follows the state recruitment strategy						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
recruitment and admission strategies according to national student admission policy	<ul style="list-style-type: none"> <li>▪ School has a copy of INC student admission policy</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ School representatives recruit throughout the state</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ School has a selection committee</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ School admission criteria is in line with INC requirements</li> </ul>					
4. A record of students from entrance to exit is maintained	Verify by document review that:					
	<ul style="list-style-type: none"> <li>▪ Documentation exists to track students from entrance to exit</li> </ul>					
5. School academic policies exist and are applied	Verify through interview with the administration and review of records whether:					
	<ul style="list-style-type: none"> <li>▪ School academic policies are present and if they include the following topics</li> </ul>					
	— Attendance of students in clinic and classroom					
	— Dress code (specifically for clinical areas)					
	— Professional conduct in class, clinical areas, and on campus					
	— Disciplinary action procedures (probation, suspension, expulsion)					
	Randomly interview two faculty and two students to verify whether:					
	<ul style="list-style-type: none"> <li>▪ Faculty and students are aware of the policies</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS	
		Date:	Date:	Date:	Date:		
6. School has a clear academic calendar and provides it to students	Verify that the school has a written academic calendar that includes:						
	▪ Start and end dates of the academic year						
	▪ Approximate dates of holidays and student breaks according to national policy and curriculum						
	▪ Dates of examinations (first and second chance)						
	▪ Date after which students will not be admitted to the program (two weeks after start of first day of class is recommended since students must have 80% attendance to graduate)						
7. Written job descriptions exist for staff at the school	Verify that the job description is based on national government policy or NGO policy for:						
	▪ Nursing faculty						
	▪ Clinical preceptors (paid or unpaid)						
	▪ Administration staff						
8. A salary structure exists to pay school staff, and staff are paid on time	Through interviews with administration and two faculty, and review of administrative documents, verify if:						
	▪ A salary structure exists						
	▪ Staff are paid in accordance with the salary structure						
	▪ Staff are paid in a timely manner						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
9. The curriculum is available to administrators and faculty.	Verify through interview if:					
	<ul style="list-style-type: none"> <li>Administrators can locate the curriculum and learning resource package</li> </ul>					
	<ul style="list-style-type: none"> <li>Teachers can locate the curriculum and learning resource package</li> </ul>					
10. Master copies of the learning resource materials and teaching transparencies exist for duplication	Verify that:					
	<ul style="list-style-type: none"> <li>Principal/program coordinators can locate the master copy of the learning resource materials and teaching transparencies accompanying the curriculum (SBA, EmOC, FP, IMNCI, ENBC)</li> </ul>					
	<ul style="list-style-type: none"> <li>The master copy is of good quality for duplication</li> </ul>					
11. A staff performance evaluation system exists	Verify through interviews with Principal and staff, and review of administrative documents, if:					
	<ul style="list-style-type: none"> <li>Staff performance is measured on a regular basis</li> </ul>					
	<ul style="list-style-type: none"> <li>Evaluations of performance are performed using a standardized format</li> </ul>					
	<ul style="list-style-type: none"> <li>The evaluations are documented in writing</li> </ul>					
	<ul style="list-style-type: none"> <li>Staff participates in the process and sign written evaluations to show that they agree to their content</li> </ul>					
	<ul style="list-style-type: none"> <li>Feedback to staff includes student evaluations</li> </ul>					
	<ul style="list-style-type: none"> <li>A program for ongoing teacher education exists</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS	
		Date:	Date:	Date:	Date:		
12. Student academic performance standards exist and are known by students and teachers	Verify through review of administrative documents that academic performance and advancement standards exist and include:						
	▪ Percentage achievement on all written examinations						
	▪ Achievement on practical and clinical examinations						
	▪ Value of quizzes, practical exams, and final exam toward final score						
	▪ Minimum student performance for each semester/phase						
	▪ Criteria for academic dismissal						
	Verify through interviewing two faculty and two students that:						
	▪ Faculty are aware of standards						
	▪ Students are aware of standards						
13. Student performance results are documented centrally and in a confidential manner	Through document reviews and interviews with administration, verify that:						
	▪ There is a central record keeping system to track student knowledge assessment results						
	▪ There is a central record keeping system to track student clinical assessment results (at the school)						
	▪ Only faculty, coordinators, and administrators know the student results						
	▪ Opportunities for student counseling are available						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>A policy for students to file grievances regarding results exists</li> </ul>					
14. Graduation requirements are explicit and are met before any student can graduate	Through document reviews, verify that:					
	<ul style="list-style-type: none"> <li>Graduating requirements are explicitly stated and students informed of requirements</li> </ul>					
	<ul style="list-style-type: none"> <li>All students who have graduated during the last teaching cycle have met the graduation requirements</li> </ul>					
	<ul style="list-style-type: none"> <li>A student who has not met the graduation requirements is offered to reappear as per INC norms)</li> </ul>					
15. School Principal and teaching staff meet regularly	Through document reviews and interviews with two administrators and two faculty members, verify if:					
	<ul style="list-style-type: none"> <li>Meetings that include all faculty staff occur on a regular basis</li> </ul>					
	<ul style="list-style-type: none"> <li>Teachers can provide input and influence decision making about education</li> </ul>					
	<ul style="list-style-type: none"> <li>Student and teaching results are discussed and areas for improvement identified</li> </ul>					
16. A teaching coordinator or nursing faculty visits clinical practice sites and coordinates with clinical staff.	Verify through document review and interviews with the teaching coordinator and two clinical instructors/tutors if:					
	<ul style="list-style-type: none"> <li>There is a schedule of regular meetings/visits between a course coordinator and nursing faculty</li> </ul>					
	<ul style="list-style-type: none"> <li>Problems are discussed with clinical staff, solutions are identified, and action is taken to resolve problems</li> </ul>					



<b>TOTAL STANDARDS:</b>	<b>16</b>
TOTAL STANDARDS OBSERVED:	
TOTAL STANDARDS ACHIEVED:	
PERCENT ACHIEVEMENT (STANDARDS ACHIEVED / STANDARDS OBSERVED)	





Performance Standards for National/State Nodal Centers for  
Nursing and Midwifery Education

Section 5

Clinical areas where student midwives  
undertake clinical experience

July 2010

# PERFORMANCE STANDARDS FOR NATIONAL/STATE NODAL CENTERS IN INDIA

## AREA: CLINICAL AREAS WHERE STUDENT MIDWIVES UNDERTAKE CLINICAL EXPERIENCE

School (name and place): \_\_\_\_\_ Supervisor/Assessor: \_\_\_\_\_ Date: \_\_\_\_\_

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
1. The provider asks about and records danger signs that the woman may have or has had during pregnancy.	Verify through observation with a client whether the provider determines if the woman has had any warning signs during her pregnancy:					
	▪ Vaginal bleeding /leaking Per vaginum					
	▪ Respiratory difficulty					
	▪ Fever/ foul smelling discharge					
	▪ Severe headache/blurred vision					
	▪ Generalized swelling of the body, puffiness of face					
	▪ Pain in the abdomen					
	▪ Convulsions/loss of consciousness					
▪ Decreased excessive or absence of foetal movements						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>Assures immediate attention in the event of any of the above symptoms</li> </ul>					
2. The provider ensures that all women and their husbands/ companions have an individual birth plan and are prepared for any complication that may arise	Observe during a visit with a woman in her second or third trimester, that the provider helps the client and her husband/companion develop an individual birth plan (IBP) and complication readiness or verify by interview with a women in her third trimester if she is aware of the following:					
	<ul style="list-style-type: none"> <li>Explains the benefits of giving birth assisted by a skilled provider who knows how to manage complications</li> </ul>					
	<ul style="list-style-type: none"> <li>Develops a birth plan with the woman, including all preparations for normal birth and plan in case of emergency:               <ul style="list-style-type: none"> <li>- Skilled provider and place of birth</li> <li>- Signs and symptoms of labor and when she has to go to the hospital</li> <li>- Emergency transportation and funds</li> <li>- Provider asks her to identify a family member(s) as a blood donor</li> <li>- Advises the woman and her family to keep a small amount of money for emergency</li> <li>- Items to be taken to the health care setting for clean and safe birth</li> </ul> </li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	- Decision-making person in case complication occurs at home					
	- Warning signs and symptoms					
	o Vaginal bleeding /leaking PV					
	o Respiratory difficulty					
	o Fever / foul smelling discharge					
	o Severe headache/blurred vision					
	o Generalized swelling of the body, puffiness of face					
	o Pain in the abdomen					
	o Convulsions/loss of consciousness					
	o Decrease, excessive or absence of foetal movements					
3. The provider uses recommended general counseling techniques while counseling clients for their area of concern	Observe the counseling/examination area with client and verify if the provider:					
	▪ Shows client respect, and helps her feel at ease					
	▪ Encourages the client to explain needs, express concerns and ask questions					
	▪ Guides the discussion according to the client's wishes and needs					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>Includes client's husband or important family members for the counseling session with permission of the client</li> </ul>					
	<ul style="list-style-type: none"> <li>Ensures that there is adequate privacy during the counseling session</li> </ul>					
	<ul style="list-style-type: none"> <li>Listens carefully</li> </ul>					
	<ul style="list-style-type: none"> <li>Provides only key information and instructions. Uses words the client can understand</li> </ul>					
	<ul style="list-style-type: none"> <li>Respects and supports the client's informed decisions</li> </ul>					
	<ul style="list-style-type: none"> <li>Informs regarding the common problems during pregnancy, and addresses the client's concerns</li> </ul>					
	<ul style="list-style-type: none"> <li>Checks the client's understanding</li> </ul>					
	<ul style="list-style-type: none"> <li>Provides information on return visits</li> </ul>					
	<ul style="list-style-type: none"> <li>Invites the client to come back any time for any reason or concern she may have</li> </ul>					
	<ul style="list-style-type: none"> <li>Listens carefully</li> </ul>					
	<ul style="list-style-type: none"> <li>Provides only key information and instructions. Uses words the client can understand</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>▪ Respects and supports the client's informed decisions</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Informs regarding the common problems during pregnancy, and addresses the client's concerns</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Checks the client's understanding</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Provides information on return visits</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Invites the client to come back any time for any reason or concern she may have</li> </ul>					
4. The Provider promptly cares for the woman with Pre-eclampsia/eclampsia	In the antenatal/labour room, observe women with pre-eclampsia/eclampsia and see if the provider does the following OR interview 2 health care providers in the antenatal/labour room and identify if the following tasks are done in the event of the woman having pre-eclampsia/eclampsia					
	Asks the woman if: <ul style="list-style-type: none"> <li>- She has pain the upper abdomen (heartburn) or on right side below the diaphragm</li> <li>- She gets severe headache</li> <li>- She has visual problems (double vision, blurring or transient blindness)</li> <li>- She gets sudden or severe swelling of the face, lower back and hands</li> <li>- She is passing a reduced amount of urine</li> </ul>					
	Checks the BP, records observation and checks again after 4 hours. If the case is urgent, check after 1 hour					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	Tests her urine for the presence of albumin (indicative of proteinuria) (Ensure that the urine sample is a midstream clean catch)					
	Classifies Pre-eclampsia/eclampsia <ul style="list-style-type: none"> <li>- Hypertension – if the BP is equal to or more than 140/90 mmHg on two consecutive readings taken 4 hours apart</li> <li>- Pre-eclampsia – hypertension with proteinuria</li> <li>- Eclampsia – hypertension with proteinuria and convulsions</li> </ul>					
	Explains the danger signs listed below to her and her family, as they can be life-threatening to the woman and her baby The danger signs are: <ul style="list-style-type: none"> <li>- Very high BP (above 160/110 mmHg)</li> <li>- Severe headache, increasing in frequency and duration</li> <li>- Visual disturbances (blurring, double vision, blindness)</li> <li>- Pain in the epigastrium (upper part of the abdomen)</li> <li>- Oliguria (passing a reduced quantity of urine, i.e. less than 400 ml in 24 hours)</li> <li>- Oedema (swelling), especially of the face, sacrum/lower back</li> </ul>					
	Starts the woman on anti-hypertensive medication and advises to come for regular follow-up					



PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	Counsels the woman for delivery in the hospital					
	In the event of eclampsia, gives first dose of magnesium sulphate and refers to a higher level facility for further management or admits the woman and monitors her BP and manages with Inj. Magnesium Sulphate. (A woman with eclampsia has hypertension with proteinuria and convulsions)					
	Offers supportive care immediately, as follows: <ul style="list-style-type: none"> <li>- Ensures that the airways are clear and breathing is normal. If the woman is unconscious, position her on her left lateral side</li> <li>- Cleans her mouth and nostrils and apply gentle suction to remove secretions</li> <li>- Removes any visible obstruction or foreign body from her mouth</li> <li>- Places the padded mouth gag between the upper and lower jaws to prevent tongue bite. Do not attempt this during a convulsion</li> <li>- Protects her from a fall or injury</li> <li>- Empties her bladder using a catheter (preferably Foley's catheter), measure and record the volume, and leave the catheter in and attach to a urine collection bag</li> <li>- Does not leave the woman alone</li> </ul>					
	Measures the BP, urine output and temperature of the woman					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<p>Magnesium sulphate injection – Gives the first dose of magnesium sulphate injection:</p> <ul style="list-style-type: none"> <li>- Takes a sterile 10 cc syringe and 22 gauge needle</li> <li>- Breaks 5 ampoules and fill the syringe with the magnesium sulphate solution, ampoule by ampoule (10 ml in all). Take care not to suck in air bubbles while filling the syringe. (Each ampoule has 2 ml of magnesium sulphate 50% w/v, 1 g in 2 ml)</li> <li>- Identifies the upper outer quadrant of the hip. Cleans it with a spirit swab and allows the area to dry</li> <li>- Administers the 10 ml (5 g) injection (deep intramuscular) in the upper outer quadrant in one buttock, slowly</li> <li>- Tells the woman she will feel warm while the injection is being given</li> <li>- Repeats the procedure with the same dose (i.e. 5 ampoules - 10 ml/5 g) in the other buttock</li> <li>- Disposes of the syringe in a puncture proof container (if disposable) or decontaminates (if reusable)</li> </ul>					
	Starts an intravenous infusion and gives the intravenous fluids slowly, at the rate of 30 drops/minute and prepares for delivery (induces/augment labour as necessary)					
5. The provider	In the labor and delivery rooms, observe two women in labor and determine whether the provider:					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
receives the pregnant woman in labor in a cordial manner	<ul style="list-style-type: none"> <li>Ensures that she speaks the language understood by the woman or seeks someone who can assist in this regard</li> </ul>					
	<ul style="list-style-type: none"> <li>Greets the woman and her companion in a cordial manner</li> </ul>					
	<ul style="list-style-type: none"> <li>Introduces herself to the woman</li> </ul>					
	<ul style="list-style-type: none"> <li>Encourages the woman to ask her companion to remain at her side, as appropriate and applicable</li> </ul>					
	<ul style="list-style-type: none"> <li>Responds to questions using easy-to-understand language</li> </ul>					
	<ul style="list-style-type: none"> <li>Responds to her immediate needs (thirst, hunger, cold/hot, need to urinate, etc.)</li> </ul>					
	<ul style="list-style-type: none"> <li>Records the necessary information in the individual labor record</li> </ul>					
6. The provider uses the partograph to monitor labor and make adjustments to the birth plan	Determine, based on the clinical history and partograph of two women in labor, whether the provider:					
	Records patient information:					
	<ul style="list-style-type: none"> <li>Name</li> </ul>					
	<ul style="list-style-type: none"> <li>Gravida, para</li> </ul>					
	<ul style="list-style-type: none"> <li>Hospital number</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>Date and time of admission</li> </ul>					
	<ul style="list-style-type: none"> <li>Time of rupture of membranes</li> </ul>					
	Records every half hour:					
	<ul style="list-style-type: none"> <li>Fetal heart rate (FHR)</li> </ul>					
	<ul style="list-style-type: none"> <li>Uterine contractions (frequency and duration over a 10-minute period)</li> </ul>					
	<ul style="list-style-type: none"> <li>Maternal pulse</li> </ul>					
	<ul style="list-style-type: none"> <li>Amount of IV solution (If provided with oxytocin in drops per minute and indication) medications and other intravenous liquids, if used</li> </ul>					
	Records temperature every two hours if febrile, otherwise 4 hourly					
	<ul style="list-style-type: none"> <li>Records BP every 4 hours</li> </ul>					
	At every vaginal examination (every 4 hours or less according to evolution of labor):					
	<ul style="list-style-type: none"> <li>Records the condition of the membranes and characteristics of the amniotic fluid if they have ruptured</li> </ul>					
	<ul style="list-style-type: none"> <li>Graphs cervical dilation</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	Records whether the woman has passed urine					
	<ul style="list-style-type: none"> <li>Records the time of the observations</li> </ul>					
	Adjusts the labor plan according to the parameters observed:					
	<ul style="list-style-type: none"> <li>If parameters are normal, continues to implement the plan (walk about freely, hydration, light food if desired, change positions, etc.) OR</li> </ul>					
	<ul style="list-style-type: none"> <li>If parameters are not normal, identifies complications, records the diagnosis and makes adjustments to the birth plan</li> </ul>					
7. The provider has the basic equipments to perform resuscitation of the newborn	Determine whether the provider has assembled:					
	<ul style="list-style-type: none"> <li>Masks # 0 for pre term, # 1 for term healthy baby</li> </ul>					
	<ul style="list-style-type: none"> <li>Newborn self inflating resuscitation bag</li> </ul>					
	<ul style="list-style-type: none"> <li>Dee Lee mucus extractor</li> </ul>					
	<ul style="list-style-type: none"> <li>Oxygen source if available</li> </ul>					
8. The provider verifies that equipment is in proper working condition	Verify if the provider, before every delivery:					
	<ul style="list-style-type: none"> <li>Checks bag and mask blocking the mask by making a tight seal with the palm of his hand and squeezing the bag</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>Checks that she/he feels pressure against his hand (which means that the bag is generating adequate pressure)</li> </ul>					
	<ul style="list-style-type: none"> <li>Checks the functioning of the Pop-up valve</li> </ul>					
	<ul style="list-style-type: none"> <li>Checks if the bag re-inflates when he releases the grip (which means that the bag is functioning properly)</li> </ul>					
9. The provider adequately conducts normal delivery (second stage of labor)	Observe two women during a delivery and determine whether the provider (in the labor or delivery rooms):					
	<ul style="list-style-type: none"> <li>Checks for hydration status</li> </ul>					
	<ul style="list-style-type: none"> <li>Encourages to take deep breaths between contractions</li> </ul>					
	<ul style="list-style-type: none"> <li>Asks to push during contractions</li> </ul>					
	<ul style="list-style-type: none"> <li>Checks FHS every 5-10 minutes</li> </ul>					
	<ul style="list-style-type: none"> <li>Checks that the bladder is empty</li> </ul>					
	<ul style="list-style-type: none"> <li>Gives perineal support while delivering head</li> </ul>					
	<ul style="list-style-type: none"> <li>Delivers head by dorsiflexion technique</li> </ul>					
	<ul style="list-style-type: none"> <li>Delivers posterior shoulder first followed by anterior shoulder</li> </ul>					
<ul style="list-style-type: none"> <li>Cleans baby's nose and mouth by clean gauze after delivery of head</li> </ul>						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>▪ Informs mother about baby's condition</li> </ul>					
10. The provider adequately performs active management of the third stage of labor	Observe two women during a delivery and determine whether the provider (in the labor or delivery rooms):					
	<ul style="list-style-type: none"> <li>▪ Palpates the mother's abdomen to rule out the presence of a second baby (without stimulating contractions)</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Tells the woman that she will receive an injection, and administers 10 IU of oxytocin IM on the thigh</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Clamps the cord near the perineum</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Holds the cord and clamp with one hand</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Places the other hand just above the woman's symphysis pubis (over the sterile towel) to gently exert pressure upwards in the direction of her abdomen when a contraction starts</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Holds the cord and clamp and waits for the uterus to contract</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Upon contraction, applies gentle but firm and sustained downward traction on the cord with counter force on the lower abdomen above the pubis to guard the uterus, until the placenta is expelled</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>If this maneuver does not allow the placenta to come down, ceases to apply traction, holding the cord and clamp until the next contraction</li> </ul>					
	<ul style="list-style-type: none"> <li>Repeats controlled cord traction while simultaneously applying counter traction over the lower abdomen above symphysis pubis to guard the uterus</li> </ul>					
	<ul style="list-style-type: none"> <li>Once the placenta bulges at the vaginal introitus, assists its expulsion with both hands, by turning it clockwise over in the hands, without applying traction, “teasing out” the membranes to roll them out</li> </ul>					
	<ul style="list-style-type: none"> <li>Checks whether uterus is contracted</li> </ul>					
	<ul style="list-style-type: none"> <li>Massages the uterus with one hand on a sterile cloth over the abdomen, until it contracts firmly</li> </ul>					
	<ul style="list-style-type: none"> <li>Checks the completeness of the placenta and membranes</li> </ul>					
	<ul style="list-style-type: none"> <li>Tells the sex of the baby to the mother after the placenta is removed</li> </ul>					
11. The provider properly conducts	In the labor or delivery rooms, observe two women with their newborns in the immediate postpartum period and determine whether the provider:					



PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
<p>a rapid initial assessment and provides immediate newborn care</p> <p>Note 1: This standard must be observed immediately following birth</p> <p>Note 2: It may be necessary to have two providers and observers in the event that one provider is caring for the woman and the other for the newborn</p>	<ul style="list-style-type: none"> <li>Receives and dries the baby with a clean dry towel from head to feet, discards the used towel and covers the baby including the head with a clean dry towel.</li> </ul>					
	<ul style="list-style-type: none"> <li>Determines whether the baby is breathing</li> </ul>					
	<ul style="list-style-type: none"> <li>If the baby does not begin breathing or is breathing with difficulty, asks assistance, rapidly ties and cuts the cord, and initiates resuscitation</li> </ul>					
	<ul style="list-style-type: none"> <li>Gives IM oxytocin at this stage, clamps, ties and cuts the cord, clamps and holds the other end of the cord close to the perineum</li> </ul>					
	<ul style="list-style-type: none"> <li>If the baby is breathing normally, places the baby in skin-to-skin contact on the mother's chest or abdomen and encourages immediate breastfeeding</li> </ul>					
	<ul style="list-style-type: none"> <li>Informs the mother of the baby's condition</li> </ul>					
	<ul style="list-style-type: none"> <li>Clamps and cuts the cord using clean sterile blade/instruments within 1-3 minutes of the birth</li> </ul>					
	<ul style="list-style-type: none"> <li>Cleans the baby's both eyes with separate sterile gauze for each eye.</li> </ul>					
	<ul style="list-style-type: none"> <li>Places an identification bracelet on the baby's wrist</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>If necessary, provides orientation to the mother about how to hold her baby</li> </ul>					
12. The provider adequately performs immediate postpartum care	In the labor or delivery rooms, observe two women during a delivery and determine whether the provider:					
	<ul style="list-style-type: none"> <li>Informs the woman what he/she is going to do before proceeding, then <i>carefully</i> examines the vagina and perineum</li> </ul>					
	<ul style="list-style-type: none"> <li>Checks for PPH</li> </ul>					
	<ul style="list-style-type: none"> <li>Gently cleanses the vulva and perineum with clean water (warm if possible) or a nonalcoholic antiseptic solution</li> </ul>					
	<ul style="list-style-type: none"> <li>Sutures the tears/lacerations if necessary</li> </ul>					
	<ul style="list-style-type: none"> <li>Covers the perineum with a clean sanitary pad</li> </ul>					
	<ul style="list-style-type: none"> <li>Makes sure that the woman is comfortable (clean, hydrated and warmly covered)</li> </ul>					
	<ul style="list-style-type: none"> <li>Ensures that the baby is well covered, is with the mother, and has begun to suckle</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
13. The provider properly monitors the newborn	Observe whether the provider:					
	<ul style="list-style-type: none"> <li>▪ Monitors baby's temperature every 30 minutes, for the first hour after birth if the baby is preterm/IUGR/resuscitated by touching the baby's peripheries, chest &amp; abdomen               <ul style="list-style-type: none"> <li>- If cold, takes axillary temperature using low reading thermometer for at least 3 minutes and makes sure that the baby is kept warm by maintaining skin-to-skin contact (if that's not possible, re-wrap the baby, including the head) and place the baby under a heat source or incubator. Continues to monitor temperature on an half hourly basis or until temperature stabilizes</li> </ul> </li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Monitor every 2 hours until the first 6 hours</li> </ul>					
	If there is bleeding/oozing from the cord, reties it					
	Gives the baby vitamin K injection 1 mg IM for term babies and 0.5 mg IM <ul style="list-style-type: none"> <li>▪ for preterm babies</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Encourages and supports the mother in initiating breastfeeding within the first hour after birth</li> </ul>					
<ul style="list-style-type: none"> <li>▪ Encourages the mother to ask questions, and responds using easy-to- understand language</li> </ul>						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS	
		Date:	Date:	Date:	Date:		
14. The provider properly performs resuscitation of the newborn	Determine whether the provider:						
	<ul style="list-style-type: none"> <li>Places the newborn face up on a clean, dry, hard surface under a heat source or warmer</li> </ul>						
	<ul style="list-style-type: none"> <li>Quickly wraps and covers the baby, except for the face and the upper portion of the chest</li> </ul>						
	<ul style="list-style-type: none"> <li>Explains to the mother what is happening</li> </ul>						
	<ul style="list-style-type: none"> <li>Positions the head of the baby so that the neck is slightly extended which may be achieved by placing a rolled up piece of cloth under the baby's shoulders</li> </ul>						
	<ul style="list-style-type: none"> <li>Gently sucks the baby's mouth and then nose if meconium is present and the baby is not crying (does not suck deep in the throat which may cause bradycardia)</li> </ul>						
	<ul style="list-style-type: none"> <li>After performing the above steps of resuscitation, if the baby does not breathe initiates bag and mask ventilation</li> </ul>						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<p>In the event of resuscitation with bag and mask or tube and mask:</p> <ul style="list-style-type: none"> <li>▪ Places the mask so it covers the baby's chin, mouth and nose</li> <li>▪ Ensures that an appropriate seal has been formed between mask, nose, mouth, and chin</li> <li>▪ Ventilates one or two times and looks for chest movement during ventilation (chest is rising equally on both sides)</li> <li>▪ If no chest movement, check for inadequate seal or blocked airway or insufficient pressure</li> <li>▪ Ventilates for 30 secs 40-60 breathes</li> <li>▪ If breathing well, gradually discontinues positive pressure ventilation, check breathing for one minute and keep the baby under observation</li> <li>▪ If not breathing well, continue ventilation, assess the heart rate and add oxygen if available</li> <li>▪ If heart rate is more than 100/min continue ventilation and assess for breathing after 30 secs.</li> <li>▪ If heart rate is less than 100/min, continue ventilation and call for help</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<p>If the baby is breathing and there is no sign of respiratory difficulty (intercostal retractions or grunting):</p> <ul style="list-style-type: none"> <li>▪ Places the wrapped baby in skin-to-skin contact with the mother</li> <li>▪ Ensures that the baby continues to breathe without difficulty and is kept warmly covered</li> </ul>					
	<p>If the baby does not begin to breathe or if breathing is less than 20/min or gasping,</p> <ul style="list-style-type: none"> <li>▪ Continues to ventilate</li> <li>▪ Administers oxygen, if available</li> <li>▪ Assesses the need for special care</li> <li>▪ - Explains to the mother what is happening if possible</li> </ul>					
	<p>In the event of mouth/nose-mouth resuscitation:</p> <ul style="list-style-type: none"> <li>▪ Places a piece of clean cloth or gauze over the baby's mouth and nose</li> <li>▪ Places her/his mouth over the mouth and nose of the baby</li> <li>▪ Gently blows only the air contained in her/his mouth, 40 times per minute for 1 minute</li> <li>▪ Verifies that chest is rising</li> </ul> <p>Pauses and determines whether the baby is breathing spontaneously</p>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<p>If there is no breathing after 20 minutes of ventilation or gasping type of breathing for 30 minutes</p> <ul style="list-style-type: none"> <li>▪ Suspends Resuscitation</li> <li>▪ Records the time of death (no breathing)</li> <li>▪ Provides emotional support to mother/parents and family members</li> </ul>					
	Record all actions taken on the woman's clinical record					
	Asks the mother whether she has any questions, and responds using easy- to-understand language					
15. The provider properly disposes the used instruments and medical waste after assisting the birth	In the labor or delivery rooms, observe two women in the immediate postpartum period and determine whether the provider:					
	Before removing gloves:					
	<ul style="list-style-type: none"> <li>▪ Discards the placenta into a leak-proof container with a plastic liner or as per the State Waste Management Guidelines</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Disposes medical waste (gauze, etc.) in a plastic container with a plastic liner or as per the State Waste Management Guidelines</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Put the soiled linen in a leak-proof container</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Places all reusable instruments in a 0.5% chlorine solution for 10-30 mins</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	Decontaminates the syringe and needle by flushing them three times with 0.5% chlorine solution and disposes of the needle and syringe in a puncture-resistant container, without removing, recapping or breaking the needle (or dispose of as per state waste disposal guidelines for sharps)					
	If gloves are disposable, immerses both gloved hands in a 0.5% chlorine solution, removes gloves by inverting and places them in a container with a plastic liner; if they are reusable, immerses them in a 0.5% chlorine solution for at least 10 minutes					
	Performs hand hygiene after removing gloves:					
	<ul style="list-style-type: none"> <li>Washes hands with running water and soap for 10-15 seconds and dries with an individual clean towel, paper towel or allows hands to air-dry, or</li> </ul>					
	<ul style="list-style-type: none"> <li>Rubs hands with 3-5 ml of an alcohol-based solution until the hands are dry (if hands are not visibly soiled)</li> </ul>					
16. The provider properly performs the general management of PPH	Review the records of two women who had PPH, determine whether the records include the following or interview the provider in the clinical area whether the following is done in the event of PPH:					
	Rapid evaluation:					
	<ul style="list-style-type: none"> <li>General condition</li> </ul>					



PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
<p><i>(This standard is based on review of notes however where possible try to observe the actual management of a patient AND check the records)</i></p>	<ul style="list-style-type: none"> <li>Pulse</li> </ul>					
	<ul style="list-style-type: none"> <li>BP</li> </ul>					
	<ul style="list-style-type: none"> <li>Breathing</li> </ul>					
	<p>If there is shock or suspicion of shock [weak, fast pulse (110 or more per minute), systolic BP less than 90 mmHg, pallor, cold and perspiring skin, rapid breathing, confusion or unconsciousness]:</p>					
	<ul style="list-style-type: none"> <li>Woman is covered and has her feet elevated above her heart</li> </ul>					
	<ul style="list-style-type: none"> <li>Starts oxygen at 6–8 L/minute by mask</li> </ul>					
	<ul style="list-style-type: none"> <li>Starts two IV lines using wide bore needle/canula</li> </ul>					
	<ul style="list-style-type: none"> <li>Takes a blood sample for hemoglobin, cross-matching, and clotting test</li> </ul>					
	<ul style="list-style-type: none"> <li>Initiates IV infusion with saline or Ringer’s lactate</li> </ul>					
	<ul style="list-style-type: none"> <li>Infuses 1 L in each line over a 15–20 minute period (wide open rate)</li> </ul>					
<ul style="list-style-type: none"> <li>Administers at least 2 additional liters of solution during the first hour if required as per the blood loss</li> </ul>						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>▪ Continues to replace volume IV according to blood loss</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Assesses woman's need for transfusion based upon signs and symptoms of shock or impending shock due to amount of blood lost</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Performs bladder catheterization and measures for urine output every hour</li> </ul>					
17. The provider uses recommended general counseling techniques for counseling clients for family planning	Observe at least two family planning counseling sessions and verify if the provider:					
	<ul style="list-style-type: none"> <li>▪ Shows client respect, and helps client feel at ease</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Asks relevant questions to identify client's needs and reasons for visiting the clinic</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Encourages the client to explain needs, express concerns, ask questions</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Lets the client's wishes and needs guide the discussion</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Includes client's wife/husband or important family members with permission of the client in the counseling session</li> </ul>					



PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>▪ Ensures adequate privacy during the counseling by               <ul style="list-style-type: none"> <li>○ Speaking softly</li> <li>○ Keeping the doors closed or</li> <li>○ By drawing the curtains</li> </ul> </li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Assures confidentiality by telling the client that she/he will never share personal information of the client with anyone and keep all the records secured all the times</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Addresses any related needs such as protection from sexually transmitted infections, including HIV and support for condom use</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Checks if the client has completed her family or wants to space births</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Explains that the interval between this birth to next pregnancy should be at least 2 years for better health of herself, this baby and the next baby</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Explains the unpredictable and approximate return of fertility after child birth</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>▪ If client is unsure about which method to choose, educates client about contraceptive methods choices available to the client including:               <ul style="list-style-type: none"> <li>○ COCs</li> <li>○ IUCD</li> <li>○ Male Condoms</li> <li>○ Male Sterilization</li> <li>○ Emergency Contraception</li> <li>○ Postpartum contraception (LAM, IPPIUCD, condom, Injectables (DMPA), female and male sterilization)</li> <li>○ Post-abortion contraception (within seven days of abortion or miscarriage-all methods available)</li> <li>○ Standard Days Method (with regular menstrual cycles of 26-36 days)</li> </ul> </li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>▪ For each method above provide the following information               <ul style="list-style-type: none"> <li>○ General description of the method</li> <li>○ Mechanism of action in a simple language that woman can understand</li> <li>○ When to start the method, including those that can be started during postpartum and post abortion periods</li> <li>○ How long can it be used and effective for how long</li> <li>○ Benefits and limitations of each method</li> <li>○ Brief description on how to use the method</li> <li>○ Needs for physical examination</li> <li>○ Side effects</li> <li>○ Need for protection against STIs including HIV/AIDS</li> <li>○ Follow up needs</li> <li>○ Shows the sample of each contraceptive and allows the woman to handle it if possible</li> </ul> </li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Has a contraceptive demonstration kit and charts</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Rules out pregnancy, assesses risk of STIs and initiates method-specific counseling once client has shown interest in a method or has chosen a method</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>▪ Provides method-specific counseling once the woman has chosen a method</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Performs a physical assessment that is appropriate for the method chosen, if indicated, refers the woman for evaluation. (BP for hormonal method pelvic examination for IUCD)</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Ensures there are no conditions that contraindicate the use of the chosen method. If there are such conditions then helps the woman to choose more suitable method</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Tells the woman about the family planning method she has chosen:               <ul style="list-style-type: none"> <li>○ Type</li> <li>○ How to take it, and what to do if she is late taking her method</li> <li>○ How it works</li> <li>○ Effectiveness</li> <li>○ Advantages and non-contraceptive benefits</li> <li>○ Disadvantages</li> <li>○ Common side effects</li> <li>○ Danger signs and where to go if she experiences any</li> </ul> </li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Provides the method of choice if available or refers woman to the nearest health facility where it is available</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>▪ Asks the woman to repeat the instructions about her chosen method of contraception:               <ul style="list-style-type: none"> <li>○ How to use the method of contraception</li> <li>○ Side effects</li> <li>○ When to return to the clinic</li> </ul> </li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Educates the woman about prevention of STIs and HIV/AIDS. Provides her with condoms if she is at risk</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Asks if the woman has any questions or concerns. Listens attentively, addresses her questions and concerns</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Schedules the follow-up visit. Encourages the woman to return to the clinic at any time if necessary</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Records the relevant information in the woman's chart</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Thanks the woman politely, says goodbye and encourages her to return to the clinic if she has any questions or concerns</li> </ul>					
18. The place and furniture are consistent with the Government of India	Observe whether the following are present at the site:					
	<ul style="list-style-type: none"> <li>▪ Examination table</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Privacy maintained—curtains/screen</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
requirements for SBA training sites	▪ Adequate light to visualize cervix					
	▪ Electricity supply with back-up facility (generator with POL)					
	▪ Attached toilet facilities					
	▪ Delivery table with mattress and Macintosh and Kelly pad					
	▪ Foot stool & bedside table					
	▪ Basin stand					
	▪ Area marked for care and resuscitation of newborn					
	▪ 1 table and 3 chairs in the side room of the labour room					
19. Infection prevention equipment is available as required based on the Government of India requirements for SBA training sites	Observe whether the following are present at the site:					
	▪ 10 litre bucket with tap or running water (24 hrs					
	▪ Plain plastic tub, 12" at base, for 0.5% chlorine solution					
	▪ Hypochlorite solution					
	▪ Autoclave/boiler / pressure cooker					



PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	▪ Stove in working condition (used for boiling)					
	▪ Plastic mug (1 litre)					
	▪ Teaspoon/measurement jar for measuring bleaching powder					
	▪ Surgical gloves (No. 7)					
	▪ Utility gloves (thick rubber)					
	▪ Soap in a soap dish/liquid soap in a dispenser					
	▪ Personal-proof container/hub cutter and needle destroyer					
	▪ Personal Protective equipment including plastic apron, shoes, mask, cap, goggles					
	▪ Dustbin—colour-coded, based on state biomedical waste management guidelines					
20. Emergency drug tray is available as required based on the Government of India requirements	Observe whether the following are present at the site:					
	▪ Injection oxytocin					
	▪ Injection diazepam					
	▪ Tablet Nifedipine					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
for SBA training sites.	▪ Injection magnesium sulphate					
	▪ Injection lignocaine hydrochloride					
	▪ Tablet misoprostol					
	▪ Sterilized cotton and gauze					
	▪ At least 2 pairs of gloves					
	▪ Sterile syringes and needles (different sizes)					
	▪ At least 2 sterile intravenous sets					
	▪ Intravenous fluids					
	▪ Intravenous cannula					
21. Equipment, supplies and other drugs are available as required based on the Government of India requirements for SBA training sites	Observe whether the following are present at the site:					
	▪ Delivery kits for normal deliveries					
	▪ Cheatle forceps in a dry bottle					
	▪ Dressing drum					
	▪ Foetal stethoscope					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	▪ Baby weighing scale					
	▪ Inch tape					
	▪ Radiant warmer					
	▪ Table lamp with 200 watt bulb					
	▪ Phototherapy unit					
	▪ Self-inflating bag and mask (neonatal size)					
	▪ Oxygen hood (neonatal)					
	▪ Oxygen cylinder or central supply with Key tubing and mask					
	▪ Laryngoscope and endotracheal tubes					
	▪ Mucus extractor with suction tube and foot-operated suction machine					
	▪ Feeding tubes					
	▪ Blankets, Clean towels					
	▪ Sahle haemoglobinometer					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	▪ Dipsticks for testing urine albumin & sugar					
	▪ Blood pressure apparatus and stethoscope					
	▪ Adult weighing scale					
	▪ Sterile/clean pads					
	▪ Bleaching powder					
	▪ Povidone iodine					
	▪ Methylated spirit					
	▪ Thermometer ( oral & rectal)					
	▪ Micropore tape					
	▪ MCH card					
	▪ Partograph charts					
	▪ Gentamicin injection					
	▪ Ampicillin injection					
	▪ Metronidazole Tablets					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	▪ Vaccine carrier					
	▪ Ice pack box / refrigerator					
	▪ Foley and plain catheters and uro bag					

<b>TOTAL STANDARDS:</b>	<b>21</b>
TOTAL STANDARDS OBSERVED:	
TOTAL STANDARDS ACHIEVED:	
PERCENT ACHIEVEMENT (STANDARDS ACHIEVED / STANDARDS OBSERVED)	

### Summary of National/State Nodal Center Standards

AREAS	NUMBER OF STANDARDS	STANDARDS ACHIEVED							
		DATE :		DATE :		DATE :		DATE :	
		NUMBER	%	NUMBER	%	NUMBER	%	NUMBER	%
Classroom and Practical Instruction	15								
Clinical Instruction and practice	17								
School infrastructure and training materials	13								
School Management	16								
Clinical areas where student midwives undertake clinical experience	21								
<b>Total</b>	<b>82</b>								

# Performance Standards for ANM Pre-Service Education

## Section 1

### Classroom and Practical Instruction



**Performance standards for auxiliary nurse midwife education  
: Classroom and practical instruction**

School (name and place): \_\_\_\_\_ Supervisor/Assessor: \_\_\_\_\_

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
2. Classroom instructors/ nursing tutors have the required qualifications	Verify through review of administrative records or interview with the principal if:					
	<ul style="list-style-type: none"> <li>▪ The ANMTC Principal has M.Sc. degree (with three years' experience) or B.Sc. or Post basic B.Sc. degree (with 5 years' experience)</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ All Tutors have evidence of B.Sc. Nursing or GNM with DNEA, or DPHN with 2 years' experience</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Evidence exists of a total of 2 years of clinical practice experience within the past 5 years for each faculty member or 20% of time is spent in practice</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ If faculty is newly graduated, they must work a minimum of 20% in clinical area</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Faculty members who teach midwifery have received at least one knowledge update in MNCH/FP in the past 2 years</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Each faculty member has completed a course on teaching methodology (Effective Teaching Skills course) or practice teaching course within the past 5 years</li> </ul>					
<b>SCORE</b>						



PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS	
		Date:	Date:	Date:	Date:		
3. Classroom instructors/ nursing tutors come to class prepared	Verify through direct observation and review of teaching plans and materials and identify if the tutor has:						
	<ul style="list-style-type: none"> <li>Developed and distributed a course syllabus, including course calendar or Master rotation plan</li> </ul>						
	<ul style="list-style-type: none"> <li>Has developed a lesson plan to guide teaching which includes the learning objectives</li> </ul>						
	<ul style="list-style-type: none"> <li>Has an outline of the class and has prepared notes</li> </ul>						
	<ul style="list-style-type: none"> <li>Has prepared, or uses prepared visual aids during the class</li> </ul>						
	<b>SCORE</b>						
4. Nursing Tutors are teaching according to the curriculum and related learning resource materials	During classroom instruction, observe whether the nursing tutor:						
	<ul style="list-style-type: none"> <li>Specifies which unit is being taught referring to the syllabus</li> </ul>						
	<ul style="list-style-type: none"> <li>Refers to the correct reference books for that unit</li> </ul>						
	<ul style="list-style-type: none"> <li>Uses the learning resource materials/ textbook for that unit</li> </ul>						
	<ul style="list-style-type: none"> <li>Encourages students to use the additional learning resources and reference books for that unit</li> </ul>						
	<b>SCORE</b>						
5. Nursing Tutors introduce their classes effectively	During a classroom session, observe whether the instructor/tutor:						
	<ul style="list-style-type: none"> <li>Introduces the topic in an engaging and informative manner (using stories, real life incidents or anecdotes)</li> </ul>						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>States the objectives for the class as a part of introduction</li> </ul>					
	<ul style="list-style-type: none"> <li>Relates this topic to content previously covered or related topics</li> </ul>					
	<b>SCORE</b>					
6. Nursing Tutors use effective facilitation and questioning techniques/skills	During a classroom session, observe whether the instructor/tutor:					
	<ul style="list-style-type: none"> <li>Projects her/his voice clearly so that all the students can hear</li> </ul>					
	<ul style="list-style-type: none"> <li>Uses notes or a teaching plan</li> </ul>					
	<ul style="list-style-type: none"> <li>Moves about the room</li> </ul>					
	<ul style="list-style-type: none"> <li>Maintains eye contact with students</li> </ul>					
	<ul style="list-style-type: none"> <li>Selects appropriate questions for topic from relevant clinical examples</li> </ul>					
	<ul style="list-style-type: none"> <li>Uses student's names often</li> </ul>					
	<ul style="list-style-type: none"> <li>Targets questions to individuals</li> </ul>					
	<ul style="list-style-type: none"> <li>Asks questions in a variety of levels (recall, application, analysis)</li> </ul>					
	<ul style="list-style-type: none"> <li>Provides respectful feedback and repeats correct responses</li> </ul>					
<ul style="list-style-type: none"> <li>Redirects questions that are partially or totally incorrect until the correct answer is revealed</li> </ul>						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>▪ Uses audiovisual materials/aids effectively</li> <li>▪ Uses at least one activity (e.g. role plays, case studies, group work, learning exercise) during the classroom session</li> <li>▪ Responds to students questions</li> </ul>					
	<b>SCORE</b>					
7. Nursing Tutors summarize effectively before ending a presentation or class	During a classroom session, observe whether the tutor:					
	▪ Emphasizes the main points of the class					
	▪ Relates information to the objectives					
	▪ Provides an opportunity for and encourages student questions and discussion					
	▪ Provides opportunity for application or practice of the content of the class					
	▪ Links to the next topic					
	<b>SCORE</b>					
8. Nursing Tutors facilitate group activities effectively	During a classroom session, observe whether the tutor:					
	▪ Has prepared the group activity in advance					
	▪ Explains clearly the purpose, content, and instructions for activity					
	▪ States the activity time limit clearly					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>Moves among the groups while students are at work to offer suggestions and answer questions</li> <li>At the end, all students gather together to discuss activity</li> </ul>					
	<b>SCORE</b>					
9. Nursing Tutors plan and administer knowledge assessments properly	Review the school records/mark register to verify if:					
	<ul style="list-style-type: none"> <li>Summative knowledge assessments (board or faculty exam) were administered as per INC norms, at 12 months and at the end of the course</li> </ul>					
	<ul style="list-style-type: none"> <li>Formative knowledge assessments (internal assessment) are administered at least thrice in each year</li> </ul>					
	<ul style="list-style-type: none"> <li>Students are informed at least 1 week in advance of assessment (exam time table can be looked on for evidence)</li> </ul>					
	Review the question paper and the answer sheets of two of the previous MNCH/FP related exams and verify if:					
	<ul style="list-style-type: none"> <li>Questions related to learning objectives in the units were covered</li> </ul>					
	<ul style="list-style-type: none"> <li>The language of questions was clear and use correct grammar</li> </ul>					
	<ul style="list-style-type: none"> <li>Questions used have at least two formats (e.g. multiple choice, open ended, case study, etc.)</li> </ul>					
<ul style="list-style-type: none"> <li>Question bank exists as a teachers resource</li> </ul>						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS	
		Date:	Date:	Date:	Date:		
	<ul style="list-style-type: none"> <li>Questions are structured so that they are simple to understand and not tricky</li> </ul>						
	<ul style="list-style-type: none"> <li>Student papers were graded/scored consistently using answer key for all types of questions including essay type questions</li> </ul>						
	Verify through discussion or interview with at least two tutors, if:						
	<ul style="list-style-type: none"> <li>A record of the formative assessments (internal mark register) is maintained in the school</li> </ul>						
	<b>SCORE</b>						
10. Knowledge assessments and exams are administered fairly	Verify through direct observation of an exam and verify if:						
	<ul style="list-style-type: none"> <li>Instructor gives clear instructions at the beginning of the exam regarding the time allowed to complete the test</li> </ul>						
	<ul style="list-style-type: none"> <li>Instructor gives clear instructions at the beginning regarding how and where to record answers</li> </ul>						
	<ul style="list-style-type: none"> <li>Instructor remains in the room and moves around the room as needed to monitor the students</li> </ul>						
	<ul style="list-style-type: none"> <li>The room is kept quiet</li> </ul>						
	<b>Or</b> interview the tutor by asking if she gives the following instructions at the beginning of a knowledge assessment:						
	<ul style="list-style-type: none"> <li>The time allowed to complete the test</li> </ul>						
	<ul style="list-style-type: none"> <li>How and where to record answers</li> </ul>						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	Ask the instructor how he or she monitors the students during the assessment:					
	<ul style="list-style-type: none"> <li>Instructor remains in the room and moves around the room as needed to monitor the students</li> </ul>					
	<ul style="list-style-type: none"> <li>The room is kept quiet</li> </ul>					
	<b>SCORE</b>					
11. The nursing tutors use a standard answer key for grading knowledge assessments	Verify by reviewing the answer key for two of the last years examination related to MNCH/FP, if:					
	<ul style="list-style-type: none"> <li>Answer key does not contain the entire question (or is coded), in order to try to maintain the integrity of the question</li> </ul>					
	<ul style="list-style-type: none"> <li>All the questions have their answer keys written</li> </ul>					
	<ul style="list-style-type: none"> <li>Multiple choice questions have a single correct answer noted</li> </ul>					
	<ul style="list-style-type: none"> <li>Elements of correct answer of essay questions are noted</li> </ul>					
	<b>SCORE</b>					
12. Results of knowledge assessments and exams are recorded and reported properly	Verify through review of the previous exam papers and the mark register and by interviewing the principal, if:					
	<ul style="list-style-type: none"> <li>Exams are structured so that they can be scored blindly (only the exam number of the student is written in the answer sheet and not the name of the student)</li> </ul>					
	<ul style="list-style-type: none"> <li>Assessment results are accurately recorded</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>Results are put up anonymously in the notice board by the roll number</li> <li>Opportunities are offered for students to discuss the examination and scores with the teachers and view their graded papers under supervision</li> </ul>					
	<b>SCORE</b>					
13. Nursing tutors use the demonstration room/ skills lab effectively for demonstrating clinical skills	Verify through observation in the demonstration room whether instructors introduce new skills by:					
	<ul style="list-style-type: none"> <li>Dividing the class in small groups so that not more than 10 students are present during a demonstration session</li> </ul>					
	<ul style="list-style-type: none"> <li>Ensuring that all students have the necessary learning materials (e.g., supplies, models, learning guides, checklists etc.) for the specific skills that are being demonstrated</li> </ul>					
	<ul style="list-style-type: none"> <li>Describing the skill and why the skill is important</li> </ul>					
	<ul style="list-style-type: none"> <li>Describing steps involved in the skill, using the relevant checklist</li> </ul>					
	<ul style="list-style-type: none"> <li>Demonstrating the skill as follows:               <ul style="list-style-type: none"> <li>- Simulates clinical setting as much as possible</li> <li>- Proceeds in a step-by-step manner</li> <li>- Demonstrates skill accurately</li> <li>- Mentions the rationale for each step of the procedure</li> </ul> </li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	- Demonstrates skill from beginning to end, without skipping steps					
	- Interacts with students, asking and answering questions					
	- Uses all the necessary supplies and equipment					
	- Demonstrates so that all students can see					
	- Ensures that each student follows using the correct learning guide/ checklist					
	- Summarizes and asks students if they have questions					
	- Encourages one student from the group to do a return demonstration					
	<b>SCORE</b>					
14. Nursing tutor uses the demonstration room/ skills lab effectively for student practice of clinical skills	Verify through observation whether nursing tutor uses demonstration room/skills lab to help practical learning by:					
	▪ Allowing students to practice the skill in small groups, taking turns with various roles (practicing, observing, giving feedback, simulating role of patient)					
	▪ Ensuring that there are no more than six students per model					
	▪ Observing students practicing and providing feedback in a positive and constructive manner					
	▪ Questioning students to check their knowledge and clinical decision-making skills					



PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>Summarizing the session</li> </ul>					
	<b>SCORE</b>					
15. Nursing tutor use the demonstration room effectively for assessing student achievement of clinical skill competence	Verify through observation or by interviewing the tutor:					
	Direct observation: Observe whether the instructor / nursing tutor uses the learning lab to assess the achievement of clinical competence in desired skills in the following manner:					
	<ul style="list-style-type: none"> <li>Ensuring students are aware that they will be assessed for specific skill competence using the skills checklist</li> </ul>					
	<ul style="list-style-type: none"> <li>Ensuring that each student has a copy of the skills checklist</li> </ul>					
	<ul style="list-style-type: none"> <li>Preparing assessment station with all necessary supplies and equipment</li> </ul>					
	<ul style="list-style-type: none"> <li>Conducting assessments in an objective and impartial manner using the checklist</li> </ul>					
	<ul style="list-style-type: none"> <li>Providing feedback at the conclusion of the assessment session, but not during the assessment</li> </ul>					
	<ul style="list-style-type: none"> <li>Recording results of the assessment session in the student's logbook/ record</li> </ul>					
	<ul style="list-style-type: none"> <li>Recording results of the assessment session in the student's performance file</li> </ul>					
<ul style="list-style-type: none"> <li>Providing opportunity for practice and re-assessment if the student does not achieve competence during the session</li> </ul>						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<b>Interview:</b> Ask the tutor to explain to you how she uses the skills lab to assesses the achievement of clinical competence in the desired skill:					
	<ul style="list-style-type: none"> <li>Ensuring students are aware that they will be assessed for specific skill competence using the skills checklist</li> </ul>					
	<ul style="list-style-type: none"> <li>Ensuring that each student has a copy of the skills checklist</li> </ul>					
	<ul style="list-style-type: none"> <li>Preparing assessment station with all necessary supplies and equipment</li> </ul>					
	<ul style="list-style-type: none"> <li>Conducting assessments in an objective and impartial manner using the checklist</li> </ul>					
	<ul style="list-style-type: none"> <li>Providing feedback at the conclusion of the assessment session, but not during the assessment</li> </ul>					
	<ul style="list-style-type: none"> <li>Recording results of the assessment session in the student's logbook/ record</li> </ul>					
	<ul style="list-style-type: none"> <li>Recording results of the assessment session in the student's performance file</li> </ul>					
	<ul style="list-style-type: none"> <li>Providing opportunity for practice and re-assessment if the student does not achieve competence during the session</li> </ul>					
	<b>SCORE</b>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
16. Teaching is routinely monitored for effectiveness at least 2 times per year	Through interviews with tutors, students and by review of faculty records (faculty evaluation forms, records), verify that teaching is monitored for effectiveness:					
	<ul style="list-style-type: none"> <li>▪ There is an evaluation of faculty performance on:</li> </ul>					
	- teaching skills					
	- interpersonal and communication skills					
	- technical knowledge and skills (course content)					
	- Review is recorded on the file					
	<ul style="list-style-type: none"> <li>▪ There are evaluations of the faculty by students in following areas:</li> </ul>					
	- relevance of teaching to course objectives					
	- effectiveness of instruction					
- relevance of knowledge and skill assessments to course objectives on file						

<b>TOTAL STANDARDS:</b>	<b>15</b>			
<b>DATE:</b>				
<b>TOTAL STANDARDS OBSERVED:</b>				
<b>TOTAL STANDARDS ACHIEVED:</b>				
<b>PERCENT ACHIEVEMENT (STANDARDS ACHIEVED / STANDARDS OBSERVED)</b>				

# Performance Standards for ANM Pre-Service Education

## Section 2

### Clinical Instruction and Practice



**Performance Standards for Auxiliary Nurse Midwife Education:  
Clinical Instruction and Practice**

School (name and place): \_\_\_\_\_ Supervisor/Assessor: \_\_\_\_\_

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
1. The number of clinical practice sites meets requirements of the curriculum	Determine by interviewing the tutors and by visiting clinical practice sites whether:					
	<ul style="list-style-type: none"> <li>▪ The number of sites is sufficient so that no more than six students are practicing in a particular service delivery area during one shift</li> </ul>					
	<b>SCORE</b>					
2. The variety of clinical sites meets the requirements of the curriculum	Determine by interviewing the principal and clinical instructors/tutors and reviewing administrative records (clinical rotation plan) whether:					
	<ul style="list-style-type: none"> <li>▪ Clinical practice sites are available for:</li> </ul>					
	- Antenatal care- OPD/ Clinic/ Observation room					
	- Labor/assessment of patients presenting with signs of labor					
	- Delivery and the management of delivery complications					
	- Newborn care and management of newborn problems					
- Postpartum care						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS	
		Date	Date	Date	Date		
	- Management of obstetric emergencies						
	- Family planning						
	- General gynecologic care						
	- OT, Recovery room						
	Clinical practice sites represent the variety of types of facilities where students can be expected to work after completion of the course including:						
	- A hospital or First Referral Unit						
	- 24/7 Primary Health Center or CHC						
	- Sub-center or MCH clinics						
<b>SCORE</b>							
3. The infrastructure of the clinical practice area is conducive to clinical practice	Observe in the clinical practice site whether the place:						
	▪ Has sufficient space in each clinical area to accommodate four to six students working alongside staff						
	▪ Has space where preceptors and students can meet to review objectives and discuss practice						
	<b>SCORE</b>						
4. Clinical volume at the clinical practice sites provides	Determine by reviewing statistical records of the clinical practice site whether there is sufficient clinical volume:						
	▪ Total volume is at least 20 “competent” deliveries per student						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
students with sufficient practice to meet the clinical objectives	<ul style="list-style-type: none"> <li>30 antenatal examinations</li> </ul>					
	<ul style="list-style-type: none"> <li>20 postpartum care of mother and the newborn.</li> </ul>					
	<ul style="list-style-type: none"> <li>Five vaginal examinations</li> </ul>					
	<ul style="list-style-type: none"> <li>Five IUCD insertions</li> </ul>					
	<ul style="list-style-type: none"> <li>5 resuscitation of the newborn</li> </ul>					
	<ul style="list-style-type: none"> <li>Assist five episiotomy suturing and repair of tears</li> </ul>					
	<b>SCORE</b>					
5. The school has an agreement with the clinical practice sites that allows students to learn in the clinical area	Verify with the school administrator if:					
	<ul style="list-style-type: none"> <li>There is a Memorandum of Understanding or a permission letter between the school and the local health authorities that states that each clinical practice site has a policy that allows students to directly participate in supervised clinical care of patients</li> </ul>					
	<ul style="list-style-type: none"> <li>There is an agreement with each of the following types of facilities:</li> </ul>					
	<ul style="list-style-type: none"> <li>- District Hospital</li> </ul>					
	<ul style="list-style-type: none"> <li>- First Referral Unit/Community Health Center</li> </ul>					
<ul style="list-style-type: none"> <li>- Primary Health Care Center</li> </ul>						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	- Sub centre					
	<b>SCORE</b>					
6. The clinical practice sites are prepared for student teaching	Verify by interviewing clinical practice site coordinator (Matron) and reviewing records (minutes of meeting with the clinical staff) whether:					
	<ul style="list-style-type: none"> <li>Clinical practice facilities have been assessed prior to student placement</li> </ul>					
	<ul style="list-style-type: none"> <li>Principal/nursing tutors and hospital personnel meet once every two month to discuss issues related to clinical practice of students (review the meeting minutes/meeting register)</li> </ul>					
	<ul style="list-style-type: none"> <li>The clinical staff are aware of the learning objectives for clinical practice blocks</li> </ul>					
	Observe that clinical sites have medical supplies such as:					
	<ul style="list-style-type: none"> <li>Stethoscope, Fetoscope, BP apparatus, Thermometer</li> </ul>					
	<ul style="list-style-type: none"> <li>Examination gloves and sterile or high-level disinfected gloves</li> </ul>					
<ul style="list-style-type: none"> <li>Personal protective equipment in the labor room/OT (e.g. plastic apron, eye protection, masks, cap, shoes, etc.)</li> </ul>						



PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> <li>Personal protective equipment in the wards (e.g., masks, gloves)</li> </ul>					
	<ul style="list-style-type: none"> <li>Necessary equipment for practice of clean and safe delivery</li> </ul>					
	<ul style="list-style-type: none"> <li>Forms and documents including partograph and others e.g. antenatal card</li> </ul>					
	<b>SCORE</b>					
7. Clinical rotation plans have been developed to distribute students across clinical practice areas evenly	Verify with clinical preceptors and review the CRP (clinical rotation plan) if:					
	<ul style="list-style-type: none"> <li>Clinical rotation plan for each class of students exists and has been shared with all the clinical practice sites</li> </ul>					
	<ul style="list-style-type: none"> <li>Clinical rotation plan (CRP) ensures that groups of students (e.g., from different classes) are not assigned to same unit at the same time</li> </ul>					
	<ul style="list-style-type: none"> <li>CRP identifies preceptor/ tutor responsible for each block of time a student group is in a unit</li> </ul>					
	<ul style="list-style-type: none"> <li>CRP is organized so that students move from basic to more complex skills over time</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> <li>CRP is organized so that students complete a study block covering relevant theory content before practicing in the clinic</li> </ul>					
	<b>SCORE</b>					
8. Transportation to and from clinical practice sites is assured	Verify with the school administration, students and clinical instructors/tutors whether:					
	<ul style="list-style-type: none"> <li>Transportation has been arranged- the school has a separate 20-25 seater mini bus and a driver with separate budget for its maintenance</li> </ul>					
	<ul style="list-style-type: none"> <li>Transportation ensures students arrive on time</li> </ul>					
	<ul style="list-style-type: none"> <li>The available bus is in good condition</li> </ul>					
	<b>SCORE</b>					
9. Clinical instructors/tutors have the necessary teaching materials to effectively guide students in clinical practice	Verify with the clinical instructors/tutors if:					
	<ul style="list-style-type: none"> <li>There is a set of learning resource/teaching materials related to MNCH and FP procedures(checklists, job aids, etc.) at the clinical site or the students carry the checklists for the procedures to the clinical area</li> </ul>					
	<ul style="list-style-type: none"> <li>There are specific learning objectives for each clinical posting and they are provided to the students at the beginning of the course</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> <li>The instructors/tutors are aware of the learning objectives for that particular clinical posting</li> </ul>					
	<b>SCORE</b>					
10. Clinical instructors in the clinical area have been appropriately selected	Verify with the Principal and clinical instructors/tutors by interviews if clinical instructors:					
	<ul style="list-style-type: none"> <li>Are experienced nurses (Registered Nurse / Registered Midwives) or doctor</li> </ul>					
	<ul style="list-style-type: none"> <li>Have evidence of a total of 2 years of clinical practice experience within the past 5 years for each clinical instructor/tutor</li> </ul>					
	<ul style="list-style-type: none"> <li>Have received knowledge and skills updating in any one of the following: EmOC, SBA, IMNCI or NSSK (at least once in past 3 years)</li> </ul>					
	<b>SCORE</b>					
11. Students are prepared for clinical practice prior to their departure for clinical practice site	Verify through interview with the Principal, ANM program coordinator and 2 students if:					
	<ul style="list-style-type: none"> <li>A clinical instructor/tutor meets with students prior to their departure for clinical practice sites</li> </ul>					
	<ul style="list-style-type: none"> <li>Students are oriented to the use of a personal clinical experience log book and the procedures to be performed during that clinical posting</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> <li>Students are aware of the specific learning objective for the clinical posting</li> </ul>					
	<b>SCORE</b>					
12. Students are prepared for clinical practice upon their arrival at clinical practice site	Verify with at least two students and clinical instructor/tutor if:					
	<ul style="list-style-type: none"> <li>Students are oriented to each site on arrival including:</li> </ul>					
	<ul style="list-style-type: none"> <li>Introduced to staff in the unit during their rotation</li> </ul>					
	<ul style="list-style-type: none"> <li>An orientation to the facility including the general layout of the departments, pharmacy, laboratory, and out-patient department</li> </ul>					
	<ul style="list-style-type: none"> <li>Students receive explanations of admission and discharge procedures</li> </ul>					
	<ul style="list-style-type: none"> <li>Students receive orientation to medication administration record</li> </ul>					
	<ul style="list-style-type: none"> <li>Students are oriented to patient emergency procedures and equipment</li> </ul>					
	<ul style="list-style-type: none"> <li>Infection prevention practices and equipments</li> </ul>					
	<ul style="list-style-type: none"> <li>Students are oriented to safety and security</li> </ul>					
	<b>SCORE</b>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
13. Students and clinical instructor/ tutor use appropriate learning and assessment tools	Observe in the clinical practice site if:					
	▪ Students at the clinical practice sites have their personal learning resources (checklists, wallet with pocket articles etc.)					
	▪ Clinical instructors/tutors are recording observations, comments, and achievement of competence in the students' clinical assessment tools					
	▪ Clinical instructors/tutors and students are using the clinical experience logbooks for recording the attainment of skills ( <i>check at least 3 logbooks</i> )					
	<b>SCORE</b>					
14. Clinical instructors/tutors provide guidance for clinical practice sessions	Observe whether the clinical preceptors/ nursing tutors:					
	▪ Present clearly the objectives for the clinical practice session					
	▪ Describe the tasks to be performed by students					
	▪ Demonstrate or reinforce clinical skills, if necessary					
	▪ Demonstrate skills on actual patients whenever possible, or use simulation if necessary					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	<b>SCORE</b>					
15. Clinical instructors/tutors monitor student performance and give feedback	Observe whether the preceptors/ nursing tutors:					
	<ul style="list-style-type: none"> <li>▪ Protect patients' rights by: <ul style="list-style-type: none"> <li>- Informing the patient of the role of students and instructors/tutors</li> <li>- Obtaining the patient's permission before students observe, assist with, or perform any procedures</li> <li>- Ensuring that an officially recognized doctor, nurse or ANM is always present</li> <li>- Respecting the right to bodily privacy whenever a patient is undergoing a physical exam or procedure</li> <li>- Observing the confidentiality of patients and their information, including ensuring other staff and patients cannot overhear, or by not discussing cases by the patient's name</li> </ul> </li> <li>▪ Supervise students as they work and do not leave students unsupervised for skills or activities that carry risk of patient harm</li> </ul>					
		<ul style="list-style-type: none"> <li>▪ Provide feedback to students by:</li> </ul>				

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> <li>- Providing praise and positive reinforcement during and/or after practice</li> <li>- Correcting student errors while maintaining student self-esteem</li> </ul>					
	<b>SCORE</b>					
16. Clinical instructors/ tutors meet with students at the end of a clinical practice session	Observe whether preceptors/nursing tutors:					
	<ul style="list-style-type: none"> <li>▪ Review the learning objectives and progress</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Discuss cases seen that day, particularly those that were interesting, unusual, or difficult</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Provide opportunities for students to ask questions</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Ask students to discuss their cases or care plans for patients</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Document clinical evaluation periodically</li> </ul>					
	<b>SCORE</b>					
17. Clinical instructors tutors or the school develops and implements	Verify with the Principal, clinical instructors/tutors, and students, by interviews and records review (mark register), whether:					
	<ul style="list-style-type: none"> <li>▪ Structured practical examinations are held for each student at the end of each course</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
structured practical examinations (Objective Structured Clinical Examination)	<ul style="list-style-type: none"> <li>Students are provided information about the process to reduce their anxiety level</li> </ul>					
	<ul style="list-style-type: none"> <li>Appropriate patients are selected and participate with consent</li> </ul>					
	<ul style="list-style-type: none"> <li>Checklists or other tools are used to document observations of students in structured practical examinations</li> </ul>					
	<ul style="list-style-type: none"> <li>Results are provided to students once the exam is completed</li> </ul>					
	<ul style="list-style-type: none"> <li>Results are also shared with the administration for record keeping (Recorded checklist should be filed for further reference)</li> </ul>					
	<b>SCORE</b>					

<b>TOTAL STANDARDS:</b>	<b>17</b>			
<b>DATE:</b>				
<b>TOTAL STANDARDS OBSERVED:</b>				
<b>TOTAL STANDARDS ACHIEVED:</b>				
<b>PERCENT ACHIEVEMENT (STANDARDS ACHIEVED / STANDARDS OBSERVED)</b>				



# Performance Standards for ANM Pre-Service Education

## Section 3

### School Infrastructure and Training Material



**Performance Standards for Auxiliary Nurse Midwife Education:  
School Infrastructure and Training Material**

School (name and place): \_\_\_\_\_ Supervisor/Assessor: \_\_\_\_\_ Date: \_\_\_\_\_

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
1. The school has the basic infrastructure to function effectively	Observe that the school has:					
	▪ 2 Classrooms – each at least 720 sq ft. for the student size of 40					
	▪ Separate room for the skills laboratory/ demonstration room					
	▪ Library facility					
	▪ Administrative space- Office space for the principal, tutors and the non-teaching staff					
	▪ Toilet facilities for faculty and staff (1:10 ratio)					
	▪ Toilet facilities for students					
	▪ Functional Photocopy machine					
	▪ Functional Computer in office and printer					
	▪ Separate phone for the school					
	<b>SCORE</b>					
2. The school facilities are clean	Visit the school facilities to observe the absence of dust, soil, trash, insects, and spider webs in the following areas:					
	▪ Classrooms					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	▪ Skills laboratory/ demonstration room					
	▪ Library					
	▪ Administrative space- office					
	▪ Toilets					
	▪ Photocopy machine area					
	▪ Computers in office					
	<b>SCORE</b>					
3. Classrooms are comfortable and properly equipped for teaching	Observe if the classrooms have:					
	▪ Adequate light, either natural or electrical					
	▪ Adequate ventilation (open windows or fan, air conditioner, fans)					
	▪ Chairs and Desks/ arm chairs in sufficient numbers for the largest class size					
	▪ Adequate and flexible space for group learning activities					
	▪ Blackboard or whiteboard					
	▪ Chalk or whiteboard markers					
	▪ Electricity backup					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> <li>▪ Overhead projector with voltage stabilizer/LCD projection unit</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Clock</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Flipchart and tripod (as needed)</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Notice board</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Waste bin</li> </ul>					
	<b>SCORE</b>					
4. The demonstration room / skills lab is properly equipped for practical learning sessions	Observe that the demonstration room skills lab has:					
	<ul style="list-style-type: none"> <li>▪ Adequate light, either natural or electrical</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Adequate ventilation (open windows, air conditioner, fans)</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Tables/patient bed to place models</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Seating for the students and faculty</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Blackboard or whiteboard</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Chalk or whiteboard markers</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Cabinets with locks for supplies and drugs</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Anatomic models</li> </ul>					
	<ul style="list-style-type: none"> <li>- Child birth simulator</li> </ul>					
<ul style="list-style-type: none"> <li>- Zoe model with different attachments</li> </ul>						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	- Cervical dilatation model					
	- Episiotomy suturing model					
	- Female bony pelvis					
	- Fetal skull					
	- IUCD hand held model					
	- Condom demonstration model					
	- Newborn resuscitation model					
	▪ Contraceptive basket with- COCs, ECPs, Condoms, Cu-T					
	▪ Instrument kits – delivery kit (2 artery forceps, 1 scissor, bowl, kidney tray, sponge holder), newborn resuscitation kit, IUCD insertion and removal kit					
	▪ Ambu bag and mask of various sizes					
	▪ Consumable medical supplies					
	▪ BP apparatus and stethoscope, adult weighing machine, urine testing kit, HB testing kit					
	▪ Appropriate infection prevention (IP) supplies and equipment for hand washing (running water into sinks or buckets, soap, towel)					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> <li>▪ Plastic buckets for decontamination, soiled linen, and waste</li> <li>▪ Colour coded bins for biomedical waste management</li> <li>▪ Educational posters and anatomical charts related to MNCH and FP</li> </ul>					
	<b>SCORE</b>					
5. The demonstration room / skills lab is accessible for independent practice	Verify if there is a system with:					
	<ul style="list-style-type: none"> <li>▪ Student or staff member assigned to allow access for students after class hours</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ System of accountability exists for ensuring security of materials</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ A stock register of the skills lab is maintained</li> </ul>					
	<b>SCORE</b>					
6. The anatomic models in the skills lab are in a functional state	Observe whether anatomic models and Obstetric Simulator models:					
	<ul style="list-style-type: none"> <li>▪ Are draped appropriately and/or stored safely</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Have intact or repaired skin</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Are complete and intact with all attachments</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Are in a functional state</li> </ul>					
	<b>SCORE</b>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
7. The library space is appropriately equipped and organized	Observe whether the library space has:					
	▪ Lockable cabinets for storing books and materials					
	▪ Tables to allow for reading or studying					
	▪ A system for recording and cataloging materials					
	▪ Has audiovisual equipment for use by students (TV/DVD/Computer for interactive CD-ROMs/DVDs)- Internet or broadband					
	▪ System of accountability exists for ensuring security of materials (Library register and a person nominated incharge)					
	<b>SCORE</b>					
8. The library has appropriate reference materials	Observe whether the library:					
	▪ Has <u>5 copies</u> of all reference materials described in the curriculum:					
	- <i>IMNCI module for basic health workers worker, Government of India</i>					
	- <i>ENBC module, Government of India</i>					
	- <i>HIV module, Government of India/ National guidelines on prevention and management of reproductive tract infections including STIs, 2007</i>					
	- <i>SBA guidelines, Government of India, 2010</i>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	- <i>Myles Textbook of Midwifery</i>					
	- <i>Infection Prevention Guidelines</i> universally approved Gol IP guidelines					
	- <i>Family Planning: a Global Handbook for Providers</i> , USAID, JHU, WHO 2007					
	- <i>Where there is no doctor</i>					
	▪ Materials in Hindi or other appropriate in local language, as available- Journal and newsletter					
	▪ Materials in English as available					
	▪ Has at least 5 journals/ periodicals					
	<b>SCORE</b>					
9. The library is open to students on demand	Verify with the person in charge of the library if:					
	▪ There is a schedule showing library hours and the students are aware of it					
	▪ Schedule shows that library is accessible to students for at least 2hours per day outside of class hours					
	<b>SCORE</b>					
10. A well-equipped and functional computer lab	Verify by observation that:					
	▪ There is a functional computer lab with at least 5 working computers					



PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
exists for the students and faculty	<ul style="list-style-type: none"> <li>The time table shows regular computer class is arranged for the students</li> </ul>					
	<b>SCORE</b>					
11. The hostel (dormitory) is adequately furnished and suitable for women	Observe whether hostel:					
	<ul style="list-style-type: none"> <li>Has rules and regulations</li> </ul>					
	<ul style="list-style-type: none"> <li>Has a responsible person, e.g. hostel manager</li> </ul>					
	<ul style="list-style-type: none"> <li>Is accessible to the school facilities</li> </ul>					
	<ul style="list-style-type: none"> <li>Is secure, especially at night</li> </ul>					
	<ul style="list-style-type: none"> <li>Has beds/cushions and blankets</li> </ul>					
	<ul style="list-style-type: none"> <li>Has cupboards where students can lock personal belongings</li> </ul>					
	<ul style="list-style-type: none"> <li>Has clean and functional bathing and toilet facilities (at least 1:10)</li> </ul>					
	<ul style="list-style-type: none"> <li>Separate kitchen and store</li> </ul>					
	<ul style="list-style-type: none"> <li>Has someone present during the day when students are absent</li> </ul>					
	<ul style="list-style-type: none"> <li>Has a space for students to see visitors</li> </ul>					
<ul style="list-style-type: none"> <li>Has heating for cold weather and ventilation for warm weather (open windows, fans, air conditioner)</li> </ul>						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	▪ Electricity is available at least for 5-6 hours during night					
	▪ Dining room with facility for at least 40 students to have meals at a time					
	▪ Separate kitchen and store					
	▪ Has a space for students to see visitors					
	▪ Recreation room with TV/ DVD and indoor games					
	▪ Hot water arrangement for winter and water cooler for summer should be there					
	▪ Has space for washing and drying clothes					
	▪ There is anti-fire equipment in emergency case (Sand, Bucket, Dibble)					
	<b>SCORE</b>					
12. Nutritious meals are provided to students	Observe the nutrition/kitchen unit and interview students to verify whether meals:					
	▪ Are provided at regular hours (dining hall schedule)					
	▪ Safe drinking water is available					
	▪ Are prepared in a clean and hygienic manner					
	▪ There is a monthly menu					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> <li>Include sources of protein and vitamins (confirm from the weekly menu)</li> </ul>					
	<ul style="list-style-type: none"> <li>Meals are arranged with input from students (mess committee)</li> </ul>					
	<b>SCORE</b>					

<b>TOTAL STANDARDS:</b>	<b>12</b>			
<b>DATE:</b>				
<b>TOTAL STANDARDS OBSERVED:</b>				
<b>TOTAL STANDARDS ACHIEVED:</b>				
<b>PERCENT ACHIEVEMENT (STANDARDS ACHIEVED / STANDARDS OBSERVED)</b>				



# Performance Standards for ANM Pre-Service Education

## Section 4

### School Management



## Performance Standards for Auxiliary Nurse Midwife Education: School Management

School (name and place): \_\_\_\_\_ Supervisor/Assessor: \_\_\_\_\_

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
1. Student composition reflects national INC policies for auxiliary nurse midwifery education	Verify in the admission registry of student if:					
	▪ Students are female					
	▪ Students are 17 to 30 years					
	▪ Each student has passed an entrance exam equivalent to 12 years of education					
	▪ There is a letter of support from students' families/husbands stating they are able to participate on ALL SHIFTS					
<b>SCORE</b>						
2. Class size is consistent with national INC policy and local capacity	Through review of school records, verify that the class size follows INC norms/ recommendations and does not exceed					
	▪ Teacher-to-student ratio should be not more than					
	- Theory: 1:60					
	- Small group/practical: 1:12					
	- Clinical: 1: 10					
▪ There is an adequate number of classrooms that accommodate all students in physical space of campus						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	<b>SCORE</b>					
3. School has developed and implemented effective student recruitment and admission strategies according to national student admission policy	Through interviews with two tutors and two students and review of administrative record/ prospectus, verify that:					
	<ul style="list-style-type: none"> <li>▪ School has a policy that follows the state recruitment strategy</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ School representatives are a part of recruitment process</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ School has a copy of national/state / INC student admission policy</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ The school has a selection committee</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ The school admission criteria is in line with INC requirements</li> </ul>					
	<b>SCORE</b>					
4. School academic policies exist and are applied	Verify through interview with the administration and review of records whether:					
	<ul style="list-style-type: none"> <li>▪ School academic policies are present and if they include the following topics:</li> </ul>					
	<ul style="list-style-type: none"> <li>- Attendance of students in the classroom and clinical area</li> </ul>					
	<ul style="list-style-type: none"> <li>- Attendance of teachers</li> </ul>					
	<ul style="list-style-type: none"> <li>- Dress code (specifically for clinical areas)</li> </ul>					
	<ul style="list-style-type: none"> <li>- Professional conduct in class, clinical areas, and on campus</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	- Disciplinary action procedures (probation, suspension, expulsion)					
	- Randomly interview two faculty and two students to verify whether the faculty and students are aware of the policies					
	<b>SCORE</b>					
5. School has a clear academic calendar (Master plan for the year)	Verify that the school has a written academic calendar/Master rotation plan that includes:					
	▪ Start and end dates of the academic year					
	▪ Approximate dates of holidays and student breaks according to national policy and curriculum					
	▪ Dates of examinations					
	▪ Date after which students will not be admitted to the program (2 weeks after start of first day of class is recommended since students must have 80% attendance to graduate)					
<b>SCORE</b>						
6. A record of students from entrance to exit is maintained	Verify by document review that:					
	▪ Documentation exists to track students from entrance to exit					
	<b>SCORE</b>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
7. Written job descriptions exist for all staff at the school	Verify that the job description is based on national government policy or NGO policy for:					
	▪ Classroom faculty					
	▪ Administration staff					
	▪ Clinical preceptors					
	▪ Peon, and other support staff (developed by each school)					
	<b>SCORE</b>					
8. A salary structure exists to pay school staff and staff are paid on time	Through interviews with administration and two faculty, and review of administrative documents, verify if:					
	▪ A salary structure exists					
	▪ Staff are paid in accordance with the salary structure					
	▪ Staff are paid in a timely manner					
	<b>SCORE</b>					
9. The curriculum is available to principal and faculty	Verify through interview if:					
	▪ Administrators can locate the curriculum and reference materials and books					
	▪ Teachers can locate the curriculum and reference materials and books					
	▪ Students should have a copy of the curriculum					
	<b>SCORE</b>					



PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
10. Master copies of the learning resource materials exist for duplication	Verify that:					
	<ul style="list-style-type: none"> <li>Principal/program coordinators can locate the master copy of the learning resource materials accompanying the curriculum (all the GoI guidelines)</li> </ul>					
	<ul style="list-style-type: none"> <li>The master copy is of good quality for duplication</li> </ul>					
	<b>SCORE</b>					
11. A staff performance evaluation system exists	Verify through interviews with Principal and staff, and review of administrative documents (evaluation formats), if:					
	<ul style="list-style-type: none"> <li>Staff performance is measured on a regular basis</li> </ul>					
	<ul style="list-style-type: none"> <li>Evaluations of performance are performed using a standardized format</li> </ul>					
	<ul style="list-style-type: none"> <li>The evaluations are documented in writing</li> </ul>					
	<ul style="list-style-type: none"> <li>Staff participates in the process and sign written evaluations to show that they agree to their content</li> </ul>					
	<ul style="list-style-type: none"> <li>Feedback to staff includes student evaluations</li> </ul>					
	<ul style="list-style-type: none"> <li>A program for ongoing teacher education exists</li> </ul>					
<b>SCORE</b>						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
12. Student academic performance standards exist and are known by students and teachers	Verify through review of administrative documents that academic performance and advancement standards exist and include:					
	▪ Percentage achievement on all written examinations					
	▪ Achievement on practical and clinical examinations					
	▪ Value of quizzes, practical exams, and final exam toward final score					
	▪ Minimum student performance for each semester/phase					
	▪ Criteria for academic dismissal					
	Verify through interviewing two faculty and two students that:					
	▪ Faculty are aware of standards					
	▪ Students are aware of standards					
	<b>SCORE</b>					
13. Student performance results are documented centrally and in a confidential manner	Through record reviews and interviews with administration, verify that:					
	▪ There is a central record keeping system to track student knowledge assessment results (mark register in common)					
	▪ There is a central record keeping system to track student clinical assessment results (at the school)					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> <li>Only faculty, coordinators, and administrators have access to the student results</li> </ul>					
	<ul style="list-style-type: none"> <li>Opportunities for student counseling are available</li> </ul>					
	<ul style="list-style-type: none"> <li>A policy for students to file grievances regarding results exists</li> </ul>					
	<b>SCORE</b>					
14. Course completion requirements are explicit and are met before any student receives certificate	Through record reviews, verify that:					
	<ul style="list-style-type: none"> <li>Course completion requirements are explicitly stated and students informed of requirements</li> </ul>					
	<ul style="list-style-type: none"> <li>All students who have received certificate during the last teaching cycle have met the course completion requirements</li> </ul>					
	<ul style="list-style-type: none"> <li>A student who has not met the course completion requirements is offered to reappear as per INC norms</li> </ul>					
	<b>SCORE</b>					
15. School Principal and teaching staff meet regularly	Through record reviews and interviews with the principal and two faculty members, verify if:					
	<ul style="list-style-type: none"> <li>Meetings that include all faculty staff occur regularly (at least once a month) and the minutes are maintained</li> </ul>					



PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> <li>Teachers can provide input and influence decision making about education</li> <li>Student and teaching results are discussed and areas for improvement identified</li> </ul>					
	<b>SCORE</b>					
16. A teaching coordinator visits clinical practice sites and meets with clinical instructors/ tutors and staff	Verify through record of meeting minutes (register) and interviews with the teaching coordinator and two clinical instructors/tutors and staff if:					
	<ul style="list-style-type: none"> <li>There is a schedule of regular meetings/visits between a clinical course coordinator and clinical instructors/tutors and clinical staff</li> </ul>					
	<ul style="list-style-type: none"> <li>Student performance is discussed</li> </ul>					
	<ul style="list-style-type: none"> <li>Problems are discussed, solutions are identified, and action is taken to resolve problems</li> </ul>					
	<b>SCORE</b>					

<b>TOTAL STANDARDS:</b>	<b>16</b>				
<b>DATE:</b>					
<b>TOTAL STANDARDS OBSERVED:</b>					
<b>TOTAL STANDARDS ACHIEVED:</b>					
<b>PERCENT ACHIEVEMENT (STANDARDS ACHIEVED / STANDARDS OBSERVED)</b>					

# Performance Standards for ANM Pre-Service Education

## Section 5

Clinical areas where student midwives undertake clinical experience



## Performance Standards for Auxiliary Nurse Midwife Education

### Clinical areas where student midwives undertake clinical experience

School (name and place): \_\_\_\_\_ \_ Supervisor/Assessor: \_\_\_\_\_

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
1. The provider asks about and records danger signs that the woman may have or has had during pregnancy	Verify through observation with a client in the ANC clinic whether the provider determines if the woman has had any warning signs during her pregnancy:					
	▪ Vaginal bleeding /leaking Per vaginum					
	▪ Respiratory difficulty					
	▪ Fever/ foul smelling discharge					
	▪ Severe headache/blurred vision					
	▪ Generalised swelling of the body, puffiness of face					
	▪ Pain in the abdomen					
	▪ Convulsions/loss of consciousness					
	▪ Decreased excessive or absence of foetal movements					
	▪ Assures <b>immediate</b> attention in the event of any of the above symptoms					
<b>SCORE</b>						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
2. The provider ensures that all women and their husbands/ companions have an individual birth plan and are prepared for any complication that may arise	Observe during a visit with a woman in her second or third trimester, that the provider helps the client and her husband/companion develop an individual birth plan (IBP) and complication readiness or verify by interview with a woman in her third trimester if she is aware of the following:					
	<ul style="list-style-type: none"> <li>▪ Explains the benefits of giving birth assisted by a skilled provider who knows how to manage complications</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Develops a birth plan with the woman, including all preparations for normal birth and plan in case of emergency:               <ul style="list-style-type: none"> <li>- Skilled provider and place of birth</li> <li>- Signs and symptoms of labor and when she has to go to the hospital</li> <li>- Emergency transportation and funds</li> <li>- Provider asks her to identify a family member(s) as a blood donor</li> <li>- Advises the woman and her family to keep a small amount of money for emergency</li> <li>- Items to be taken to the health care setting for clean and safe birth</li> <li>- Decision-making person in case complication occurs at home</li> <li>- Warning signs and symptoms                   <ul style="list-style-type: none"> <li>○ Vaginal bleeding /leaking PV</li> <li>○ Respiratory difficulty</li> </ul> </li> </ul> </li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	○ Fever / foul smelling discharge					
	○ Severe headache/blurred vision					
	○ Generalised swelling of the body, puffiness of face					
	○ Pain in the abdomen					
	○ Convulsions/loss of consciousness					
	○ Decrease, excessive or absence of foetal movements					
	<b>SCORE</b>					
3. The provider uses recommended general counseling techniques while counseling clients for their area of concern	Observe the counseling/examination area with client and verify if the provider:					
	▪ Shows client respect, and helps her feel at ease					
	▪ Encourages the client to explain needs, express concerns and ask questions					
	▪ Guides the discussion according to the client's wishes and needs					
	▪ Includes client's husband or important family members for the counseling session with permission of the client					
	▪ Ensures that there is adequate privacy during the counseling session					
	▪ Listens carefully					



PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> <li>▪ Provides only <i>key</i> information and instructions. Uses words the client can understand</li> <li>▪ Respects and supports the client's informed decisions</li> <li>▪ Informs regarding the common problems during pregnancy, and addresses the client's concerns</li> <li>▪ Checks the client's understanding</li> <li>▪ Provides information on return visits</li> <li>▪ Invites the client to come back any time for any reason or concern she may have</li> </ul>					
	<b>SCORE</b>					
4. The Provider promptly cares for the woman with Pre-eclampsia/eclampsia	In the antenatal/labour room, observe women with pre-eclampsia/eclampsia and see if the provider does the following OR interview 2 health care providers in the antenatal/labour room and identify if the following tasks are done in the event of the woman having pre-eclampsia/eclampsia					
	<ul style="list-style-type: none"> <li>▪ Asks the woman if: <ul style="list-style-type: none"> <li>- She has pain in the upper abdomen (heartburn) or on right side below the diaphragm</li> <li>- She gets severe headache</li> <li>- She has visual problems (double vision, blurring or transient blindness)</li> <li>- She gets sudden or severe swelling of the face, lower back and hands</li> </ul> </li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	- She is passing a reduced amount of urine					
	▪ Checks the BP, records observation and checks again after 4 hours. If the case is urgent, check after 1 hour					
	▪ Tests her urine for the presence of albumin (indicative of proteinuria) (Ensure that the urine sample is a midstream clean catch)					
	▪ Classifies Pre-eclampsia/eclampsia					
	- Hypertension – if the BP is equal to or more than 140/90 mmHg on two consecutive readings taken 4 hours apart					
	- Pre-eclampsia – hypertension with proteinuria					
	- Eclampsia – hypertension with proteinuria and convulsions					
	▪ Explains the danger signs listed below to her and her family, as they can be life-threatening to the woman and her baby					
	The danger signs are:					
	- Very high BP (above 160/110 mmHg)					
	- Severe headache, increasing in frequency and duration					
	- Visual disturbances (blurring, double vision, blindness)					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	- Pain in the epigastrium (upper part of the abdomen)					
	- Oliguria (passing a reduced quantity of urine, i.e. less than 400 ml in 24 hours)					
	- Oedema (swelling), especially of the face, sacrum/lower back					
	▪ Starts the woman on anti-hypertensive medication and advises to come for regular follow-up					
	▪ Counsels the woman for delivery in the hospital					
	▪ In the event of eclampsia, gives first dose of magnesium sulphate and refers to a higher level facility for further management or admits the woman and monitors her BP and manages with Inj. Magnesium Sulphate.					
	▪ Offers supportive care immediately, as follows:					
	- Ensures that the airways are clear and breathing is normal. If the woman is unconscious, position her on her left lateral side					
	- Cleans her mouth and nostrils and apply gentle suction to remove secretions					
	- Removes any visible obstruction or foreign body from her mouth					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	- Places the padded mouth gag between the upper and lower jaws to prevent tongue bite. Do not attempt this during a convulsion					
	- Protects her from a fall or injury					
	- Empties her bladder using a catheter (preferably Foley's catheter), measure and record the volume, and leave the catheter in and attach to a urine collection bag					
	- Does not leave the woman alone					
	▪ Measures the BP, urine output and temperature of the woman					
	▪ Magnesium sulphate injection - Gives the first dose of magnesium sulphate injection:					
	- Takes a sterile 10 cc syringe and 22 gauge needle					
	- Breaks 5 ampoules and fill the syringe with the magnesium sulphate solution, ampoule by ampoule (10 ml in all). Take care not to suck in air bubbles while filling the syringe. (Each ampoule has 2 ml of magnesium sulphate 50% w/v, 1 g in 2 ml)					
	- Identifies the upper outer quadrant of the hip. Cleans it with a spirit swab and allows the area to dry					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	- Administers the 10 ml (5 g) injection (deep intramuscular) in the upper outer quadrant in one buttock, slowly					
	- Tells the woman she will feel warm while the injection is being given					
	- Repeats the procedure with the same dose (i.e. 5 ampoules - 10 ml/ 5 g) in the other buttock					
	- Disposes of the syringe in a puncture proof container (if disposable) or decontaminates (if reusable)					
	▪ Starts an intravenous infusion and gives the intravenous fluids slowly, at the rate of 30 drops/minute and prepares for delivery (induces/augment labour as necessary)					
	<b>SCORE</b>					
5. The provider receives the pregnant woman in labor in a cordial manner	In the labor and delivery rooms, observe two women in labor and determine whether the provider:					
	▪ Ensures that she speaks the language understood by the woman or seeks someone who can assist in this regard					
	▪ Greets the woman and her companion in a cordial manner					
	▪ Introduces herself to the woman					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> <li>Encourages the woman to ask her companion to remain at her side, as appropriate and applicable</li> </ul>					
	<ul style="list-style-type: none"> <li>Responds to questions using easy-to-understand language</li> </ul>					
	<ul style="list-style-type: none"> <li>Responds to her immediate needs (thirst, hunger, cold/hot, need to urinate, etc.)</li> </ul>					
	<ul style="list-style-type: none"> <li>Records the necessary information in the individual labor record</li> </ul>					
	<b>SCORE</b>					
6. The provider uses the partograph to monitor labor and make adjustments to the birth plan	Determine, based on the clinical history and partograph of two women in labor, whether the provider:					
	<ul style="list-style-type: none"> <li>Records patient information:</li> </ul>					
	- Name					
	- Gravida, para					
	- Hospital number					
	- Date and time of admission					
	- Time of rupture of membranes					
	<ul style="list-style-type: none"> <li>Records every half hour:</li> </ul>					
- Fetal heart rate (FHR)						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	- Uterine contractions (frequency and duration over a 10-minute period)					
	- Maternal pulse					
	- Amount of IV solution (If provided with oxytocin in drops per minute and indication) medications and other intravenous liquids, if used					
	▪ Records temperature every two hours if febrile, otherwise 4 hourly					
	▪ Records BP every 4 hours					
	▪ At every vaginal examination (every 4 hours or less according to evolution of labor):					
	- Records the condition of the membranes and characteristics of the amniotic fluid if they have ruptured					
	- Graphs cervical dilation					
	▪ Records whether the woman has passed urine					
	▪ Records the time of the observations					
	▪ Adjusts the labor plan according to the parameters observed:					
	- If parameters are normal, continues to implement the plan (walk about freely, hydration, light food if desired, change positions, etc.) OR					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> <li>- If parameters are not normal, identifies complications, records the diagnosis and makes adjustments to the birth plan</li> </ul>					
	<b>SCORE</b>					
7. The provider has the basic equipments to perform resuscitation of the newborn	Determine whether the provider has assembled:					
	<ul style="list-style-type: none"> <li>▪ Masks # 0 for pre term, # 1 for term healthy baby</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Newborn self inflating resuscitation bag</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Dee Lee mucus extractor</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Oxygen source if available</li> </ul>					
	<b>SCORE</b>					
8. The provider verifies that equipment is in proper working condition	Verify if the provider, before every delivery:					
	<ul style="list-style-type: none"> <li>▪ Checks bag and mask blocking the mask by making a tight seal with the palm of his hand and squeezing the bag</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Checks that she/he feels pressure against his hand (which means that the bag is generating adequate pressure)</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Checks the functioning of the Pop-up valve</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Checks if the bag re-inflates when he releases the grip (which means that the bag is functioning properly)</li> </ul>					



PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	<b>SCORE</b>					
9. The provider adequately conducts normal delivery (second stage of labor)	Observe two women during a delivery and determine whether the provider (in the labor or delivery rooms):					
	▪ Checks for hydration status					
	▪ Encourages to take deep breaths between contractions					
	▪ Asks to push during contractions					
	▪ Checks FHS every 5-10 minutes					
	▪ Checks that the bladder is empty					
	▪ Gives perineal support while delivering head					
	▪ Delivers head by dorsiflexion technique					
	▪ Delivers posterior shoulder first followed by anterior shoulder					
	▪ Cleans baby's nose and mouth by clean gauze after delivery of head					
	▪ Informs mother about baby's condition					
	<b>SCORE</b>					
10. The provider adequately performs active management of the	Observe two women during a delivery and determine whether the provider (in the labor or delivery rooms):					
	▪ Palpates the mother's abdomen to rule out the presence of a second baby (without stimulating contractions)					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
third stage of labor	<ul style="list-style-type: none"> <li>Tells the woman that she will receive an injection, and administers 10 IU of oxytocin IM on the thigh</li> </ul>					
	<ul style="list-style-type: none"> <li>Clamps the cord near the perineum</li> </ul>					
	<ul style="list-style-type: none"> <li>Holds the cord and clamp with one hand</li> </ul>					
	<ul style="list-style-type: none"> <li>Places the other hand just above the woman's symphysis pubis (over the sterile towel) to gently exert pressure upwards in the direction of her abdomen when a contraction starts</li> </ul>					
	<ul style="list-style-type: none"> <li>Holds the cord and clamp and waits for the uterus to contract</li> </ul>					
	<ul style="list-style-type: none"> <li>Upon contraction, applies gentle but firm and sustained downward traction on the cord with counter force on the lower abdomen above the pubis to guard the uterus, until the placenta is expelled</li> </ul>					
	<ul style="list-style-type: none"> <li>If this maneuver does not allow the placenta to come down, ceases to apply traction, holding the cord and clamp until the next contraction</li> </ul>					
	<ul style="list-style-type: none"> <li>Repeats controlled cord traction while simultaneously applying counter traction over the lower abdomen above symphysis pubis to guard the uterus</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> <li>Once the placenta bulges at the vaginal introitus, assists its expulsion with both hands, by turning it clockwise over in the hands, without applying traction, “teasing out” the membranes to roll them out</li> </ul>					
	<ul style="list-style-type: none"> <li>Checks whether uterus is contracted</li> </ul>					
	<ul style="list-style-type: none"> <li>Massages the uterus with one hand on a sterile cloth over the abdomen, until it contracts firmly</li> </ul>					
	<ul style="list-style-type: none"> <li>Checks the completeness of the placenta and membranes</li> </ul>					
	<ul style="list-style-type: none"> <li>Tells the sex of the baby to the mother after the placenta is removed</li> </ul>					
	<b>SCORE</b>					
11. The provider properly conducts a rapid initial assessment and provides immediate newborn care	In the labor or delivery rooms, observe two women with their newborns in the immediate postpartum period and determine whether the provider:					
<b>Note 1:</b> This standard must be observed immediately following birth	<ul style="list-style-type: none"> <li>Receives and dries the baby with a clean dry towel from head to feet, discards the used towel and covers the baby including the head with a clean dry towel.</li> </ul>					
	<ul style="list-style-type: none"> <li>Determines whether the baby is breathing</li> </ul>					
	<ul style="list-style-type: none"> <li>If the baby does not begin breathing or is breathing with difficulty, asks assistance, rapidly ties and cuts the cord, and initiates resuscitation</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
<p><b>Note 2:</b> It may be necessary to have two providers and observers in the event that one provider is caring for the woman and the other for the newborn</p>	<ul style="list-style-type: none"> <li>Gives IM oxytocin at this stage, clamps, ties and cuts the cord, clamps and holds the other end of the cord close to the perineum</li> </ul>					
	<ul style="list-style-type: none"> <li>If the baby is breathing normally, places the baby in skin-to-skin contact on the mother's chest or abdomen and encourages immediate breastfeeding</li> </ul>					
	<ul style="list-style-type: none"> <li>Informs the mother of the baby's condition</li> </ul>					
	<ul style="list-style-type: none"> <li>Clamps and cuts the cord using clean sterile blade/instruments within 1-3 minutes of the birth</li> </ul>					
	<ul style="list-style-type: none"> <li>Cleans the baby's both eyes with separate sterile gauze for each eye</li> </ul>					
	<ul style="list-style-type: none"> <li>Places an identification bracelet on the baby's wrist</li> </ul>					
	<ul style="list-style-type: none"> <li>If necessary, provides orientation to the mother about how to hold her baby</li> </ul>					
	<b>SCORE</b>					
<p>12.The provider adequately performs immediate postpartum care</p>	In the labor or delivery rooms, observe two women during a delivery and determine whether the provider:					
	<ul style="list-style-type: none"> <li>Informs the woman what he/she is going to do before proceeding, then <i>carefully</i> examines the vagina and perineum</li> </ul>					
	<ul style="list-style-type: none"> <li>Checks for PPH</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> <li>Gently cleanses the vulva and perineum with clean water (warm if possible) or a nonalcoholic antiseptic solution</li> </ul>					
	<ul style="list-style-type: none"> <li>Sutures the tears/lacerations if necessary</li> </ul>					
	<ul style="list-style-type: none"> <li>Covers the perineum with a clean sanitary pad</li> </ul>					
	<ul style="list-style-type: none"> <li>Makes sure that the woman is comfortable (clean, hydrated and warmly covered)</li> </ul>					
	<ul style="list-style-type: none"> <li>Ensures that the baby is well covered, is with the mother, and has begun to suckle</li> </ul>					
	<b>SCORE</b>					
13. The provider properly monitors the newborn	Observe whether the provider:					
	<ul style="list-style-type: none"> <li>Monitors baby's temperature every 30 minutes, for the first hour after birth if the baby is preterm/ IUGR/ resuscitated by touching the baby's peripheries, chest &amp; abdomen</li> </ul>					
	<ul style="list-style-type: none"> <li>- If cold, takes axillary temperature using low reading thermometer for at least 3 minutes and makes sure that the baby is kept warm by maintaining skin-to-skin contact (if that's not possible, re-wrap the baby, including the head) and place the baby under a heat source or incubator. Continues to monitor temperature <b>on an half hourly basis</b> or until temperature stabilizes</li> </ul>					
	<ul style="list-style-type: none"> <li>Monitor every 2 hours until the first 6 hours</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> <li>▪ If there is bleeding/oozing from the cord, reties it</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Gives the baby vitamin K injection 1 mg IM for term babies and 0.5 mg IM for preterm babies</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Encourages and supports the mother in initiating breastfeeding within the first hour after birth</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Encourages the mother to ask questions, and responds using easy-to-understand language</li> </ul>					
	<b>SCORE</b>					
14. The provider properly performs resuscitation of the newborn	Determine whether the provider:					
	<ul style="list-style-type: none"> <li>▪ Places the newborn face up on a clean, dry, hard surface under a heat source or warmer</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Quickly wraps and covers the baby, except for the face and the upper portion of the chest</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Explains to the mother what is happening</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Positions the head of the baby so that the neck is slightly extended which may be achieved by placing a rolled up piece of cloth under the baby's shoulders</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Gently sucks the baby's mouth and then nose if meconium is present and the baby is not crying (does not suck deep in the throat which may cause bradycardia)</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> <li>▪ After performing the above steps of resuscitation, if the baby does not breathe initiates bag and mark ventilation</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ In the event of resuscitation with bag and mask or tube and mask:</li> </ul>					
	<ul style="list-style-type: none"> <li>- Places the mask so it covers the baby's chin, mouth and nose</li> </ul>					
	<ul style="list-style-type: none"> <li>- Ensures that an appropriate seal has been formed between mask, nose, mouth, and chin</li> </ul>					
	<ul style="list-style-type: none"> <li>- Ventilates one or two times and looks for chest movement during ventilation (chest is rising equally on both sides)</li> </ul>					
	<ul style="list-style-type: none"> <li>- If no chest movement, check for inadequate seal or blocked airway or insufficient pressure</li> </ul>					
	<ul style="list-style-type: none"> <li>- Ventilates for 30 secs 40-60 breathes</li> </ul>					
	<ul style="list-style-type: none"> <li>- If breathing well, gradually discontinues positive pressure ventilation, check breathing for one minute and keep the baby under observation</li> </ul>					
	<ul style="list-style-type: none"> <li>- If not breathing well, continue ventilation, assess the heart rate and add oxygen if available</li> </ul>					
	<ul style="list-style-type: none"> <li>- If heart rate is more than 100/min continue ventilation and assess for breathing after 30 secs.</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> <li>- If heart rate is less than 100/min, continue ventilation and call for help</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ If the baby is breathing and there is no sign of respiratory difficulty (intercostal retractions or grunting):</li> </ul>					
	<ul style="list-style-type: none"> <li>- Places the wrapped baby in skin-to-skin contact with the mother</li> </ul>					
	<ul style="list-style-type: none"> <li>- Ensures that the baby continues to breathe without difficulty and is kept warmly covered</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ If the baby does not begin to breathe or if breathing is less than 20/min or gasping,</li> </ul>					
	<ul style="list-style-type: none"> <li>- Continues to ventilate</li> </ul>					
	<ul style="list-style-type: none"> <li>- Administers oxygen, if available</li> </ul>					
	<ul style="list-style-type: none"> <li>- Assesses the need for special care</li> </ul>					
	<ul style="list-style-type: none"> <li>- Explains to the mother what is happening if possible</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ In the event of mouth/nose-mouth resuscitation:</li> </ul>					
	<ul style="list-style-type: none"> <li>- Places a piece of clean cloth or gauze over the baby's mouth and nose</li> </ul>					
	<ul style="list-style-type: none"> <li>- Places her/his mouth over the mouth and nose of the baby</li> </ul>					
	<ul style="list-style-type: none"> <li>- Gently blows only the air contained in her/his mouth, 40 times per minute for 1 minute</li> </ul>					



PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	- Verifies that chest is rising					
	- Pauses and determines whether the baby is breathing spontaneously					
	<ul style="list-style-type: none"> <li>▪ If there is no breathing after 20 minutes of ventilation or gasping type of breathing for 30 minutes</li> </ul>					
	- Suspends Resuscitation					
	- Records the time of death (no breathing)					
	- Provides emotional support to mother/parents and family members					
	<ul style="list-style-type: none"> <li>▪ Record all actions taken on the woman's clinical record</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Asks the mother whether she has any questions, and responds using easy-to-understand language</li> </ul>					
	<b>SCORE</b>					
15. The provider properly disposes the used instruments and medical waste after assisting the birth	In the labor or delivery rooms, observe two women in the immediate postpartum period and determine whether the provider:					
	<ul style="list-style-type: none"> <li>▪ Before removing gloves:</li> </ul>					
	- Discards the placenta into a leak-proof container with a plastic liner or as per the State Waste Management Guidelines					
	- Disposes medical waste (gauze, etc.) in a plastic container with a plastic liner or as per the State Waste Management Guidelines					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	- Put the soiled linen in a leak-proof container					
	- Places all reusable instruments in a 0.5% chlorine solution for 10-30 minutes					
	▪ Decontaminates the syringe and needle by flushing them three times with 0.5% chlorine solution and disposes of the needle and syringe in a puncture-resistant container, without removing, recapping or breaking the needle (or dispose of as per state waste disposal guidelines for sharps)					
	▪ If gloves are disposable, immerses both gloved hands in a 0.5% chlorine solution, removes gloves by inverting and places them in a container with a plastic liner; if they are reusable, immerses them in a 0.5% chlorine solution for at least 10 minutes					
	▪ Performs hand hygiene after removing gloves:					
	- Washes hands with running water and soap for 10-15 seconds and dries with an individual clean towel, paper towel or allows hands to air-dry, <b>or</b>					
	- Rubs hands with 3-5 ml of an alcohol-based solution until the hands are dry (if hands <b>are not</b> visibly soiled)					
	<b>SCORE</b>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
<p>17. The provider properly performs the general management of PPH</p> <p><i>(This standard is based on review of notes however where possible try to observe the actual management of a patient AND check the records)</i></p>	Review the records of two women who had PPH, determine whether the records include the following or interview the provider in the clinical area whether the following is done in the event of PPH:					
	<ul style="list-style-type: none"> <li>▪ Rapid evaluation:</li> </ul>					
	<ul style="list-style-type: none"> <li>- General condition</li> </ul>					
	<ul style="list-style-type: none"> <li>- Pulse</li> </ul>					
	<ul style="list-style-type: none"> <li>- BP</li> </ul>					
	<ul style="list-style-type: none"> <li>- Breathing</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ If there is shock or suspicion of shock [weak, fast pulse (110 or more per minute), systolic BP less than 90 mmHg, pallor, cold and perspiring skin, rapid breathing, confusion or unconsciousness]:</li> </ul>					
	<ul style="list-style-type: none"> <li>- Woman is covered and has her feet elevated above her heart</li> </ul>					
	<ul style="list-style-type: none"> <li>- Starts oxygen at 6–8 L/minute by mask</li> </ul>					
	<ul style="list-style-type: none"> <li>- Starts two IV lines using wide bore needle/canula</li> </ul>					
	<ul style="list-style-type: none"> <li>- Takes a blood sample for hemoglobin, cross-matching, and clotting test</li> </ul>					
	<ul style="list-style-type: none"> <li>- Initiates IV infusion with saline or Ringer’s lactate</li> </ul>					
	<ul style="list-style-type: none"> <li>- Infuses 1 L in each line over a 15–20 minute period (wide open rate)</li> </ul>					
<ul style="list-style-type: none"> <li>- Administers at least 2 additional liters of solution during the first hour if required as per the blood loss</li> </ul>						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	- Continues to replace volume IV according to blood loss					
	- Assesses woman's need for transfusion based upon signs and symptoms of shock or impending shock due to amount of blood lost					
	- Performs bladder catheterization and measures for urine output every hour					
	- Administers 20 IU of oxytocin in 500 ml Normal Saline or R/L at 40-60 drops per minute. Performs Bimanual compression of the uterus					
	<b>SCORE</b>					
17. The provider uses recommended general counseling techniques for counseling clients for family planning	Observe at least two family planning counseling sessions and verify if the provider:					
	▪ Shows client respect, and helps client feel at ease					
	▪ Asks relevant questions to identify client's needs and reasons for visiting the clinic					
	▪ Encourages the client to explain needs, express concerns, ask questions					
	▪ Let the client's wishes and needs guide the discussion					
	▪ Includes client's wife/husband or important family members with permission of the client in the counseling session					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> <li>▪ Ensures adequate privacy during the counseling by               <ul style="list-style-type: none"> <li>○ Speaking softly</li> <li>○ Keeping the doors closed or</li> <li>○ By drawing the curtains</li> </ul> </li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Assures confidentiality by telling the client that she/he will never share personal information of the client with anyone and keep all the records secured all the times</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Addresses any related needs such as protection from sexually transmitted infections, including HIV and support for condom use</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Checks if the client has completed her family or wants to space births</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Explains that the interval between this birth to next pregnancy should be at least 2 years for better health of herself, this baby and the next baby</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Explains the unpredictable and approximate return of fertility after child birth</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> <li>▪ If client is unsure about which method to choose, educates client about contraceptive methods choices available to the client including:               <ul style="list-style-type: none"> <li>○ COCs</li> <li>○ IUCD</li> <li>○ Male Condoms</li> <li>○ Male Sterilization</li> <li>○ Emergency Contraception</li> <li>○ Postpartum contraception (LAM, IPPIUCD, condom, Injectables (DMPA), female and male sterilization)</li> </ul> </li> </ul>					
	<ul style="list-style-type: none"> <li>○ Post-abortion contraception (within seven days of abortion or miscarriage-all methods available)</li> <li>○ Standard Days Method (with regular menstrual cycles of 26-36 days)</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> <li>▪ For each method above provide the following information               <ul style="list-style-type: none"> <li>○ General description of the method</li> <li>○ Mechanism of action in a simple language that woman can understand</li> <li>○ When to start the method, including those that can be started during postpartum and post abortion periods</li> <li>○ How long can it be used and effective for how long</li> <li>○ Benefits and limitations of each method</li> <li>○ Brief description on how to use the method</li> <li>○ Needs for physical examination</li> <li>○ Side effects</li> <li>○ Need for protection against STIs including HIV/AIDS</li> <li>○ Follow up needs</li> <li>○ Shows the sample of each contraceptive and allows the woman to handle it if possible</li> </ul> </li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Has a contraceptive demonstration kit and charts</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Rules out pregnancy, assesses risk of STIs and initiates method-specific counseling once client has shown interest in a method or has chosen a method</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Provides method-specific counseling once the woman has chosen a method</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> <li>○ Performs a physical assessment that is appropriate for the method chosen, if indicated, refers the woman for evaluation. (BP for hormonal method pelvic examination for IUCD)</li> </ul>					
	<ul style="list-style-type: none"> <li>○ Ensures there are no conditions that contraindicate the use of the chosen method. If there are such conditions then helps the woman to choose more suitable method</li> </ul>					
	<ul style="list-style-type: none"> <li>- Tells the woman about the family planning method she has chosen:               <ul style="list-style-type: none"> <li>- Type</li> <li>- How to take it, and what to do if she is late taking her method</li> <li>- How it works</li> <li>- Effectiveness</li> <li>- Advantages and non-contraceptive benefits</li> <li>- Disadvantages</li> <li>- Common side effects</li> <li>- Danger signs and where to go if she experiences any</li> </ul> </li> </ul>					
	<ul style="list-style-type: none"> <li>○ Provides the method of choice if available or refers woman to the nearest health facility where it is available</li> </ul>					



PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	<ul style="list-style-type: none"> <li>- Asks the woman to repeat the instructions about her chosen method of contraception: How to use the method of contraception</li> <li>- Side effects</li> <li>- When to return to the clinic</li> </ul>					
	<ul style="list-style-type: none"> <li>o Educates the woman about prevention of STIs and HIV/AIDS. Provides her with condoms if she is at risk</li> </ul>					
	<ul style="list-style-type: none"> <li>o Asks if the woman has any questions or concerns. Listens attentively, addresses her questions and concerns</li> </ul>					
	<ul style="list-style-type: none"> <li>o Schedules the follow-up visit. Encourages the woman to return to the clinic at any time if necessary</li> </ul>					
	<ul style="list-style-type: none"> <li>o Records the relevant information in the woman's chart</li> </ul>					
	<ul style="list-style-type: none"> <li>o Thanks the woman politely, says goodbye and encourages her to return to the clinic if she has any questions or concerns</li> </ul>					
	<b>SCORE</b>					
18. The place and furniture are consistent with the Government of	Observe whether the following are present at the site:					
	<ul style="list-style-type: none"> <li>▪ Examination table</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Privacy maintained—curtains/screen</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
India requirements for SBA training sites	▪ Adequate light to visualize cervix					
	▪ Electricity supply with back-up facility (generator with POL)					
	▪ Attached toilet facilities					
	▪ Delivery table with mattress and Macintosh and Kelly pad					
	▪ Foot stool & bedside table					
	▪ Basin stand					
	▪ Area marked for care and resuscitation of newborn					
	▪ 1 table and 3 chairs in the side room of the labour room					
	<b>SCORE</b>					
19. Infection prevention equipment is available as required based on the Government of India requirements for SBA training sites	Observe whether the following are present at the site:					
	▪ 10 litre bucket with tap or running water (24 hrs)					
	▪ Plain plastic tub, 12" at base, for 0.5% chlorine solution					
	▪ Hypochlorite solution / bleaching powder					
	▪ Autoclave/boiler / pressure cooker					
	▪ Stove in working condition (used for boiling)					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	▪ Plastic mug (1 litre)					
	▪ Teaspoon/measurement jar for measuring bleaching powder					
	▪ Surgical gloves (No. 7)					
	▪ Utility gloves (thick rubber)					
	▪ Soap in a soap dish/liquid soap in a dispenser					
	▪ Personal-proof container/hub cutter and needle destroyer					
	▪ Personal Protective equipment including plastic apron, shoes, mask, cap, goggles					
	▪ Dustbin—color-coded, based on state biomedical waste management guidelines					
	<b>SCORE</b>					
20. Emergency drug tray is available as required based on the Government of India requirements for SBA training sites	Observe whether the following are present at the site:					
	▪ Injection oxytocin					
	▪ Injection diazepam					
	▪ Tablet Nifedipine					
	▪ Injection magnesium sulphate					
	▪ Injection lignocaine hydrochloride					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	▪ Tablet misoprostol					
	▪ Sterilized cotton and gauze					
	▪ At least 2 pairs of gloves					
	▪ Sterile syringes and needles (different sizes)					
	▪ At least 2 sterile intravenous sets					
	▪ Intravenous fluids					
	▪ Intravenous cannula					
	<b>SCORE</b>					
21. Equipment, supplies and other drugs are available as required based on the Government of India requirements for SBA training sites	Observe whether the following are present at the site:					
	▪ Delivery kits for normal deliveries					
	▪ Cheatle forceps in a dry bottle					
	▪ Dressing drum					
	▪ Foetal stethoscope					
	▪ Baby weighing scale					
	▪ Inch tape					
	▪ Radiant warmer or Table lamp with 200 watt bulb					
▪ Phototherapy unit						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	▪ Self-inflating bag and mask (neonatal size)					
	▪ Oxygen hood (neonatal)					
	▪ Oxygen cylinder or central supply with Key tubing and mask					
	▪ Laryngoscope and endotracheal tubes					
	▪ Mucus extractor with suction tube and foot-operated suction machine					
	▪ Feeding tubes					
	▪ Blankets, Clean towels					
	▪ Sahle haemoglobinometer					
	▪ Dipsticks for testing urine albumin & sugar					
	▪ Blood pressure apparatus and stethoscope					
	▪ Adult weighing scale					
	▪ Sterile/clean pads					
	▪ Povidone iodine					
	▪ Methylated spirit					
	▪ Thermometer (oral & rectal)					
	▪ Micropore tape					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date	Date	Date	Date	
	▪ MCH card					
	▪ Partograph charts					
	▪ Gentamicin injection					
	▪ Ampicillin injection					
	▪ Metronidazole Tablets					
	▪ Vaccine carrier					
	▪ Ice pack box/ refrigerator					
	▪ Foley and plain catheters and uro bag					
	<b>SCORE</b>					

<b>TOTAL STANDARDS:</b>	<b>21</b>			
<b>TOTAL STANDARDS OBSERVED:</b>				
<b>TOTAL STANDARDS ACHIEVED:</b>				
<b>PERCENT ACHIEVEMENT (STANDARDS ACHIEVED / STANDARDS OBSERVED)</b>				

### Summary of ANMTC Standards

AREAS	NUMBER OF STANDARDS	STANDARDS ACHIEVED							
		DATE :		DATE :		DATE :		DATE :	
		NUMBER	%	NUMBER	%	NUMBER	%	NUMBER	%
Classroom and Practical Instruction	15								
Clinical Instruction and practice	17								
School infrastructure and training materials	12								
School Management	16								
Clinical areas where student midwives undertake clinical experience	21								
<b>Total</b>	<b>81</b>								





# Performance Standards for GNM Schools of Nursing Section One

## Classroom and Practical Instruction

August 2011



# Performance Standards for GNM Schools of Nursing:

## Classroom and Practical Instruction

School (name and place): \_\_\_\_\_ Supervisor/Assessor: \_\_\_\_\_ Date: \_\_\_\_\_

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
1. Nursing faculty have the required qualifications.	Verify through review of administrative records if:					
	<ul style="list-style-type: none"> <li>▪ There is evidence that the GNM Principal has M.Sc. degree (with 3 years' experience in teaching), BSc degree with 5 years' teaching experience</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ All nursing faculty have evidence of B.Sc. Nursing or DNEA with 2 yrs professional experience, at least two nursing faculty have MCH/OB/Community/Pediatrics experience</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Evidence exists of a total of two years of clinical practice experience within the past five years for each faculty member or 20% of time is spent in practice</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ If nursing faculty is newly graduated, they must work a minimum of 20% in clinical area</li> </ul>					
2. Nursing faculty come to class prepared	Verify through direct observation or interview and teaching plans and materials review if the classroom Nursing faculty:					
	<ul style="list-style-type: none"> <li>▪ Developed and distributed a course syllabus</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>▪ Developed and distributed a course calendar</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Has developed a lesson plan to guide teaching, including learning objectives</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Has prepared, or uses visual aids during the class</li> </ul>					
3. Nursing faculty are teaching according to the curriculum and related learning resource materials	During classroom instruction, observe whether the Nursing faculty:					
	<ul style="list-style-type: none"> <li>▪ Specifies which unit is being taught</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Mentions all the correct reference books that she has referred for preparing the lesson.</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Uses and mentions the learning resource materials for that unit</li> </ul>					
	Verify through review of the staff meeting minutes if the faculty <ul style="list-style-type: none"> <li>▪ Reviews academic calendar or course syllabus or schedule and compare to curriculum to determine consistency at least once a month</li> </ul>					
4. The nursing faculty uses effective session introduction and summary skills	Observe the nursing faculty during the session to verify that he/she:					
	<ul style="list-style-type: none"> <li>▪ Introduces session using an engaging technique</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ States objectives of the lesson as a part of introduction</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Presents effective summary: <ul style="list-style-type: none"> <li>— Draws the main points of presentation</li> <li>— Links to the next topic</li> </ul> </li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>— Announces the student assignment for the topic just taught</li> </ul>					
5. The nursing faculty uses effective facilitation (teaching) skills	Observe the nursing faculty during the session to verify that he/she:					
	<ul style="list-style-type: none"> <li>▪ Uses student's names often</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Follows the notes or a teaching plan/ lesson plan</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Maintains eye contact with the students</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Projects their voice so that all students can hear</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Maintains energy throughout the class</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Uses audiovisuals effectively</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Provides opportunities for application or practice of presentation content in the form of an activity or assignment</li> </ul>					
6. The nursing faculty uses effective questioning skills	Observe the nursing faculty during the session to verify that he/she:					
	<ul style="list-style-type: none"> <li>▪ Asks questions to the entire group</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Asks question to individuals</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Asks questions at a variety of levels (recall, application, analysis)</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Responds to students questions</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Appreciates the student if the right answer is given</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Asks probing questions or redirects the questions if the right answer is not obtained from the student</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS	
		Date:	Date:	Date:	Date:		
7. Nursing faculty plan and administer knowledge assessments properly. <sup>1</sup>	Review school records ( mark register, attendance register) to verify if:						
	<ul style="list-style-type: none"> <li>Summative knowledge assessments ( Council exam) were administered per INC Norms</li> </ul>						
	<ul style="list-style-type: none"> <li>Formative knowledge assessments ( internal exam and unit tests) are administered at once a month</li> </ul>						
	<ul style="list-style-type: none"> <li>Students are informed at least 1 week in advance of assessment</li> </ul>						
	Review an MCH/FP/Newborn related exam question paper to verify if:						
	<ul style="list-style-type: none"> <li>Questions related to learning objectives in modules were covered</li> </ul>						
	<ul style="list-style-type: none"> <li>Question bank exists as a Nursing faculty resource</li> </ul>						
	Verify through discussion or interview with at least two Nursing faculty, if:						
	<ul style="list-style-type: none"> <li>Knowledge assessment question papers are reviewed periodically to determine reliability, fairness, validity and adherence to the course objectives.</li> </ul>						
	<ul style="list-style-type: none"> <li>Student papers were graded/scored consistently using answer key</li> </ul>						
8. Knowledge assessment is a valid measurement tool	Verify by reviewing written examination papers of two batches:						
	<ul style="list-style-type: none"> <li>Whether the cover page of question paper contains all of the following (general instruction, number and type of questions, mark and time allotted)</li> </ul>						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>▪ Whether the instructions for each section of questions is clear</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Whether the value or marks for each question are stated</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Questions assess at a variety of levels (not only recall, also application, analysis)</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Whether the papers include at least two of the following types of questions: <i>(tick each type of question that is used and fill in, if not, use n/a)</i></li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Multiple choice questions</li> </ul>					
	<ul style="list-style-type: none"> <li>— Have an easy to understand stem / question</li> </ul>					
	<ul style="list-style-type: none"> <li>— Distractors ( wrong answers) are realistic</li> </ul>					
	<ul style="list-style-type: none"> <li>— Use the negative construction not at all or rarely (&lt;10 % of the questions)</li> </ul>					
	<ul style="list-style-type: none"> <li>— Number of choices never exceeds five</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Short answer questions</li> </ul>					
	<ul style="list-style-type: none"> <li>— Are clear and easy to understand</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Matching questions</li> </ul>					
	<ul style="list-style-type: none"> <li>— Focus on one theme</li> </ul>					
	<ul style="list-style-type: none"> <li>— Basis for matching is indicated</li> </ul>					
	<ul style="list-style-type: none"> <li>— Not less than five and not more than 15 questions</li> </ul>					
	<ul style="list-style-type: none"> <li>— Listed on one page</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>▪ True false questions               <ul style="list-style-type: none"> <li>— Language clear, concise and understandable</li> <li>— Avoid words and expressions that frequently identify statements as true or false</li> <li>— Equivalent number of true and false statements</li> </ul> </li> <li>▪ Essays questions               <ul style="list-style-type: none"> <li>— Have objective scoring criteria</li> <li>— Are not overly broad, and focus the student on a specific area</li> </ul> </li> </ul>					
	Verify by reviewing the answer key for last year's examination of two batches that:					
	<ul style="list-style-type: none"> <li>▪ Answer key does not contain entire question ( or is coded),</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ System for linking answer key to test paper is clear</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ All question types have correct answers noted</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Multiple choice questions have a single correct answer noted</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Short answer questions have a clear answer or answers noted</li> </ul>					
9. Nursing faculty use a standard answer key for grading knowledge assessments	<ul style="list-style-type: none"> <li>▪ Correct matching sequence of matching questions is noted</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Points of correct answer for essay questions is noted</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS	
		Date:	Date:	Date:	Date:		
10. Knowledge assessments reflect course content and priorities	Review course objectives and question papers of two maternal, reproductive health or newborn related written examinations:						
	<ul style="list-style-type: none"> <li>Ensure that priority cognitive course objectives related to maternal and newborn and reproductive health competencies are assessed in exams</li> </ul>						
11. Results of knowledge assessments and exams are recorded and reported properly	Verify through records ( mark register and answer sheets )and other documents review and by interviewing the classroom Nursing faculty, if:						
	<ul style="list-style-type: none"> <li>Exams are structured so that they can be scored blindly (without seeing the student's name). Only the roll number is written in the answer sheet</li> </ul>						
	<ul style="list-style-type: none"> <li>Assessment results are accurately recorded</li> </ul>						
	<ul style="list-style-type: none"> <li>Opportunities are offered for students to discuss the examination and scores with the Nursing faculty and view their graded papers under supervision</li> </ul>						
12. Nursing faculty use the skills learning lab (demonstration room) effectively for demonstrating clinical skills	Verify through observation or by interviewing the nursing faculty that:						
	Direct observation: Observe whether Nursing faculty introduce new skills by:						
	<ul style="list-style-type: none"> <li>Ensuring that all students have the necessary learning materials (e.g., supplies, models, checklists, etc.)</li> </ul>						
	<ul style="list-style-type: none"> <li>Describing the skill and why the skill is important</li> </ul>						
	<ul style="list-style-type: none"> <li>Describing steps involved in the skill, using the relevant checklist</li> </ul>						
	<ul style="list-style-type: none"> <li>Demonstrating the skill as follows:</li> </ul>						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	— Simulates clinical setting as much as possible					
	— Proceeds in a step-by-step manner					
	— Demonstrates skill accurately					
	— Demonstrates skill from beginning to end, without skipping steps					
	— Uses all the necessary supplies and equipment					
	— Demonstrates so that all students can see. Not more than 10 students observe a demonstration					
	— Ensures that each student follows using a checklist					
	— Summarizes and allows students to ask questions					
	Or Interview: Ask the Nursing faculty to explain to you step-by-step how s/he introduces new skills to the students using the learning lab:					
	▪ Ensures that all students follow using a checklist					
	▪ Describes the skill and why the skill is important					
	▪ Describes the steps involved in the skill, using the relevant learning guide					
	▪ Demonstrates so that all students can see					
	▪ Simulates clinical setting as much as possible					
	▪ Proceeds in a step-by-step manner					
	▪ Demonstrates skill accurately					



PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>▪ Demonstrates skill from beginning to end, without skipping steps</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Summarizes and allows students to ask questions</li> </ul>					
13. Nursing faculty use the skills learning lab effectively for student practice of clinical skills	Verify through observation or by interviewing nursing faculty:					
	Direct observation: Observe whether nursing faculty uses learning lab to foster practical learning by:					
	<ul style="list-style-type: none"> <li>▪ Allowing students to practice the skill in small groups (4-5 students per group), taking turns with various roles (practicing, observing, giving feedback, simulating role of patient)</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Ensuring that there are no more than six students per model</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Observing students practicing and providing feedback in a positive and constructive manner</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Questioning students to check their knowledge and clinical decision-making skills</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Summarizing the session</li> </ul>					
	Or Interview: Ask the nursing faculty to explain to you how s/he uses the learning lab to foster practical learning:					
	<ul style="list-style-type: none"> <li>▪ Allowing students to practice the skill in small groups ( 4-5 students per group), taking turns with various roles (practicing, observing, giving feedback, simulating role of patient)</li> </ul>					
<ul style="list-style-type: none"> <li>▪ Ensuring that there are no more than six students per model</li> </ul>						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>Observing students practicing and providing feedback in a positive and constructive manner</li> </ul>					
	<ul style="list-style-type: none"> <li>Questioning students to check their knowledge and clinical decision-making</li> </ul>					
	<ul style="list-style-type: none"> <li>Summarizing the session</li> </ul>					
14. Nursing faculty use the skills learning lab effectively for assessing student achievement of clinical skill competence	Verify through observation or by interviewing nursing faculty:					
	Direct observation: Observe whether the nursing faculty uses the learning lab to assess the achievement of clinical competence in desired skills in the following manner:					
	<ul style="list-style-type: none"> <li>Ensuring students are aware that they will be assessed for specific skill competence using the skills checklist</li> </ul>					
	<ul style="list-style-type: none"> <li>Ensuring that each student has a copy of the skills checklist</li> </ul>					
	<ul style="list-style-type: none"> <li>Preparing assessment station with all necessary supplies and equipment</li> </ul>					
	<ul style="list-style-type: none"> <li>Conducting assessments in an objective and impartial manner</li> </ul>					
	<ul style="list-style-type: none"> <li>Providing feedback at the conclusion of the assessment session, but not during the assessment</li> </ul>					
	<ul style="list-style-type: none"> <li>Recording results of the assessment session in the mark register</li> </ul>					
	<ul style="list-style-type: none"> <li>Recording results of the assessment session in the student's performance file</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>Providing opportunity for re-assessment if the student does not achieve competence during the session</li> </ul>					
	Or Interview: Ask the Nursing faculty to explain to you how s/he assesses the achievement of clinical competence in the desired skill:					
	<ul style="list-style-type: none"> <li>Ensuring students are aware that they will be assessed for specific skill competence using the skills checklist</li> </ul>					
	<ul style="list-style-type: none"> <li>Ensuring that each student has a copy of the skills checklist</li> </ul>					
	<ul style="list-style-type: none"> <li>Preparing assessment station with all necessary supplies and equipment</li> </ul>					
	<ul style="list-style-type: none"> <li>Conducting assessments in an objective and impartial manner</li> </ul>					
	<ul style="list-style-type: none"> <li>Providing feedback at the conclusion of the assessment session, but not during the assessment</li> </ul>					
	<ul style="list-style-type: none"> <li>Recording results of the assessment session in the mark register</li> </ul>					
	<ul style="list-style-type: none"> <li>Recording results of the assessment session in the student's performance file</li> </ul>					
	<ul style="list-style-type: none"> <li>Providing opportunity for re-assessment if the student does not achieve competence during the session</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
15. Teaching and learning is routinely monitored for effectiveness at least two times per year	Through interviews with nursing faculty, students and by review of administrative records, verify that teaching is monitored for effectiveness:					
	There is an evaluation of nursing faculty performance on:					
	— Teaching skills					
	— Interpersonal and communication skills					
	— Review recorded on file					
	There are evaluations by students in following areas: (Note: these evaluations are not connected with faculty <i>promotion</i> )					
	— Relevance of teaching to course objectives					
	— Effectiveness of instruction					
	— Relevance of knowledge and skill assessments to course objectives on file					
	There is a review of students performance in:					
	— Knowledge					
	— Clinical assessments					

<sup>1</sup> Summative assessments are counted toward the final grade. Formative assessments do not count toward final grade (quiz, skill practice, case questions, etc.). Reliability—measuring achievement the same regardless of who the examiner is or which midwifery campus administers the assessment. Fairness—assessing teaching and learning that is happening with appropriate tools and in an unbiased manner (proper translation, no trick questions, graded blindly). Validity—measuring what you think you are measuring. Test questions should match the learning objectives.

<b>TOTAL STANDARDS:</b>	<b>15</b>
TOTAL STANDARDS OBSERVED:	
TOTAL STANDARDS ACHIEVED:	
PERCENT ACHIEVEMENT (STANDARDS ACHIEVED / STANDARDS OBSERVED)	





# Performance Standards for GNM Schools of Nursing Section Two

## Clinical Instruction and Practice

August 2011

## Performance Standards for GNM Schools of Nursing: Clinical Instruction and Practice

School (name and place): \_\_\_\_\_ Supervisor/Assessor: \_\_\_\_\_ Date: \_\_\_\_\_

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
1. The number of clinical practice sites meets requirements of the curriculum.	Determine by interviewing nursing faculty and visiting clinical practice sites whether:					
	<ul style="list-style-type: none"> <li>▪ The number of sites is sufficient so that no more than six students are practicing in a particular service delivery area during one shift</li> </ul>					
2. The variety of clinical sites meets the requirements of the curriculum.	Determine by interviewing school administrator and nursing faculty/tutors and reviewing administrative records whether:					
	<ul style="list-style-type: none"> <li>▪ Clinical practice sites are available for:               <ul style="list-style-type: none"> <li>— Antenatal care</li> <li>— Labor/assessment of patients presenting with signs of labor</li> <li>— Delivery and the management of delivery complications</li> <li>— Newborn care and management of newborn problems</li> <li>— Postpartum care</li> <li>— Management of obstetric emergencies</li> <li>— Family planning</li> <li>— General gynecologic care</li> </ul> </li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	Clinical practice sites represent the variety of types of facilities where graduates can be expected to work including:					
	— A hospital or First Referral Unit (FRU)					
	— 24/7 Primary Health Center or CHC					
	— Sub-center or MCH clinics					
3. The infrastructure of the clinical practice area is conducive to clinical practice	Observe in the clinical practice site whether the place:					
	▪ Has sufficient space in each clinical area to accommodate four to six students working alongside staff					
	▪ Has space where preceptors and students can meet to review objectives and discuss practice					
4. Clinical volume and practice provides students with sufficient practice to meet clinical objectives	Determine by reviewing statistical records whether there is sufficient clinical volume:					
	▪ Total volume is at least 20 -competent   deliveries per student					
	▪ 30 antenatal examinations provided					
	▪ 20 postpartum care of woman and newborn					
	▪ Five vaginal obstetric examinations					
	▪ Five IUD insertions					
	▪ Five neonatal resuscitations					
	▪ Five indicated episiotomy and repairs					



PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS	
		Date:	Date:	Date:	Date:		
5. The school has an agreement with the clinical practice sites and community area that allows students' learning.	Verify with the school administrator if:						
	<ul style="list-style-type: none"> <li>▪ There is a permission letter between the school and the local health authorities (hospitals and health center) that states that each clinical practice site has a policy that allows students to directly participate in supervised clinical care of patients</li> </ul>						
	There is an agreement with each of the following types of facilities:						
	— District Hospital						
	— First Referral Unit/Community Health Center						
	— Primary Health Care Center						
	— Sub centre						
6. The clinical and community practice sites are prepared for student teaching	Verify by interviewing clinical practice site coordinator/supervisor and reviewing records whether:						
	<ul style="list-style-type: none"> <li>▪ Clinical practice facilities have been assessed prior to student placement</li> </ul>						
	<ul style="list-style-type: none"> <li>▪ Principal or faculty and hospital personnel meet regularly to discuss issues related to clinical practice of students</li> </ul>						
	<ul style="list-style-type: none"> <li>▪ The clinical staff are aware of the learning objectives for clinical practice blocks</li> </ul>						
7. Clinical rotation plans have been developed to distribute students	Verify with clinical preceptors if:						
	<ul style="list-style-type: none"> <li>▪ CRP for each class of students exists and has been shared with all the clinical practice sites</li> </ul>						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
across clinical practice areas evenly	<ul style="list-style-type: none"> <li>Clinical rotation plan (CRP) ensures that groups of students (e.g., from different classes) are not assigned to same unit at the same time</li> </ul>					
	<ul style="list-style-type: none"> <li>CRP identifies nursing faculty responsible for each block of time a student group is in a unit</li> </ul>					
	<ul style="list-style-type: none"> <li>CRP is organized so that students complete a study block covering relevant theory content before practicing in the clinic</li> </ul>					
	<ul style="list-style-type: none"> <li>CRP ensures that clinical experience of the students are planned as per the curriculum requirement and not based on the hospital requirement</li> </ul>					
8. Transportation to and from clinical and community practice sites is assured	Verify with the school administration, students and nursing faculty whether:					
	<ul style="list-style-type: none"> <li>Transportation has been arranged</li> </ul>					
	<ul style="list-style-type: none"> <li>Transportation ensures students arrive on time</li> </ul>					
	<ul style="list-style-type: none"> <li>Nursing faculty accompany students to clinical practice</li> </ul>					
9. Nursing faculty/tutors have the necessary teaching materials to effectively guide students in clinical and community practice	Verify with the nursing faculty/tutors if:					
	<ul style="list-style-type: none"> <li>There is a set of learning resource/teaching materials (learning guides/checklists, job aids, etc.) at the clinical site</li> </ul>					
	<ul style="list-style-type: none"> <li>There are learning objectives for skills practice and they are provided to the students at the beginning of the course</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS	
		Date:	Date:	Date:	Date:		
10. Students are prepared for clinical practice prior to their departure for clinical and community practice site	Verify with the school administration and by document review and interviews if:						
	▪ A nursing faculty meets with students prior to their departure for clinical practice sites						
	▪ Students are oriented to the use of a personal clinical experience log book						
11. Students are prepared for clinical practice upon their arrival at clinical and community practice site	Verify with at least two students and nursing faculty if:						
	Students are oriented to each site on arrival including:						
	▪ Introduced to staff on unit during their rotation						
	▪ An orientation to the facility including the general lay out of the departments, the pharmacy, laboratory, and out-patient department						
	▪ Students receive explanations of admission and discharge procedures						
	▪ Students receive orientation to medication administration record						
	▪ Students are oriented to patient emergency procedures and equipment						
	▪ Students are oriented to safety and security						
12. Students and clinical instructor/ tutor use appropriate learning and assessment tools	Observe in the clinical practice site if:						
	▪ Students at the clinical practice sites have their personal learning resources (job aids, checklists, etc.)						
	▪ Nursing faculty are recording observations, comments, and achievement of ▪ competence in the students' clinical assessment tools						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>Nursing faculty and students are using the clinical experience logbooks for recording the attainment of skills</li> </ul>					
13. Nursing faculty provide guidance for clinical and community practice sessions	Observe whether the nursing faculty:					
	<ul style="list-style-type: none"> <li>Clarify progress on objectives and identify remaining learning needs</li> </ul>					
	<ul style="list-style-type: none"> <li>Describe the tasks to be performed by students</li> </ul>					
	<ul style="list-style-type: none"> <li>Demonstrate skills on actual patients whenever possible, or use simulation if necessary</li> </ul>					
14. Nursing faculty monitors student performance and give feedback	Observe whether the nursing faculty					
	<ul style="list-style-type: none"> <li>Protect patients' rights by:               <ul style="list-style-type: none"> <li>Informing the patient of the role of students and nursing faculty</li> <li>Obtaining the patient's permission before students observe, assist with, or perform any procedures</li> <li>Respecting the right to bodily privacy whenever a patient is undergoing a physical exam or procedure</li> <li>Observing the confidentiality of patients and their information, including ensuring other staff and patients cannot overhear, or by not discussing cases by the patient's name</li> </ul> </li> </ul>					
	<ul style="list-style-type: none"> <li>Supervise students as they work and do not leave students unsupervised for skills or activities that carry risk of patient harm</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	Provide feedback to students by:					
	<ul style="list-style-type: none"> <li>Providing praise and positive reinforcement during and/or after practice</li> </ul>					
	<ul style="list-style-type: none"> <li>Correcting student errors while maintaining student self-esteem</li> </ul>					
15. Nursing faculty meet with students at the end of a clinical and community practice session	Observe whether nursing faculty:					
	<ul style="list-style-type: none"> <li>Review learning progress</li> </ul>					
	<ul style="list-style-type: none"> <li>Discuss cases seen that day, particularly those that were interesting, unusual, or difficult</li> </ul>					
	<ul style="list-style-type: none"> <li>Provide opportunities for students to ask questions</li> </ul>					
	<ul style="list-style-type: none"> <li>Ask students to discuss their cases or care plans for patients</li> </ul>					
	<ul style="list-style-type: none"> <li>Document clinical evaluation periodically</li> </ul>					
16. Nursing faculty or the school develops and implements structured practical examinations	Verify with the school administration, nursing faculty, and students, by interviews and records review, whether:					
	<ul style="list-style-type: none"> <li>Structured practical examinations are held for each student at the end of each term that includes skill related objectives</li> </ul>					
	<ul style="list-style-type: none"> <li>Information about the practical exam is outlined clearly in the syllabus or other area for students</li> </ul>					
	<ul style="list-style-type: none"> <li>As appropriate, patients are selected and participate with consent</li> </ul>					
	<ul style="list-style-type: none"> <li>Checklists or other tools are used to document observations of students in structured practical examinations</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>Results are provided to students once the exam is completed</li> </ul>					
	<ul style="list-style-type: none"> <li>Results are also shared with the administration for record keeping</li> </ul>					

<b>TOTAL STANDARDS:</b>	<b>16</b>
TOTAL STANDARDS OBSERVED:	
TOTAL STANDARDS ACHIEVED:	
PERCENT ACHIEVEMENT (STANDARDS ACHIEVED / STANDARDS OBSERVED)	



# Performance Standards for GNM Schools of Nursing Section Three

## School Infrastructure and Training Material

August 2011

## Performance Standards for GNM School of Nursing: School Infrastructure and Training Material

School (name and place): \_\_\_\_\_ Supervisor/Assessor: \_\_\_\_\_ Date: \_\_\_\_\_

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
1. The school has the basic infrastructure to function effectively	Observe that the school has:					
	▪ GNM school: four functional classrooms– each at least 1080 sq ft					
	▪ Learning/skills laboratory ( demonstration room)					
	▪ Library facility					
	▪ Administrative space, office room					
	▪ Principals room and tutors room					
	▪ Areas for students to gather for eating and socializing					
	▪ Toilet facilities separate for faculty and staff (1:10 ratio)					
	▪ Toilet facilities for students					
	▪ Photocopy machine					
	▪ Computer in office					
	▪ Printer					
	▪ Phone					



PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
2. The school facilities are clean	Visit the school facilities to observe the absence of dust, soil, trash, insects, and spider webs in the following areas:					
	▪ Classrooms					
	▪ Learning/skills laboratory ( demonstration room)					
	▪ Library					
	▪ Administrative space, offices					
	▪ Areas for students to gather for eating and socializing					
	▪ Toilet facilities					
	▪ Photocopy machine area					
3. Classrooms are comfortable and properly equipped for teaching	Observe if the classrooms have:					
	▪ Adequate light, either natural or electrical					
	▪ Adequate ventilation (open windows or fan, cooler, fans)					
	▪ Chairs in sufficient numbers for the largest class size					
	▪ Desks in sufficient numbers for the largest class size					
	▪ Adequate and flexible space for group learning activities					
	▪ Blackboard or whiteboard and means to erase it					
	▪ Chalk or whiteboard markers					
▪ Source of electricity (plug point)						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>▪ Overhead projector with voltage stabilizer or projection unit</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Clock</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Flipchart and tripod (as needed)</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Notice board</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Waste bin</li> </ul>					
4. The learning lab is properly equipped for practical learning sessions	Observe that learning/skills labs have:					
	<ul style="list-style-type: none"> <li>▪ Adequate light, either natural or electrical</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Adequate ventilation (open windows, air conditioner, fans)</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Tables to place models</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Seating is available</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Blackboard or whiteboard</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Chalk or whiteboard markers</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Cabinets with locks for supplies and drugs</li> </ul>					
	Anatomic models:					
	<ul style="list-style-type: none"> <li>— Childbirth simulator</li> </ul>					
	<ul style="list-style-type: none"> <li>— Episiotomy suturing model</li> </ul>					
	<ul style="list-style-type: none"> <li>— Zoë model with different size attachments (for teaching pelvic exam, cervical inspection and interval IUCD insertion)</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	— Cervical dilatation model					
	— Female boney pelvis					
	— Foetal skull					
	— IUCD handheld models					
	— Condom demonstration model					
	— Newborn resuscitation model					
	— Newborn baby with clothes					
	— Cloth fetus					
	— Contraceptive basket having Oral pills, (ECP, POP, combination pills, ) condom- male and female, foam gel, jelly, IUCD, implants, DMPA)					
	▪ Instrument kits					
	— Delivery kit (two artery forceps, scissors, bowl, kidney tray, sponge holding forceps)					
	— BP apparatus and stethoscope					
	▪ Consumable medical supplies					
	▪ Appropriate infection prevention (IP) supplies and equipment for hand washing (running water into sinks or buckets)					
	▪ Plastic buckets for decontamination, soiled linen, and waste					
	— BMW color coded bins (These are Bio medical waste management bins which are of					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>— Black for domestic waste like papers, left over and peels of fruits and vegetables, empty box etc.</li> </ul>					
	<ul style="list-style-type: none"> <li>— Yellow--for infected non plastic waste like human anatomical waste, blood and body fluids and placenta etc.</li> </ul>					
	<ul style="list-style-type: none"> <li>— Blue- Infected plastic waste such as disposable syringe, IV sets catheter, ET tube urine bag.</li> </ul>					
	<ul style="list-style-type: none"> <li>— Puncture proof white container for sharps</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Educational posters and anatomical charts related to MCH, RH or Newborn care</li> </ul>					
5. The learning lab is accessible for independent practice	Verify if there is a system with:					
	<ul style="list-style-type: none"> <li>▪ Student or staff member assigned to allow access for students after hours</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ System of accountability exists for ensuring security of materials (inventory register, issue register and a person responsible for the lab – lab incharge)</li> </ul>					
6. The learning lab's anatomic models are in a functional state	Observe whether Zoë pelvic models:					
	<ul style="list-style-type: none"> <li>▪ Are draped appropriately and/or stored safely</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Have intact or repaired skin</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Are complete and intact</li> </ul>					
	Observe whether all the models including the Obstetric Simulator models :					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>▪ Are draped appropriately and/or stored safely</li> <li>▪ Are complete and intact</li> </ul>					
7. A library is available	Verify by interview that:					
	<ul style="list-style-type: none"> <li>▪ The GNM school has a library or easy access to a medical college library</li> </ul>					
8. The library space and computer lab are appropriately equipped and organized	Observe whether the library space has:					
	<ul style="list-style-type: none"> <li>▪ Lockable cabinets for storing books and materials</li> <li>▪ Tables to allow for reading or studying</li> <li>▪ A system for recording and cataloguing materials</li> <li>▪ Has audiovisual equipment for use by students (TV/VCR/DVD/Computer for interactive CD-ROMs/DVDs) <i>(This verification item can be met if the campus has a separate computer room or if TV/VCR is available elsewhere)</i></li> <li>▪ System of accountability exists for ensuring security of materials (lending register)</li> <li>▪ Has at least 5 nursing / medical journals</li> <li>▪ Has a separate computer lab with at least 5 computers</li> </ul>					
9. The library has appropriate reference materials	Observe whether the library:					
	<ul style="list-style-type: none"> <li>▪ Has <u>10 copies</u> of all reference materials described in the curriculum:</li> </ul>					
	— IMNCI modules, Government of India					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	— ENBC module, Government of India					
	— HIV module, Government of India					
	— SBA guidelines, Government of India ,2010 & hand book					
	— Myles Textbook of Midwifery					
	— Infection Prevention Guidelines – Universally approved					
	— Family Planning: a Global Handbook for Providers, USAID, JHU, WHO 2011					
	— WHO- Jhpiego, Effective Teaching Skills ( 2 copies)					
	— Where there is no doctor?					
	▪ GNM syllabus by the INC					
	▪ Materials in English and hindi as available					
10. The library supports internet access	Verify by observation that:					
	▪ There is Reliable internet access					
11. The library is open to students on demand	Verify with the person in charge of the library if:					
	▪ Students are aware of library schedule ( timetable)					
	▪ Schedule shows that library is accessible to students for at least two hours per day outside of class hours					
12. The hostel is adequately furnished and	Observe whether hostel:					
	▪ Has written rules and regulations					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
suitable for women	▪ Has a responsible person, e.g., warden, housekeeper					
	▪ Is accessible to the school facilities					
	▪ Is secure, especially at night (a night guard)					
	▪ Has a secure boundary wall					
	▪ Has beds, mattress and pillow					
	▪ Has cupboards where students can lock personal belongings					
	▪ Has clean and functional bathing and toilet facilities – 1:5					
	▪ Has access to kitchen facilities and a separate cook					
	▪ Has someone present during the day when students are absent					
	▪ Has a space for students to see visitors					
	▪ Has heating for cold weather and ventilation for warm weather (open windows, fans, air conditioner)					
	▪ Electricity is available at least for five–six hours during night					
	▪ Living/dining room					
	▪ Recreation room with TV and indoor games					
▪ Separate area and items for outdoor games						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>▪ Has quiet study area with desk or table</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Has laundry facilities and an area for drying</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ There is anti-fire equipment in emergency case (Sand, Bucket, fire extinguisher)</li> </ul>					
13. Nutritious meals are provided to students	Observe the nutrition/kitchen unit and interview students to verify whether meals:					
	<ul style="list-style-type: none"> <li>▪ Are prepared in a clean and hygienic manner</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Cooking is done with LPG and not fire wood</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Cooking and serving vessels are adequate for the number of students</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Include sources of protein and vitamins, not the same menu everyday</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Breakfast, lunch and dinner are available for hostel students everyday</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Provision for safe drinking water is available</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Meals are arranged with input from students</li> </ul>					

N/A = Not Applicable



<b>TOTAL STANDARDS:</b>	<b>13</b>
TOTAL STANDARDS OBSERVED:	
TOTAL STANDARDS ACHIEVED:	
PERCENT ACHIEVEMENT (STANDARDS ACHIEVED / STANDARDS OBSERVED)	





# Performance Standards for GNM Schools of Nursing Section Four

## School Management

August 2011

## Performance Standards for GNM Schools of Nursing: School Management

School (name and place): \_\_\_\_\_ Supervisor/Assessor: \_\_\_\_\_ Date: \_\_\_\_\_

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
1. Student composition reflects national INC policies for nurse-midwifery education.	Verify in the registry with record of student data if:					
	<ul style="list-style-type: none"> <li>▪ Students are 17 to 35 years</li> </ul>					
	Each student has passed an entrance exam equivalent:					
	<ul style="list-style-type: none"> <li>▪ GNM equivalent 10 +2 years of education, preferably with science</li> </ul>					
2. Class size is consistent with national INC policy and local capacity.	Through review of school records, verify that the class size follows INC norms/recommendations and does not exceed:					
	<ul style="list-style-type: none"> <li>▪ Teacher-to-student ratio is as per INC norms</li> </ul>					
	— 1:10 in clinical area					
	— Theory: 1:60					
	— Small group/practical: 1:12					
	— Student patient ratio in the clinical area is : 1:4					
	There is an adequate number of classrooms that accommodate all students in physical space of campus					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
3. School has developed and implemented effective student recruitment and admission strategies according to national student admission policy	Through interview administrative staff and document review that:					
	▪ School has a policy that follows the state recruitment strategy					
	▪ School has a copy of INC student admission policy					
	▪ School representatives are a part of the state recruitment process specific for their school					
	▪ School has a selection committee					
	▪ School admission criteria is in line with INC requirements					
4. A record of students from entrance to exit is maintained	Verify by document review( cumulative record) that:					
	▪ Documentation exists to track students from entrance to exit					
5. School academic policies exist and are applied	Verify through interview with the administration and review of records whether:					
	▪ Written school academic policies are present and if they include the following topics					
	— Attendance of students in clinic and classroom					
	— Dress code (specifically for clinical areas)					
	— Professional conduct in class, clinical areas, and on campus					
	— Disciplinary action procedures (probation, suspension, expulsion)					
	Randomly interview two faculty and two students to verify whether:					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>Faculty and students are aware of the policies</li> </ul>					
6. School has a clear academic calendar and provides it to students	Verify that the school has a written academic calendar that includes:					
	<ul style="list-style-type: none"> <li>Start and end dates of the academic year</li> </ul>					
	<ul style="list-style-type: none"> <li>Approximate dates of holidays and student breaks according to national policy and curriculum</li> </ul>					
	<ul style="list-style-type: none"> <li>Dates of examinations (first and second chance)</li> </ul>					
7. Written job descriptions exist for staff at the school	Verify that the job description is based on national government policy or NGO policy for:					
	<ul style="list-style-type: none"> <li>Nursing faculty</li> </ul>					
	<ul style="list-style-type: none"> <li>Clinical preceptors (paid or unpaid)</li> </ul>					
8. A salary structure exists to pay school staff, and staff are paid on time	Through interviews with administration and two faculty, and review of administrative documents, verify if:					
	<ul style="list-style-type: none"> <li>A salary structure exists</li> </ul>					
	<ul style="list-style-type: none"> <li>Staff are paid in accordance with the salary structure</li> </ul>					
9. The curriculum/syllabus is available to principal and	Verify through interview if:					
	<ul style="list-style-type: none"> <li>Principal can locate the curriculum and learning resource package</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
faculty	<ul style="list-style-type: none"> <li>Teachers have the curriculum and can access the learning resource package</li> </ul>					
10. Master copies of the learning resource materials exist for duplication	Verify that:					
	<ul style="list-style-type: none"> <li>Principal/program coordinators can locate the master copy of the learning resource materials for the curriculum (SBA, BmOC, FP, IMNCI, ENBC)</li> </ul>					
	<ul style="list-style-type: none"> <li>The master copy is of good quality for duplication</li> </ul>					
11. A staff performance evaluation system exists	Verify through interviews with Principal and staff, and review of administrative documents, if:					
	<ul style="list-style-type: none"> <li>Staff performance is measured on a regular basis</li> </ul>					
	<ul style="list-style-type: none"> <li>Evaluations of performance are performed using a standardized format</li> </ul>					
	<ul style="list-style-type: none"> <li>The evaluations are documented in writing</li> </ul>					
	<ul style="list-style-type: none"> <li>Staff participates in the process and sign written evaluations to show that they agree to their content</li> </ul>					
	<ul style="list-style-type: none"> <li>Feedback to staff includes student evaluations</li> </ul>					
	<ul style="list-style-type: none"> <li>A program for ongoing teacher education exists</li> </ul>					
12. Student academic performance standards exist and are known by students and teachers	Verify through review of administrative documents (internal mark register and assessment file) that academic performance and advancement standards exist and include:					
	<ul style="list-style-type: none"> <li>Percentage achievement on all written examinations</li> </ul>					
	<ul style="list-style-type: none"> <li>Achievement on practical and clinical examinations</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>Value of quizzes, practical exams, and final exam toward final score</li> </ul>					
	<ul style="list-style-type: none"> <li>Minimum student performance for each semester/phase</li> </ul>					
	<ul style="list-style-type: none"> <li>Criteria for academic dismissal</li> </ul>					
	Verify through interviewing two faculty and two students that:					
	<ul style="list-style-type: none"> <li>Faculty are aware of standards</li> </ul>					
	<ul style="list-style-type: none"> <li>Students are aware of standards</li> </ul>					
13. Student performance results are documented centrally and in a confidential manner	Through document reviews and interviews with administration, verify that:					
	<ul style="list-style-type: none"> <li>There is a central record keeping system to track student knowledge assessment results</li> </ul>					
	<ul style="list-style-type: none"> <li>There is a central record keeping system to track student clinical assessment results (at the school)</li> </ul>					
	<ul style="list-style-type: none"> <li>Opportunities for student counseling are available</li> </ul>					
	<ul style="list-style-type: none"> <li>A policy for students to file grievances regarding results exists</li> </ul>					
14. Graduation requirements are explicit and are met before any student can graduate	Through document reviews and interview with 2 students verify that:					
	<ul style="list-style-type: none"> <li>Graduating requirements are explicitly stated and students informed of requirements</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>All students who have graduated during the last teaching cycle have met the graduation requirements</li> <li>A student who has not met the graduation requirements is offered to reappear as per INC norms)</li> </ul>					
15. School Principal and teaching staff meet regularly	Through document reviews and interviews with two administrators and two faculty members, verify if:					
	<ul style="list-style-type: none"> <li>Meetings that include all faculty staff occur on a regular basis, at least once a month</li> </ul>					
	<ul style="list-style-type: none"> <li>Teachers can provide input and influence decision making about education</li> </ul>					
	<ul style="list-style-type: none"> <li>Student and teaching results are discussed and areas for improvement identified</li> </ul>					
	<ul style="list-style-type: none"> <li>Record of the meeting minutes are maintained</li> </ul>					
16. A teaching coordinator or nursing faculty visits clinical practice sites and coordinates with clinical staff	Verify through document review and interviews with the teaching coordinator and two clinical instructors/tutors if:					
	<ul style="list-style-type: none"> <li>There is a schedule of regular meetings/visits between the clinical staff and the school faculty at least twice a year.</li> </ul>					
	<ul style="list-style-type: none"> <li>Problems are discussed with clinical staff, solutions are identified, and action is taken to resolve problems</li> </ul>					

N/A = Not Applicable



<b>TOTAL STANDARDS:</b>	<b>16</b>
TOTAL STANDARDS OBSERVED:	
TOTAL STANDARDS ACHIEVED:	
PERCENT ACHIEVEMENT (STANDARDS ACHIEVED / STANDARDS OBSERVED)	



# Performance Standards for GNM Schools of Nursing Section Five

## Clinical Areas Where Student Midwives Undertake Clinical Experience

August 2011

# Performance Standards for GNM Schools of Nursing

## Clinical areas where student midwives undertake clinical experience

Clinical area (name and place): \_\_\_\_\_ Supervisor/Assessor: \_\_\_\_\_ Date: \_\_\_\_\_

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
1. The provider asks about and records warning signs that the woman may have or has had.	Verify whether the provider determines if the woman has had any warning signs during her pregnancy:					
	▪ Vaginal bleeding					
	▪ Leaking Per vaginum					
	▪ Respiratory difficulty					
	▪ Fever, pain in the abdomen / foul smelling discharge					
	▪ Severe headache/blurred vision					
	▪ Generalized swelling of the body, puffiness of face and pallor					
	▪ Severe abdominal pain					
	▪ Convulsions/loss of consciousness					
	▪ Decrease, excessive or absence of foetal movements					
	▪ Assures immediate attention in the event of any of the above symptoms					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
2. The provider ensures that all women and their husbands/ companions have individual birth plan and are prepared for any complication that may arise	Observe during a visit with a woman in her second or third trimester, that the provider helps the client and her husband/partner develop an individual birth plan (IBP) and complication readiness or verify by interview with a women in her third trimester if she is aware of the following.					
	<ul style="list-style-type: none"> <li>▪ Explains the benefits of giving birth assisted by a skilled provider who knows how to manage complications</li> </ul>					
	Develops a birth plan with the woman, including all preparations for normal birth and plan in case of emergency:					
	<ul style="list-style-type: none"> <li>▪ Skilled provider and place of birth</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Signs and symptoms of labor and when she has to go to the hospital</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Emergency transportation and funds</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Provider asks her to identify a family member(s) as a blood donor</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Advises the woman and her family to keep a small amount of money for emergency</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Items to be taken to the health care setting for clean and safe birth</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Decision-making person in case complication occurs at home</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Warning signs and symptoms</li> </ul>					
	<ul style="list-style-type: none"> <li>- Vaginal bleeding</li> </ul>					
	<ul style="list-style-type: none"> <li>- Leaking PV</li> </ul>					
<ul style="list-style-type: none"> <li>- Respiratory difficulty</li> </ul>						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	- Fever, pain in the abdomen / foul smelling discharge					
	- Severe headache/blurred vision					
	- Generalized swelling of the body, puffiness of face and pallor					
	- Severe abdominal pain					
	- Convulsions/loss of consciousness					
	- Decrease, excessive or absence of foetal movements					
3. The provider uses recommended general counseling techniques while counseling clients in their area of concern	Observe the counseling/examination area with client and verify if the provider:					
	▪ Shows client respect, and helps her feel at ease					
	▪ Provides adequate privacy					
	▪ Encourages the client to explain needs, express concerns and ask questions					
	▪ Allows the client's wishes and needs guide the discussion					
	▪ Includes client's husband or important family members for the counseling session with permission of the client					
	▪ Ensures that there is adequate privacy during the counseling session.					
	▪ Listens carefully					
▪ Provides only key information and instructions. Uses words the client can understand.						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>Respects and supports the client's informed decisions</li> </ul>					
	<ul style="list-style-type: none"> <li>Informs side effects, if any, and takes the client's concerns seriously</li> </ul>					
	<ul style="list-style-type: none"> <li>Checks the client's understanding</li> </ul>					
	<ul style="list-style-type: none"> <li>Provides information on return visits</li> </ul>					
	<ul style="list-style-type: none"> <li>Invites the client to come back any time for any reason</li> </ul>					
4. The provider receives the pregnant woman in labor in a cordial manner	In the labor and delivery rooms, observe two women in labor and determine whether the provider:					
	<ul style="list-style-type: none"> <li>Ensures that she speaks the language understood by the woman or finds someone who can assist in this regard</li> </ul>					
	<ul style="list-style-type: none"> <li>Greets the woman and her companion in a cordial manner</li> </ul>					
	<ul style="list-style-type: none"> <li>Introduces herself to the woman</li> </ul>					
	<ul style="list-style-type: none"> <li>Encourages the woman to ask her companion to remain at her side, as appropriate</li> </ul>					
	<ul style="list-style-type: none"> <li>Responds to questions using easy-to-understand language</li> </ul>					
	<ul style="list-style-type: none"> <li>Responds to her immediate needs (thirst, hunger, cold/hot, need to urinate, etc.)</li> </ul>					
	<ul style="list-style-type: none"> <li>Records the necessary information in the individual labor record</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
5. The provider uses the partograph to monitor labor and make adjustments to the birth plan	Determine, based on the clinical history and partograph of two women in labor, whether the provider:					
	▪ Records patient information:					
	- Name					
	- Gravida, para					
	- Hospital number					
	- Date and time of admission					
	- Time of rupture of membranes					
	▪ Records every half hour:					
	- Fetal heart rate (FHR)					
	- Uterine contractions (frequency and duration over a 10-minute period)					
	- Maternal pulse					
	- Amount of IV solution( If provided with oxytocin in drops per minute and indication) medications and other intravenous liquids, if used					
	▪ Records temperature every two hours					
	▪ Records BP every 4 hours					
	▪ At every vaginal examination (every 4 hours or less according to evolution of labor):					
	- Records the condition of the membranes and characteristics of the amniotic fluid					
	- Graphs the degree of molding of the head					
- Graphs cervical dilation						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS	
		Date:	Date:	Date:	Date:		
	<ul style="list-style-type: none"> <li>- Graphs the descent of the head or buttocks</li> <li>▪ Records the amount of urine every time the woman urinates</li> <li>▪ Records the time of the observations</li> <li>▪ Adjusts the labor plan according to the parameters encountered:               <ul style="list-style-type: none"> <li>- If parameters are normal, continues to implement the plan (walk about freely, hydration, light food if desired, change positions, etc.) OR</li> <li>- If parameters are not normal, identifies complications, records the diagnosis and makes adjustments to the birth plan</li> </ul> </li> </ul>						
6. The provider has the basic equipments to perform resuscitation of the newborn	Determine whether the provider has assembled:						
	▪ Masks (#1 and #0) 0 for pre term, 1 for term healthy baby						
	▪ Newborn self inflating resuscitation bag						
	▪ Suction bulb or catheter						
	▪ Oxygen source if available						
7. The provider verifies that equipment is in proper working condition.	Verify if the provider:						
	▪ Checks bag and mask blocking the mask by making a tight seal with the palm of his hand and squeezing the bag.						
	▪ Checks that she/he feels pressure against his hand (which means that the bag is generating adequate pressure)						



PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>Checks if the bag re-inflates when he releases the grip (which means that the bag is functioning properly).</li> </ul>					
8. The provider adequately performs active management of the third stage of labor.	Observe two women during a delivery and determine whether the provider (in the labor or delivery rooms):					
	<ul style="list-style-type: none"> <li>Palpates the mother's abdomen to rule out the presence of a second baby (without stimulating contractions)</li> </ul>					
	<ul style="list-style-type: none"> <li>Tells the woman that she will receive an injection, and administers 10 IU of oxytocin IM</li> </ul>					
	<ul style="list-style-type: none"> <li>Clamps the cord near the perineum</li> </ul>					
	<ul style="list-style-type: none"> <li>Holds the cord and clamp with one hand</li> </ul>					
	<ul style="list-style-type: none"> <li>Places the other hand just above the woman's symphysis pubis (over the sterile towel) and gently exerts pressure upwards in the direction of her abdomen</li> </ul>					
	<ul style="list-style-type: none"> <li>Maintains gentle but firm traction on the cord and waits for the uterus to contract</li> </ul>					
	<ul style="list-style-type: none"> <li>Upon contraction, applies gentle but firm and sustained downward traction on the cord with counter force above the pubis to guard the uterus, until the placenta is expelled</li> </ul>					
	<ul style="list-style-type: none"> <li>If this maneuver does not provide immediate results, ceases to apply traction, holding the cord and clamp until the next contraction</li> </ul>					
	<ul style="list-style-type: none"> <li>Repeats controlled cord traction while simultaneously applying counter pressure above pubis to guard uterus</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>Once the placenta bulges at the vaginal introitus, assists its expulsion with both hands, by turning it clockwise over in the hands, without applying traction, -teasing out <input type="checkbox"/> the membranes to roll them out</li> </ul>					
	<ul style="list-style-type: none"> <li>Checks to see whether the placenta is complete (maternal and fetal sides, plus membranes)</li> </ul>					
	<ul style="list-style-type: none"> <li>Checks whether uterus is contracted</li> </ul>					
	<ul style="list-style-type: none"> <li>Massages the uterus with one hand on a sterile cloth over the abdomen, until it contracts firmly</li> </ul>					
	<ul style="list-style-type: none"> <li>Tells /shows the sex of baby to mother after the placenta is removed</li> </ul>					
9. The provider properly conducts a rapid initial assessment and provides immediate newborn care	In the labor or delivery rooms, observe two women with their newborns in the immediate postpartum period and determine whether the provider :					
Note 1: This standard must be observed immediately following birth.	<ul style="list-style-type: none"> <li>Receives and dries the baby vigorously with a sterile dry towel from head to feet, cleans the baby's eyes with sterile gauze, and determines whether the baby is breathing</li> </ul>					
Note 2: It may be necessary to have two observers in the event that one provider is caring for the woman and the	<ul style="list-style-type: none"> <li>Discards the used towel and covers the baby, including the head, with a clean, dry towel</li> </ul>					
	<ul style="list-style-type: none"> <li>If the baby does not begin breathing or is breathing with difficulty, asks assistance, rapidly cuts and ties the cord, and initiates resuscitation</li> </ul>					
	<ul style="list-style-type: none"> <li>If the baby is breathing normally, places the baby in skin-to-skin contact on the mother's chest or abdomen and encourages immediate breastfeeding</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
other for the newborn.	<ul style="list-style-type: none"> <li>▪ Informs the mother of the baby's condition</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Clamps and cuts the cord using sterile instruments as soon as the cord has stopped pulsating</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Places an identification bracelet on the baby</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ If necessary, provides orientation to the mother about how to hold her baby</li> </ul>					
10. The provider adequately performs immediate postpartum care	In the labor or delivery rooms, observe two women during a delivery and determine whether the provider:					
	<ul style="list-style-type: none"> <li>▪ Informs the woman what he/she is going to do before proceeding, then <i>carefully</i> examines the vagina and perineum</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Checks for PPH</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Gently cleanses the vulva and perineum with clean water (warm if possible) or a nonalcoholic antiseptic solution</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Sutures tears if necessary</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Covers the perineum with a clean sanitary pad</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Makes sure that the woman is comfortable (clean, hydrated and warmly covered)</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Ensures that the baby is well covered, is with the mother, and has begun to suckle</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
11. The provider properly monitors the newborn	Observe whether the provider:					
	<ul style="list-style-type: none"> <li>▪ Monitors baby's temperature every 30 minutes, by touching the baby's peripheries, chest &amp; abdomen.               <ul style="list-style-type: none"> <li>- If cold, takes axillary temperature and makes sure that the baby is kept warm by maintaining skin-to-skin contact (if that's not possible, re-wrap the baby, including the head) and place the baby under a heat source or incubator. Continues to monitor temperature on an hourly basis or until temperature stabilizes</li> </ul> </li> </ul>					
	<ul style="list-style-type: none"> <li>▪ If there is bleeding from the cord, reties it if necessary</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Gives the baby vitamin K injection 1 mg IM.</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Applies antimicrobial drops or ophthalmic solution in both the eyes of the baby within first hour of life when indicated</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Encourages and supports the mother in initiating breastfeeding within the first hour after birth</li> </ul>					
12. The provider properly performs resuscitation of the newborn	Determine whether the provider:					
	<ul style="list-style-type: none"> <li>▪ Places the newborn face up on a clean, dry, hard surface under a heat source or warmer.</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Quickly wraps and covers the baby, except for the face and the upper portion of the chest.</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>Explains to the mother what is happening</li> </ul>					
	<ul style="list-style-type: none"> <li>Positions the head of the baby so that the neck is slightly extended which may be achieved by placing a rolled up piece of cloth approximately 1 inch high under the baby's shoulders.</li> </ul>					
	<ul style="list-style-type: none"> <li>Gently sucks the baby's mouth and then nose with mucus extractor (does not suck deep in the throat which may cause bradycardia)</li> </ul>					
	<ul style="list-style-type: none"> <li>After performing the above steps of resuscitation if the baby does not breathe initiates ventilation</li> </ul>					
	<ul style="list-style-type: none"> <li>In the event of resuscitation with bag and mask:               <ul style="list-style-type: none"> <li>Places the mask so it covers the baby's chin, mouth, and nose</li> <li>Ensures that an appropriate seal has been formed between mask, nose, mouth, and chin</li> <li>Ventilates one or two times and sees if chest is rising</li> <li>Ventilates 40 times per minute for 1 minute</li> <li>Pauses and determines whether the baby is breathing spontaneously</li> </ul> </li> </ul>					
	<ul style="list-style-type: none"> <li>If the baby is breathing and there is no sign of respiratory difficulty (intercostal retractions or grunting):               <ul style="list-style-type: none"> <li>Places the wrapped baby in skin-to-skin contact with the mother</li> <li>Ensures that the baby continues to breathe without difficulty and is kept warmly covered</li> </ul> </li> </ul>					



PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>▪ If the baby does not begin to breathe or if breathing is less than 20 /min minute or gasping,               <ul style="list-style-type: none"> <li>- Continues to ventilate</li> <li>- Administers oxygen</li> <li>- Assesses the need for special care</li> <li>- Explains to the mother what is happening if possible</li> <li>- If necessary refer to the higher center</li> </ul> </li> </ul>					
	<ul style="list-style-type: none"> <li>▪ In the event of mouth/nose-mouth resuscitation:               <ul style="list-style-type: none"> <li>- Places a piece of clean cloth or gauze over the baby's mouth and nose</li> <li>- Places her/his mouth over the mouth and nose of the baby</li> <li>- Gently blows only the air contained in her/his mouth, 40 times per minute for 1 minute</li> <li>- Verifies that chest is rising</li> <li>- Pauses and determines whether the baby is breathing spontaneously.</li> </ul> </li> </ul>					
	<ul style="list-style-type: none"> <li>▪ If there is no breathing after 20 minutes of ventilation or gasping type of breathing for 30 minutes               <ul style="list-style-type: none"> <li>- Suspends Resuscitation</li> <li>- Records the time of death ( no breathing)</li> <li>- Provides emotional support to mother/Parents and family members</li> </ul> </li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Record all actions taken on the woman's clinical record</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Asks the mother whether she has any questions, and responds using easy-to-understand language</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS	
		Date:	Date:	Date:	Date:		
13. The provider properly disposes the used instruments and medical waste after assisting the birth	In the labor or delivery rooms, observe two deliveries and determine whether the provider:						
	<ul style="list-style-type: none"> <li>▪ Before removing gloves:</li> </ul>						
	<ul style="list-style-type: none"> <li>- Discards the placenta into a leak-proof container with a plastic liner</li> </ul>						
	<ul style="list-style-type: none"> <li>- Disposes medical waste (gauze, etc.) in a plastic container with a plastic liner</li> </ul>						
	<ul style="list-style-type: none"> <li>- Put the soiled linen in a leak-proof container</li> </ul>						
	<ul style="list-style-type: none"> <li>- Places all reusable instruments in a 0.5% chlorine solution for 10-30 minutes</li> </ul>						
	<ul style="list-style-type: none"> <li>▪ Decontaminates the syringe and needle by flushing them three times with 0.5% chlorine solution and disposes of the needle and syringe in a puncture-resistant container, without, removing, recapping or breaking the needle</li> </ul>						
	<ul style="list-style-type: none"> <li>▪ If gloves are disposable, immerses both gloved hand in a 0.5% chlorine solution, removes gloves by inverting and place them in a container with a plastic liner; if they are reusable, immerses them in a 0.5% chlorine solution for at least 10 minutes</li> </ul>						
	<ul style="list-style-type: none"> <li>▪ Performs hand hygiene after removing gloves:</li> </ul>						
	<ul style="list-style-type: none"> <li>- Washes hands with running water and soap for 10-15 seconds and dries with an individual clean towel, paper towel or allows hands to air-dry, or</li> </ul>						
<ul style="list-style-type: none"> <li>- Rubs hands with 3-5 ml of an alcohol-based solution until the hands are dry (if hands are not visibly soiled)</li> </ul>							

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		Date:	Date:	Date:	Date:	
<p>14.The provider properly performs the general management of PPH.</p> <p><i>(This standard is based on review of notes however where possible try to observe the actual management of a patient AND check the records)</i></p>	Review the records of two women who had PPH and determine whether the records include :					
	<ul style="list-style-type: none"> <li>▪ Rapid evaluation:</li> </ul>					
	<ul style="list-style-type: none"> <li>- Pulse</li> </ul>					
	<ul style="list-style-type: none"> <li>- BP</li> </ul>					
	<ul style="list-style-type: none"> <li>- Breathing</li> </ul>					
	<ul style="list-style-type: none"> <li>- General condition</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ If there is shock or suspicion of shock (weak, fast pulse [110 or more per minute], systolic BP less than 90 mmHg, pallor, cold and perspiring skin, rapid breathing, confusion or unconsciousness):</li> </ul>					
	<ul style="list-style-type: none"> <li>- Woman is covered and has her feet elevated above her heart</li> </ul>					
	<ul style="list-style-type: none"> <li>- Administer 10 IU of oxytocin IM and supplement it with 10 IU of oxytocin in 500ml RL @ 40 drops / min and 800 mg misoprostol per rectum</li> </ul>					
	<ul style="list-style-type: none"> <li>- Starts oxygen at 6–8 L/minute</li> </ul>					
	<ul style="list-style-type: none"> <li>- Massages the uterus for it to contract</li> </ul>					
	<ul style="list-style-type: none"> <li>- Starts two IV lines using large bore cannula</li> </ul>					
	<ul style="list-style-type: none"> <li>- Takes a blood sample for hemoglobin, cross-matching, and clotting test</li> </ul>					
<ul style="list-style-type: none"> <li>- Initiates IV infusion with saline or Ringer's lactate</li> </ul>						
<ul style="list-style-type: none"> <li>- Infuses 1 L in each line over a 15–20 minute period (wide open rate)</li> </ul>						



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		Date:	Date:	Date:	Date:	
	- Administers at least 2 additional liters of solution during the first hour					
	- Continues to replace volume IV according to blood loss					
	- Assesses woman's need for transfusion based upon signs and symptoms of shock or impending shock due to amount of blood lost					
	- Performs bladder catheterization and measure the urine output (should be at least 100ml in 4 hrs.)					
	- Inspect the genital tract for tears and laceration and repair if necessary					
15. The provider uses recommended general counseling techniques for counseling clients for family planning	Observe at least two family planning counseling sessions and verify if the provider:					
	▪ Shows client respect, and helps client feel at ease					
	▪ Encourages the client to explain needs, express concerns, ask questions					
	▪ Let the client's wishes and needs guide the discussion					
	▪ Includes client's wife/husband or important family members with permission of the client in the counseling session					
	▪ Ensures adequate privacy during the counseling by <ul style="list-style-type: none"> <li>○ Speaking softly</li> <li>○ Keeping the doors closed or</li> <li>○ By drawing the curtains.</li> </ul>					

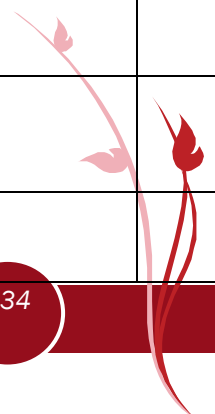
PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>▪ Assures confidentiality by telling the client that she/he will never share personal information of the client with anyone and keep all the records secured all the times</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Addresses any related needs such as protection from sexually transmitted infections, including HIV and support for condom use.</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Asks relevant questions to identify client's needs and reasons for visiting the clinic.</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Checks if the client has completed her family or wants to space births.</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Explains that the interval between this birth to next pregnancy should be at least 2 years.</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Explains the return of fertility after child birth</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ If client is unsure about which method to choose, educates client about contraceptive methods choices available to the client including,               <ul style="list-style-type: none"> <li>○ COCs</li> <li>○ IUCD</li> <li>○ Male condoms</li> <li>○ Male Sterilization</li> <li>○ Female Sterilization</li> <li>○ Emergency Contraception</li> <li>○ Postpartum contraception (-LAM, IPPIUCD within 48 hrs of child birth, POP, condom, DMPA, female and male sterilization)</li> </ul> </li> </ul>					

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		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>○ Post-abortion contraception (within seven days of abortion or miscarriage- all methods available)</li> <li>○ Standard Days Method</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ For each method above provide the following information               <ul style="list-style-type: none"> <li>○ General description of the method</li> <li>○ Mechanism of action in a simple language that woman can understand</li> <li>○ When to start the method, including those that can be started during postpartum and post abortion periods.</li> <li>○ How long can it be used and for how long it is effective</li> <li>○ Benefits and limitations of each method</li> <li>○ Brief description on how to use the method</li> <li>○ Needs for physical examination</li> <li>○ Side effects</li> <li>○ Follow up needs</li> <li>○ Shows the sample of each contraceptive and allows the woman to handle it if possible</li> </ul> </li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Has a contraceptive demonstration kit and charts.</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Rules out pregnancy, assesses risk of STIs and initiates method-specific counseling once client has shown interest in a method or has chosen a method.</li> </ul>					

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		Date:	Date:	Date:	Date:	
16. The provider uses recommended counseling techniques for informing clients about the appropriate methods for Postpartum Family planning	Observe at least two postpartum family planning counseling sessions and verify if the provider:					
	<ul style="list-style-type: none"> <li>Asks the woman if she has a method in mind. Did she have any problems, questions or concerns about that method?</li> </ul>					
	<ul style="list-style-type: none"> <li>Asks the woman does she want more children.</li> </ul>					
	<ul style="list-style-type: none"> <li>Discuss with the woman the benefits of healthy timing and spacing of pregnancy.</li> </ul>					
	<ul style="list-style-type: none"> <li>Ask the woman if her husband will contribute to using family planning such as using condoms</li> </ul>					
	<ul style="list-style-type: none"> <li>Asks the woman if she is currently breastfeeding. Is she EBF, amenorrheic and her infant &lt;6 months (LAM)?</li> </ul>					
	<ul style="list-style-type: none"> <li>Ask the woman what the first day of her last menses was( If she has started menstruating)</li> </ul>					
	<ul style="list-style-type: none"> <li>Asks the woman if she has any history of medical problems (TB, seizures, irregular vaginal bleeding, liver disease, unusual vaginal discharge &amp; pelvic pain, clotting disorder, breast or genital cancer).</li> </ul>					
	<ul style="list-style-type: none"> <li>Assesses the woman's risk for STIs and HIV/AIDS, as appropriate.</li> </ul>					
<ul style="list-style-type: none"> <li>Tell her that there are methods of contraception that are available that will not affect the quantity or quality of her breastmilk such as IUCD, which can be inserted within 48 hours of childbirth; progestin-only pills, DMPA, Condoms</li> </ul>						

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		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>▪ Briefly provides general information about each contraceptive method that is appropriate for that woman based on her responses to the above questions :               <ul style="list-style-type: none"> <li>○ How to use the method</li> <li>○ Effectiveness</li> <li>○ Common side effects</li> <li>○ Need for protection against STIs including HIV/AIDS</li> </ul> </li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Clarifies any misinformation the woman may have about family planning methods.</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Asks which method interests the woman. Helps the woman chose a method.</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Provides method-specific counseling once the woman has chosen a method</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Performs a physical assessment that is appropriate for the method chosen, if indicated, refers the woman for evaluation. (BP for hormonal, pelvic for IUCD)</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Ensures there are no conditions that contraindicate the use of the chosen method. If necessary, helps the woman to find a more suitable method.</li> </ul>					

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		Date:	Date:	Date:	Date:	
	<p>Tells the woman about the family planning method she has chosen:</p> <ul style="list-style-type: none"> <li>○ Type</li> <li>○ How to take it, and what to do if she is late taking her method</li> <li>○ How it works</li> <li>○ Effectiveness</li> <li>○ Advantages and non-contraceptive benefits</li> <li>○ Disadvantages</li> <li>○ Common side effects</li> <li>○ Danger signs and where to go if she experiences any</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Provides the method of choice if available or refers woman to the nearest health facility where it is available.</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Asks the woman to repeat the instructions about her chosen method of contraception: <ul style="list-style-type: none"> <li>○ How to use the method of contraception</li> <li>○ Side effects</li> <li>○ When to return to the clinic</li> </ul> </li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Educates the woman about prevention of STIs and HIV/AIDS. Provides her with condoms if she is at risk.</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Asks if the woman has any questions or concerns. Listens attentively, addresses her questions and concerns.</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Schedules the follow-up visit. Encourages the woman to return to the clinic at any time if necessary.</li> </ul>					
	<ul style="list-style-type: none"> <li>▪ Records the relevant information in the woman's chart.</li> </ul>					



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		Date:	Date:	Date:	Date:	
	<ul style="list-style-type: none"> <li>Thanks the woman politely, says goodbye and encourages her to return to the clinic if she has any questions or concerns.</li> </ul>					
17. The place and furniture are consistent with the Government of India requirements for SBA training sites	Observe whether the following are present at the site:					
	<ul style="list-style-type: none"> <li>Examination table</li> </ul>					
	<ul style="list-style-type: none"> <li>Privacy maintained—curtains/screen</li> </ul>					
	<ul style="list-style-type: none"> <li>Adequate light to visualize cervix</li> </ul>					
	<ul style="list-style-type: none"> <li>Electricity supply with back-up facility (generator with POL)</li> </ul>					
	<ul style="list-style-type: none"> <li>Attached toilet facilities</li> </ul>					
	<ul style="list-style-type: none"> <li>Delivery table with mattress and Macintosh and Kelly pad</li> </ul>					
	<ul style="list-style-type: none"> <li>- Foot stool &amp; bedside table</li> </ul>					
	<ul style="list-style-type: none"> <li>- Basin stand</li> </ul>					
	<ul style="list-style-type: none"> <li>- Area marked for care and resuscitation of newborn</li> </ul>					
<ul style="list-style-type: none"> <li>- 1 table and 3 chairs in the side room of the labour room</li> </ul>						
18. Infection prevention equipment is available as required based on the Government of India	Observe whether the following are present at the site:					
	<ul style="list-style-type: none"> <li>- 10 litre bucket with tap or running water ( 24 hrs)</li> </ul>					
	<ul style="list-style-type: none"> <li>- Plain plastic tub, 12   at base, for 0.5% chlorine solution</li> </ul>					
	<ul style="list-style-type: none"> <li>- Hypochlorite solution or chlorine powder</li> </ul>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
requirements for SBA training sites	- Autoclave/boiler / pressure cooker					
	- Stove in working condition (used for boiling)					
	- Plastic mug (1 litre)					
	- Teaspoon for measuring bleaching powder					
	- Surgical gloves in different sizes					
	- Utility gloves (thick rubber)					
	- Soap in a covered soap dish or soap dispenser					
	- Puncture-proof container/hub cutter and needle destroyer					
	- Plastic apron, shoes, mask, cap, goggles					
	- Dustbin–colour-coded, based on biomedical waste management					
19. Emergency drug tray is available as required based on the Government of India requirements for SBA training sites	Observe whether the following are present at the site:					
	- Injection oxytocin					
	- Injection diazepam					
	- Tablet Nifedipine					
	- Injection magnesium sulphate					
	- Inj. Calcium Gluconate					
	- Injection lignocaine hydrochloride					
	- Inj. Prostadin					
	- Tablet misoprostol					



PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	- Sterilized cotton and gauze					
	- At least 2 pairs of gloves					
	- Sterile syringes and needles (different sizes)					
	- At least 2 sterile intravenous sets					
	- Intravenous fluids					
	- Intravenous cannula in different sizes					
20. Equipment, supplies and other drugs are available as required based on the Government of India requirements for SBA training sites	Observe whether the following are present at the site:					
	- Delivery kits for normal deliveries					
	- Cheatle forceps in a sterile dry bottle					
	- Dressing drum					
	- Foetal stethoscope					
	- Baby weighing scale					
	- Inch tape					
	- Radiant warmer or Table lamp with 200 watt bulb					
	- Self-inflating bag and mask (neonatal size)					
	- Oxygen hood (neonatal)					
	- Oxygen cylinder or central supply with Key tubing and mask.					
	- Laryngoscope and endotracheal tubes – baby size					
	- Mucus extractor with suction tube and foot-operated suction machine					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	3 <sup>rd</sup> Assessment	COMMENTS
		Date:	Date:	Date:	Date:	
	- Feeding tubes					
	- Blankets, Clean towels					
	- Sahle haemoglobinometer					
	- Dipsticks for testing urine albumin & sugar					
	- Blood pressure apparatus and stethoscope					
	- Adult weighing scale					
	- Sterile/clean pads					
	- Povidone iodine					
	- Methylated spirit					
	- Thermometer (oral & rectal)					
	- Micropore tape					
	- MCH card					
	- Partograph charts					
	- Gentamicin injection					
	- Ampicillin injection					
	- Metronidazole Tablets					
	- Ice pack box / refrigerator / Vaccine carrier					
	- Foley and plain catheters and uro bag					

<b>TOTAL STANDARDS:</b>	<b>20</b>
TOTAL STANDARDS OBSERVED:	
TOTAL STANDARDS ACHIEVED:	
PERCENT ACHIEVEMENT (STANDARDS ACHIEVED / STANDARDS OBSERVED)	



## Summary of GNM Schools Performance Standards

AREAS	NUMBER OF STANDARDS	STANDARDS ACHEIVED							
		DATE		DATE		DATE		DATE	
		NUMBER	%	NUMBER	%	NUMBER	%	NUMBER	%
Classroom and Practical Instruction	15								
Clinical Instruction and Practice	16								
School Infrastructure and Training materials	13								
School Management	16								
Clinical areas where Student midwives undertake clinical experience	20								
<b>Total</b>	<b>80</b>								

**ANNEXURE 2:  
SPECIFICATIONS OF MANNEQUINS AND EQUIPMENT'S FOR SKILLS LAB**

**Specifications of Mannequins and Equipments for Skill Lab**

General specifications desired for all Mannequins:

The color of the mannequin should be in Caucasian simulating Indian babies/adult in medium skin tones.

The material of the mannequin should be of polyvinyl and silicone rubber free from any carcinogenic agents.

The texture of the mannequin should be soft and smooth and close to the feel of baby/adult skin as relevant. The texture must be friction free to demonstrate the desired procedure

The internal parts of mannequin must be realistically sculpted, anatomically accurate and feel must be smooth/resilient/bony as relevant and suitable for simulation

The mannequins must be portable and any fittings used in mannequins must be of aluminum or polycarbonate or equivalent

The mannequin's durability must be of minimum 2 years.

The material of the mannequin should withstand extremes of temperature (upto 45 degree Celsius)

The supplier must ensure manufacturer's warranty/guarantee against for the specifications and also manufacturing defects.

The manufacturing units must have an internal system of quality control and supplier should produce the process and certificate from the manufacturers.

The supplier will be responsible for service, maintenance, replacement, etc. against any complaints up to the satisfactions of the users irrespective of the location of manufacturing unit.

The Lead time must not be more than 6 weeks after confirmation of written supply order

The supplier must ensure the availability of on- call service agent from state headquarters within 48 hours, from local within 24 hours, from outside state within 7 days and incase the problem is not rectified on site at the time of service then its need to be rectified with in next 7 days for minor defects and within 28 days for major defects.

*Handwritten signatures and initials:*  
Dipen Agrawal, Bilal Sood, Hrishabh, Manisha, Anshu, Ashish, P.P.T, Anshu, Chaitan, Kishu, Akhya, Anshu, P.P.T, Anshu

The warranty for mannequins must be two years from the date of receiving at consignees address.

All mannequins should include a soft/Hard Carrying Case and study questions, Dos and Dont's, instructions manual, maintenance guide, , background information, videotape for demonstrating the use of mannequin, User manual with trouble shooting guidance, technical manual with maintenance and first line technical intervention instructions and any other relevant teaching/ training materials in English

The mannequins should have additional accessories as listed and also talcum powder or silicone gel to avoid friction, list of accessories and spare parts with cost and contact details of its supplier preferably within State/Delhi.

The supplier/manufacture should list the name and address of technical service providers in India.

The payment of the mannequin is linked with installation at consignee address, demonstration to service providers at consignee address and certification of installation and functionality by the head of the concerned department.

The suppliers should agree for 10% of payment to be released after 2 years (Warranty Period)

General specifications desired for all equipment's:

The material used for equipment's should be of rust proof, high quality PVC/stainless steel/polyvinyl and silicone rubber as applicable and free from any carcinogenic agents

The stainless steel composition must be of 8 to 10% nickel, 18 to 20% chromium.

The fittings of all equipment's must be of stainless steel/aluminum.

The equipment's should be durable of minimum 3 years for repeated use by trainers/trainees.

The supplier must ensure manufacturer's warranty/guarantee against for the specifications and also manufacturing defects.

Every manufacturing unit must have an internal system of quality control and supplier should produce the process and certificate from the manufacturers

The supplier will be responsible for service, maintenance, replacement, etc. against any complaints up to the satisfactions of the users irrespective of the location of manufacturing unit.

Manushi  
Sec  
Dipendra Kumar  
Alakshya  
Mishra  
P.P. Singh  
Anusha  
Suresh







## 2. ABDOMINAL PALPATION MANNEQUIN FOR LEOPOLD MANEUVERS DURING PREGNANCY

### Features:

- ❖ The abdominal palpation mannequin should have full size adult female lower torso (abdomen and pelvis)
- ❖ The abdominal palpation mannequin should have a one-piece full term fetus with palpable fontanelles, spine, shoulders, elbows, and knees.
- ❖ The abdominal palpation mannequin should have upper and lower inflatable cushions with independent inflating devices in the abdominal part of the mannequin
  - Lower cushion when inflated should raise the fetus to desired position
  - Upper cushion when inflated should create a firm abdomen as in the ninth month of pregnancy
- ❖ The abdominal mannequin should be able accommodate the fetus in vertex, breech, or transverse.
- ❖ The abdominal mannequin should have the facility to accommodate the fetus of different gestational age, demonstrate vertex/Breech/transverse position delivery, and attach the perineum to demonstrate the episiotomy repair.

### 3. Dictaphone

- ❖ Dictaphone should be able to give a simulation of fetal heart sound
- ❖ Dictaphone should have 4GB Digital Voice Recorder
- ❖ Dictaphone voice recorder should be perfect for recording digitally all the voices and reproduce it with good quality sound.
- ❖ Dictaphone should have different recording settings.
- ❖ Dictaphone should have digital pitch control / facility for different Scene Selection
- ❖ Dictaphone should have Intelligent Noise Cut / Low Cut Filter / Digital VOR
- ❖ Dictaphone should have Linear PCM/MP3/WMA/AAC Playback
- ❖ Dictaphone should have Track Mark

## Theme 2: Infection Prevention

### Skill station: Sterilization

#### AUTOCLAVE

- ❖ The autoclave should be of 20 L capacity and must be Stand-Alone Bench Top autoclave.
- ❖ The autoclave should have automatic single door, self-sealing with high-quality silicone gasket.
- ❖ The autoclave should have chamber diameter 25 cm, depth 45 cm.

Handwritten signatures and initials are present, including names like Manushi, Amisha, and others, along with a date '5' and various initials.



### 1. HAND HELD UTERUS MANNEQUIN

- Hand held uterus model should show coronal section of uterus, ovaries and fimbriae
- Hand held uterus model should have a clear plastic window permitting easy view of IUD
- Hand held uterus model should permit easy demo of inserting and removing of IUD
- Hand held uterus model should be Made of PVC

### 2. FEMALE LOWER TORSO MANNEQUIN WITH NORMAL AND POSTPARTUM UTERUS AND ACCESSORIES

- Should have full size adult female lower torso (abdomen and pelvis) with relevant internal landmarks
- Should have palpable normal and pregnant uteri with Realistically sculpted and anatomically accurate ovaries and fimbriae
- Should have accessories to enhance visual recognition of normal and abnormal cervixes
- Should have removable introits
- Should have "screw" design between Uterus and Cervix for fast and easy change-out
- Should be suitable for teaching/practicing bi-manual pelvic examination
- Should be suitable for vaginal examination, including insertion of speculum, uterine sounding and IUD insertion and removal
- Should have distal end of vagina to facilitate introduction of a female condom
- Should have features to demonstrate Minilaparotomy (both interval and postpartum tubal occlusion), Manual vacuum aspiration (MVA), visual recognition of normal and abnormal cervixes, 48 hours postpartum fundal massage
- Additional Accessories:
  - One anteverted uterus
  - One retroverted parous uterus
  - Five normal cervixes
  - Four abnormal cervixes
  - Ten fallopian tubes
  - 2 x 48 hour postpartum uterus with 'duckbill' cervix and fallopian tubes
  - 2 Extra locking pins and thin cervical locking ring

### Theme 4: Intranatal care

#### Skill Station:

1. Pelvic examination includes cervical dilatation and pelvic assessment
2. Normal Delivery
3. AMTSL & Checking placenta
4. initial dose of MgSO<sub>4</sub> for severe pre-eclampsia/eclampsia management..yet to decide of having models

*Dipen Agard*      *Bulbul Saad*      *Ms. Shaban*  
*Ati*      *Dr. [Signature]*      *Scf*  
*[Signature]*      *[Signature]*      *[Signature]*  
*[Signature]*      *[Signature]*      *[Signature]*  
*Manushi Mishra*      *[Signature]*      *P. Pratik*

5. Episiotomy repair
6. Initial Management of atonic PPH
7. Complicated delivery ( Twin , breech, shoulder dystosia, ventose and Forceps)

1. CHILD BIRTH SIMULATOR ALONG WITH ATTACHMENT FOR CERVICAL DILATATION ( CLOSED OS,4 CM, 6CM, 8CM, FULLY DILATED CERVIX)

Features:

- ❖ Should have hemi pelvis of adult female with anatomical landmarks like pelvic cavity, spine etc. Should have manual mechanical birthing system to enable the user to control the rotation and speed of fetus delivery etc.
- ❖ Should have articulating fetal baby with adaptors to fit with manual birthing system
- ❖ Should be versatile to change the position of the fetus during the process of birth including descend, flexion, extension, internal and external rotation, restitution.
- ❖ Should have features for training normal and breech deliveries
- ❖ Should have Inflatable cushions to lift fetus for Leopold maneuver during pregnancy
- ❖ Shall have adaptive birth canal to demonstrate dystocia and deal with its relief
- ❖ Should have features to demonstrate cord prolapse
- ❖ Shall allow demonstration and practice of placenta previa
- ❖ Should have cervical dilatation attachment for closed Os, 4cm, 6cm, 8cm and fully dilated cervix
- ❖ Should have features simulating represent conditions of the cervix and vagina prior to labor, during labor and at birth in a primigravid woman
- ❖ Additional Accessories :
  - One detachable padded stomach cover
  - Detachable Manual mechanical birthing system with mounting flange
  - One fully articulating fetal baby with adaptors to fit with manual birthing system
  - One elevating cushion for Leopold maneuvers
  - 6 detachable dilating cervixes
  - 6 detachable Vulva
  - 9 vulvar inserts
  - 6 placentas
  - 9 umbilical cords
  - One 48 hour postpartum uterine activity assembly
  - One postpartum perineal insert
  - Reusable episiotomy repair module (set of 3 including medial tears, mediolateral tears and standard mediolateral episiotomy)
  - 2 sets cervical dilatation attachment for closed Os, 4cm, 6cm, 8cm and fully dilated cervix .

2. POSTPARTUM SUTURING TRAINER

- ❖ Should enable use of standard needle holder with "00" or "000" chromic sutures

Tijen Ahmad  
 Bulbul Sood  
 Ishwari  
 Seb  
 Anurag  
 PPTD  
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 Manisha  
 Amisha  
 A  
 Abhishek

- ❖ Should have three separate modules for episiotomy
- ❖ Should have one model featuring medial episiotomy with tears in labia-minora
- ❖ Should have one model featuring mediolateral episiotomy with peri-urethral tears
- ❖ Should have one model featuring standard episiotomy
- ❖ Should have features to attach with child birth simulator
- ❖ Additional accessories:
  - 3 nos. of medial episiotomy model with tears in labia-minora
  - 3 nos. of mediolateral episiotomy model with peri-urethral tears
  - 3 nos. of mediolateral episiotomy model

### 3. MANNEQUIN FOR SIMULATION AND MANAGEMENT OF PPH:

- ❖ The mannequin should be highly realistic for simulating postpartum hemorrhage
- ❖ The mannequin should have features to manually control the amount of bleeding and the conditions of uterus.
- ❖ The mannequin should have features to control dilation of the cervix.
- ❖ The mannequin should have the following
  - Full term fetus with placenta and umbilical cord
  - Blood concentrate
  - Fluid collection tray
  - Fluid drain
  - Urine catheter
  - 20 ml syringe
  - Carrying bag
- ❖ The mannequin should have features for training the Following
  - Urine catheterization
  - Normal delivery
  - Complete and Incomplete placenta delivery
  - Oxytocin injection
  - Controlled cord traction
  - Bimanual compression of uterus

### 4. INTRAMUSCULAR INJECTION TRAINING MANNEQUIN

- ❖ Intramuscular injection training mannequin should have a Lifelike human lower torso with intramuscular injection site in upper outer quadrant of palpable gluteal region on both side (left and right).
- ❖ Intramuscular injection training mannequin should have facility such way to detach the upper portion and teach the anatomical details of posterior side of the simulator illustrating deep anatomic structure of the head of femur, the shaft of femur, the sciatic nerve, deep layers of muscles, major blood vessels and aspect of bony pelvis underlying the gluteus muscles at any one side by hand painted or molded as relevant.

Super Hand  
 Waleed  
 Bulbul Sood  
 Ishika  
 Rishi  
 Pooja  
 Manushi  
 Anisha  
 P.P.T.  
 Anisha

- ❖ Intramuscular injection training mannequin should have Intramuscular injection in ventrogluteal site below iliac crest on both side(left and right)
- ❖ Intramuscular injection training mannequin should have Intramuscular injection in lateral thigh at any one side

#### Theme 5: Complication Management

##### Skill Station:

1. BCA approach
2. Management of Shock (IV catheterization and Urinary catheterization)

#### 1. ADULT CPR MANNEQUIN

- ❖ Adult CPR mannequin should have features to demonstrate opening of airway, head tilt/chin lift and/or jaw thrust techniques.
- ❖ Adult CPR mannequin should have disposable airways
- ❖ Adult CPR mannequin should have removable, reusable faces
- ❖ Adult CPR mannequin should have a "clicker" which confirms correct compression depth
- ❖ Adult CPR mannequin should have compression spring for consistent resistance
- ❖ Adult CPR mannequin Should have weight: 3.9 kg and H x W x D: 25 in x 8.5 in x 13.5 in
- ❖ Additional Accessories:
  - 6 Reusable manikin Faces
  - 6 Airways
  - 50 Manikin Wipes

#### 2. ADULT IV TRAINING ARM KIT

- ❖ Adult IV training arm should have full adult arm with simulated clenched fist and tournique position
- ❖ Adult IV training arm should be suitable for practicing IV injections
- ❖ Adult IV training arm should have prominent venous network
- ❖ Adult IV training arm should have anatomically located venous grooves, fitted with soft latex tubes, closely simulating consistency of human veins
- ❖ Adult IV training arm must have a pliable translucent latex skin stretched over venous network
- ❖ Adult IV training arm should have Simulated cephalic, basic, antecubital, radial, and ulnar veins
- ❖ Adult IV training arm should have veins in dorsum of hand
- ❖ Adult IV training arm should feature Realistic "pop" as needle enters vein
- ❖ Adult IV training arm must have a smoked Lucite base with metal stand
- ❖ Adult IV training arm veins and skin must be replaceable

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Naiti

Sera

- ❖ Additional Accessories:
  - 4 Set of kit with simulated blood concentrate, pressure bulb, blood dispensing bag
  - 4 sets of Spare arm skin for future replacement

### 3. FEMALE CATHETERIZATION MANNEQUIN

- ❖ Female catheterization mannequin should have adult female lower torso with realistic vulval area and urethral opening
- ❖ Female catheterization mannequin must have internal bladder reservoir for standard catheterization exercises
- ❖ Female catheterization mannequin should have external reservoir bladder mounted on smoked Lucite with metal stand
- ❖ Female catheterization mannequin should have modular urethral valve to prevent fluid leakage
- ❖ Female catheterization mannequin should have inflatable internal bag to lift the bladder anteriorly
- ❖ Female catheterization mannequin should have detachable upper skin to show bladder, inflatable bag and foam
- ❖ Female catheterization mannequin should show connection to bladder, vagina with locking ring and rectum
- ❖ Female catheterization mannequin should have removable urinary assembly
- ❖ Additional Accessories :
  - 6 spare bladder tanks
  - 6 two Urethra inserts

### Theme 6: Essential Newborn care

#### Skill Stations:

- 1 Essential New Born care
2. New Born resuscitation
3. KMC
4. Measurement of Body Temperature –newborn
6. Radiant Warmer
7. Use of Suction machine
8. Setting up an IV line on child arm
9. Inserting NG Tube
10. Phototherapy
11. Glucometer
12. Oxygen administration
13. Nebulization and Multi dose inhaler

*10/10/2020*

*Diksha Aggarwal*  
*Boulby 11*  
*Sud*  
*Ad*  
*Angleen*  
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*Jan*  
*Prachi*  
*Rishi*  
*So*  
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*Chyngi*  
*Anusha*  
*Agar*  
*P. P. 10*  
*Atul*

### 1. ESSENTIAL NEW BORN CARE & RESUSCITATION MANNEQUIN

- The Newborn mannequin should be realistic in size and appearance and also natural weight, feel and touch.
- Newborn mannequin should have features for training essential newborn care (ENBC) and newborn resuscitation.
- Newborn mannequin should facilitate effective bag and mask ventilation, chest rise only with correct technique.
- The newborn mannequin should include the following:
  - Squeeze bulbs for simulation of cord pulsation, spontaneous breathing, auscultation of heart sound and cry
  - 4 External umbilical cords and 6 umbilical ties
  - 4 baby sheets or towels
  - 2 Head cap
  - 2 Neonatal mucus sucker (easy to open, clean, autoclavable and reusable)
  - 2 Training Stethoscope

### 2. NORMAL NEW BORN BABY MANNEQUINE ( KMC)

- Newborn mannequin should weigh close to normal newborn (2.5 – 3.5 kgs)
- Newborn mannequin should have actual size showing external development and growth
- Newborn mannequin should be close to normal skin colour, texture and bony feel
- Newborn mannequin should have moving head, flexible upper and lower limbs
- Newborn mannequin should have baby cap, nappy, mittens, socks, Kangaroo Mother Care (KMC) dress / shawl/ bed sheet, for wrapping the mother and baby

### 3. DIGITAL THERMOMETER (MEASUREMENT OF BODY TEMPERATURE)

Digital thermometer should have

- Celsius scale with switch to Fahrenheit
- Measurement range between: 32°C to 43°C
- Accurate measurement: +/- 0.10°C between 32°C to 43°C
- Liquid crystal display, easy to read
- Features to support manual switch on, with beep sound after the temperature is measured and Auto switch off after 10 seconds
- Water proof and easy to clean
- Battery powered
- Low battery indicator

*Handwritten signatures and notes:*  
Bullhat Sood  
Dipesh Aggarwal  
Rishi  
Chaitanya  
Rishi  
Dashaan  
Mausha  
M. Anjali  
Anusha  
P. R. K. S.  
Anusha  
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Anusha  
P. R. K. S.



- Certification of safety according CE 93/42, FDA 510k or equivalent
- Must be safe to use, no glass, no mercury

**Additional Accessories:**

- 5 x Nickel Cadmium battery

**4. RADIANT WARMER**

- Should have O<sub>2</sub> cylinder provision
- should have mobile newborn resuscitation table with fixed-height radiant warmer
- should have side trays for accessories
- should have four antistatic castors (Wheels) and 2 wheels with breaks
- should have table surface with mattress with infant head/shoulder support
- Mattress-padding should have foam density approx. 21 - 25 kg/m<sup>3</sup>
- Mattress cover should be removable with zipper, waterproof, washable, resistant to cleaning with chlorine based solution and flame retardant
- Side boards should be transparent acryl, drop down and lockable
- Hood suspended above the table should integrate heating element and overhead light
- Overhead light should have 2 x 50W halogen spot, with dimming function
- Heating element should have emitter with parabolic reflector and protected by metal grid and Should be with high quality heating element like ceramic
- Control unit should allow air and skin temperature preset (LCD indicator / Digital Indicator) and drives radiant heater output (servo and manual)
- Display should report system errors, sensor failure, shock proof with auto regulation for temperature maintenance.
- Power requirement: 220 V/50 Hz
- Power consumption: 800 W
- Should have electronically controlled sensors (Skin & Air) with digital display for temperature
- Should also have separate sensor for continuous digital display of room temperature
- Should have heavy duty and rust proof metal body
- Should have Servo and manual control facility
- Should have SET temperature display on FND/LCD by mode selection
- Must have all modes and Timer display on LCD
- Should have all safety alarms – visual display on LCD
- Should have Skin sensor fail alarm
- Additional Accessories :
  - 3 - mattress
  - 6 - spare skin temperature probe (including connection cable)
  - 3 - spare heating element
  - 10 - spare set of fuses
  - Power cord and fittings with at least 10 meters of wire

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**5. ELECTRICAL SUCTION MACHINE**

*Handwritten signatures and notes:*  
 Disha Arund  
 Parul Food  
 Jais  
 Manisha  
 P. P. P. P. P.  
 Anand

- Should have housing and Base: MS Powder coated cabinet with Stainless Steel top.
- Should be mounted on bearing castor wheels with brakes, completed with pressure regulator ½ H.P motor.
- Should have capacity: 0-700 mm Hg ± 10 regulatable, flutter free vacuum control knob (pressure regulator), 25 Ltrs / min.
- Should have Single rotary vane pump or other equivalent pump
- Should have wide mouthed 2 x 2 Liter jar (Polycarbonate) with self-sealing bungs and mechanical over flow safety device.  
Should have 8 mm ID x 2 meter tubing ( non-collapsible tube with adaptors - PVC)
- Should have bourden type 6.5cm Diameter, 0-760 mm Hg calibration Vacuum Gauge.
- Power should be 230 V, 50 Hz, 2 ± 0.5 Amps, 200 watts. (110 V on request)
- Should have Noise Level: 50 dB A ± 3 Almost whispers.
- Should have 43 x 30 x 68 cms Dimension and Weight of 27Kgs
- Should have safety certification according CE 93/42, FDA 510k or equivalent

#### 6. FOOT-OPERATED SUCTION MACHINE

- Should have High performance suction pump for pharyngeal and tracheal suction
- Should have double acting piston pump provides a combination of large airflow and high vacuum
- Should have see-saw movement of pedal that generates suction every time, one side of the pedal is depressed
- Should have pump chassis complete with valve diaphragms, manifold pipe, bottom cover, cylinder with draw link and valve diaphragm, piston O-ring, pedal with retaining springs, aspirating tube with angle connector and combination suction tip
- Should have pump which is totally disassembled, is easy to clean and disinfect
- All parts should be autoclaved at 121°C
- Should have Vacuum maximum of 600 mmHg
- Should have free airflow at two pumping strokes per second, approximately 30 to 40 L/min.
- All the parts should be made of high-strength, long-life materials, not requiring specific maintenance or storage
- Should have transparent polycarbonate collection container capacity, approximately 1 Liter
- Should have thermoplastic rubber Bottom cover
- Manifold pipe: polypropylene Gasket, O-rings and valve diaphragm: silicone rubber
- Should have Teflon piston rings
- Should have aluminum foot pedal

#### Additional Accessories:

- 3 set of silicone rubber suction tubing, approx: diam. 10 mm, length 1.5 m
- 3 angle connector and combination acetal suction tip

*18/8/2014*

*Dinesh Agrawal*  
*Bullbul Sood*  
*Basem*  
*Mansha*  
*Amisha*  
*Arshad Raza*  
*P. P. 16*

- 2 spare valve diaphragms
- 2 spare piston O-ring
- 2 spare retaining springs,

#### 7. PEDIATRIC IV ARM KIT

- Should have pediatric arm
- Should have replacement Skin and multi-vein system
- Should have simulated Blood pack
- Should have blood Bag with tubing and connector
- Should have clamp and hook
- Should have 5 Syringes
- Should have Manikin Lubricant

#### Additional Accessories:

- 5 – replacement skin
- 5 – multi – vein system
- 3- simulated blood pack
- 3 – blood bag with tubing and connector
- 3- lubricant

#### 8. NG TUBE INSERTION MANNEQUIN:

- Should look like 0-8 weeks old and Caucasian colour ( Dr, Anand- for age )
- Should have soft and flexible and replaceable face skin and upper body skin
- Should offer NG exercises to demonstrate tube feeding and gastric suction
- Placing NP/OP tubes must be possible
- Should have landmark for ear canal
- Should have removable internal

#### 9.PHOTOTHERAPY UNIT:

- Should have heavy sturdy mobile stand phototherapy unit
- Should have four Antistatic castors, 2 with breaks
- Should have single head with surface size approximately: 0.50 x 0.75 m
- Should have head height adjustable approximately 1.40 to 1.75 m
- Should have blue light with 4 Compact Fluorescence Tubes (CFL) approximately: 20 W
- Should have white light with 2 Compact Fluorescence Tubes (CFL) approximately: 20 W
- Should have grills to protect the tubes

*Wg/Lishah*

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 Manisha  
 Amisha  
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 A.T.T  
 J.S.

- Should have Infant table surface with foam padded mattress with density approximately 21-25 Kg/m<sup>3</sup> with infant head/shoulder support and
  - Mattress cover should be movable, with zipper, waterproof, washable, resistant to cleaning with chlorine based solution and flame retardant
  - Infant table should have side boards transparent acryl, drop down and lockable
- Should be Irradiance at skin level, up to: 40 UV/cm<sup>2</sup>/nm
- Should have wavelength: 420 to 500 nm, with highest intensity at 470 nm Integrated cumulative hour timer;
- The power requirement not more than 220 V/50 Hz; and power consumption not more than: 250 W
- Phototherapy unit should have device safety certification according CE 93/42, FDA 510k or equivalent
- Additional Accessories:
  - 6 spare blue CFL tubes
  - 3 spare white CFL tube
  - 10 spare set of fuses

#### 10. GLUCOMETER

- Should have direct reading and photometry determination of total amount of glucose in whole blood
  - Should have on switch and auto switch -off
  - Should have automatic zero on switching on the glucometer.
  - Should have automatic indication for readiness for receiving of blood through strips
  - Should have dual wavelength measurement, 660 and 840 nm
  - Sample size: one drop of whole blood on disposable cuvette
  - Measuring time, approximately: 10 seconds
  - Measuring range, approximately: 0 to 20 mmol /L or 0 to 400 mg/dl
  - Should have accuracy equivalent to laboratory spectrophotometer
  - Should have large LED display readable in low light working situations, display cover durable plastic Display in mmol/L and mg/dl, easy switch between both measurements
  - Memory for at least 100 previous test
  - Device is safety certified according CE 93/42, FDA 510k or equivalent
- Additional Accessories:**
- 10 x box of 100 cuvettes
  - 10 x box of 100 sterile lancets
  - 3 x cleaning set
  - 3 x calibration set
  - 3 x dust cover
  - 3 x storing case
  - 10 x spare set of fuses

Handwritten signatures and notes:

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Sigam Kumar

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Manusha

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11. Oxygen Administration (Oxygen Concentrator)

- Oxygen concentrator to provide oxygen from atmospheric air
- Oxygen concentration measured at the flow meter by oxygen sensing device (OSD)
- Sound level <15 dB
- Superior grade of molecular sieve with an indicator / sensor on the device indicating whether the sieve is functional or non-functional
- Maintenance free rotary proppet valve.
- Oxygen purity approximately 90%,
- Oxygen output approximately: 0 - 5 LPM,
- Pressure approximately: 8 psi
- Double outlet or flow splitter for oxygen Delivery
- Oxygen tube of 2 m length must be provided with facility for nebulization with tube & mask With two humidifier bottles and two cabinet filters
- Power requirements: 220 V/50 Hz
- Power consumption: 450 W
- Device is safety certified according CE 93/42, FDA 510k or equivalent

Additional Accessories:

- 3 spare set of tubing
- 3 spare set of internal and external filters (bacterial);
- 10 spare set of fuses

12. Oxygen Administration (Oxygen Hood)

- Should have round shape 3 - Medium size, approximately height 22 cm, diameter 25 cm, 3 small size , approximately: height 18 cm, diameter 20 cm
- Should be autoclavable polycarbonate
- Should be free from trauma of silicon neck, with adjustment flap
- Should have bilateral oxygen nozzle,
- Should have oxygen tube of 2 m length with one spare set of tubing
- Should have port for oxygen sensor
- Device is safety certified according CE 93/42, FDA 510k or equivalent

18/8/2018

13. Nebulizer

- Should be easy to use and clean
- Should deliver inhaled steroids, antibiotics and all commonly prescribed bronchodilators

17  
Dipen Kund  
Bulbul Sood  
Mausha  
Amisha  
Pritika  
Akhil  
Rishi  
Sachin  
Ananya  
Anushka  
Pritika  
Akhil

- Should have features to respond to breathing pattern, to increase release of drug on inspiration and to decrease the wastage of drug on expiration
- Should have mask with different size ( for adult & pediatric)
- Flow rate: 6 lpm rising up to 22 lpm on inspiration

**Additional Accessories:**

- 5- Filters,
- 10 masks (Each Size),
- 10 – Mask & mouth piece
- 5 – Replacement mesh
- 5- Set Tubing,
- 2- AC/DC Adapters,
- 10 set of Batteries

**14. MULTI DOSE INHALER WITH SPACER**

- The Spacer must be of 145ml volume
- The spacer should be 5 -6" long and 2" diameter
- The spacer should fit with the inhaler
- It should have silicone one way valve to prevent exhaling air from entering the chamber
- The spacer should be washable, could be sterilized and reusable
- The spacer should be latex free


*H. S. S. S. S.*

*Dipen Kumar*  
*Bullal* *Sood*  
*18*  
*Rishi*  
*Shreya*  
*Manushi*  
*Amisha*  
*P. P. P. P.*  
*Shraddha*

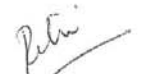
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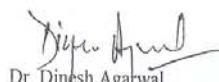
  
Dr. J.K. Das

  
Dr Himanshu Bhushan

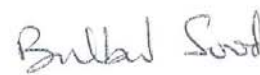
  
Dr. S.K. Sikdar


  
Dr Manisha Mallotra

  
Dr. Ritu Agrawal

  
Dr Dinesh Agarwal

  
Dr. Archana Mishra

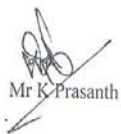
  
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Dr Poonam Varma  
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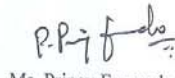
  
Dr Anand Rai


  
Dr Aboli Gore

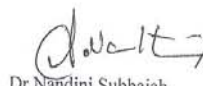
  
Dr Paul Francis

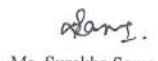
  
Mr K. Prasanth

  
Dr. Utsuk Dutta

  
Ms. Princy Fernando

  
Dr Somesh Kumar

  
Dr Nandini Subbaiah

  
Ms. Surekha Soma

  
Dr..Manju Chuggani

**ANNEXURE 3:  
LIST OF SKILL STATIONS (See GOI guidelines on Skill Lab for the final list)**

*Basic Skills:*

Skill station	Type of Skill	Teaching/ Training Aid Skill Practice will be at every skill station.	Type of Mannequin required
ANC	Calculation of EDD	<ul style="list-style-type: none"> <li>Power point presentation</li> </ul>	
	Recording BP and weight	<ul style="list-style-type: none"> <li>Power point presentation</li> <li>Video</li> </ul>	
	Abdominal examination and auscultating Foetal Heart Sounds (FHS)	<ul style="list-style-type: none"> <li>Power point presentation</li> <li>Video</li> <li>Skill Practice on Mannequin</li> </ul>	1.Human fetus replicas 2.Abdominal Palpation mannequin for Leopold manoeuvres during pregnancy 3.Dictaphone
	Laboratory Investigations- Haemoglobin estimation- Hb Sahli's	<ul style="list-style-type: none"> <li>Power point presentation</li> <li>Video</li> </ul>	
	Hb Color strips	<ul style="list-style-type: none"> <li>Power point presentation</li> <li>Video</li> </ul>	
	Urine test for protein and sugar by uristix	<ul style="list-style-type: none"> <li>Power point presentation</li> <li>Video</li> </ul>	
	Urine pregnancy detection by using kit	<ul style="list-style-type: none"> <li>Power point presentation</li> <li>Video</li> </ul>	
	Rapid Diagnostic Test for malaria	<ul style="list-style-type: none"> <li>Power point presentation</li> <li>Video</li> </ul>	
	Testing blood sugar using Glucometer	<ul style="list-style-type: none"> <li>Power point presentation</li> <li>Video</li> </ul>	

INC	Preparation of labour room (organise a LR, trays, delivery (instrument) kit, privacy and dignity, NBCC )	<ul style="list-style-type: none"> <li>Power point presentation</li> <li>Video</li> </ul>	
	Pelvic examination includes cervical dilatation and pelvic assessment	<ul style="list-style-type: none"> <li>Power point presentation</li> <li>Video</li> <li>Skill Practice on Mannequin</li> </ul>	1.Child birth simulator 2.Cervical Dilatation attachment (closed OS,4 cm, 6cm, 8cm, fully dilated cervix)
	Plotting & Interpreting partograph	<ul style="list-style-type: none"> <li>Power point presentation</li> <li>Video</li> </ul>	
	Normal Delivery	<ul style="list-style-type: none"> <li>Power point presentation</li> <li>Video</li> <li>Skill Practice on Mannequin</li> </ul>	Child birth simulator
	AMTSL & Checking placenta	<ul style="list-style-type: none"> <li>Power point presentation</li> <li>Video</li> <li>Skill Practice on Mannequin</li> </ul>	Child birth simulator
	Providing initial dose of MgSO4 for severe pre-eclampsia/ eclampsia management	<ul style="list-style-type: none"> <li>Power point presentation</li> <li>Skill Practice on Mannequin</li> </ul>	Yet to decide – IM injection Mannequin
	Initial Management of atonic PPH	<ul style="list-style-type: none"> <li>Power point presentation</li> <li>Video</li> <li>Skill Practice on Mannequin</li> </ul>	Mannequin for simulation and management of PPH
<b>Complication Management</b>	CAB approach	<ul style="list-style-type: none"> <li>Power point presentation</li> <li>Video</li> <li>Skill Practice on Mannequin</li> </ul>	Adult CPR mannequin



	Identification & management of shock (IV line & Blood transfusion, catheterization)	<ul style="list-style-type: none"> <li>• Power point presentation</li> <li>• Video</li> <li>• Skill Practice on Mannequin</li> </ul>	1. Adult IV arm training Kit 2. Female catheterization Mannequin
<b>NBCC</b>	Essential Newborn Care for a normal, crying baby	<ul style="list-style-type: none"> <li>• Power point presentation</li> <li>• Video</li> <li>• Skill Practice on Mannequin</li> </ul>	Essential new Born Care & Resuscitation model
	New Born resuscitation	<ul style="list-style-type: none"> <li>• Power point presentation</li> <li>• Video</li> <li>• Skill Practice on Mannequin</li> </ul>	Essential new Born Care & Resuscitation model
	KMC	<ul style="list-style-type: none"> <li>• Power point presentation</li> <li>• Video</li> <li>• Skill Practice on Mannequin</li> </ul>	Normal New born baby Mannequin
	Temperature Recording	<ul style="list-style-type: none"> <li>• Power point presentation</li> </ul>	Digital Thermometer
	Maintaining temperature using Radiant warmer	<ul style="list-style-type: none"> <li>• Power point presentation</li> <li>• Video</li> <li>• Skill Practice on Mannequin</li> </ul>	Radiant Warmer
	Use of Suction machine	<ul style="list-style-type: none"> <li>• Power point presentation</li> <li>• Video</li> <li>• Skill Practice on equipment</li> </ul>	Electric Suction machine 1. Electric Suction machine 2. Foot Operated Suction Machine
	Counting respiratory rate	<ul style="list-style-type: none"> <li>• Power point presentation</li> <li>• Video- IMNCI</li> </ul>	

	Oxygen administration	<ul style="list-style-type: none"> <li>• Power point presentation</li> <li>• Video</li> <li>• Skill Practice on equipment</li> </ul>	Oxygen Concentrator Oxygen Concentrator
	Preparation and use of ORS	<ul style="list-style-type: none"> <li>• Power point presentation</li> <li>• Skill Practice</li> </ul>	
	Administration of Zinc tablet	<ul style="list-style-type: none"> <li>• Power point presentation</li> <li>• Skill Practice</li> </ul>	
<b>FP</b>	Family Planning Methods (LAM, OCP, Male/female condom, SDM, Injectables, Implant, Emergency contraceptive pills), NSV	<ul style="list-style-type: none"> <li>• Power point presentation</li> </ul>	
	Interval IUCD	<ul style="list-style-type: none"> <li>• Power point presentation</li> <li>• Skill Practice on mannequin</li> </ul>	1. Hand held uterus model 2. Model with normal uterus and accessories and also with postpartum uterus attachment
<b>Infection Prevention</b>	Hand washing	<ul style="list-style-type: none"> <li>• Power point presentation</li> <li>• Video</li> <li>• Skill practice under UV Light</li> </ul>	Hand washing : UV Light equipment
	Personal Protective attires	<ul style="list-style-type: none"> <li>• Power point presentation</li> <li>• Video</li> </ul>	
	Preparation of 0.5% chlorine solution using bleaching powder	<ul style="list-style-type: none"> <li>• Power point presentation</li> </ul>	
	Processing of equipment's – cleaning, steam sterilization or HLD (High Level Disinfection) b) disinfection and disposal of sharps and needles	<ul style="list-style-type: none"> <li>• Power point presentation</li> <li>• Video</li> </ul>	
	Autoclaving	<ul style="list-style-type: none"> <li>• Power point presentation</li> <li>• Video</li> <li>• Skill practice on equipment</li> </ul>	Autoclave

		<ul style="list-style-type: none"> <li>• Video</li> <li>• Skill Practice on Mannequin</li> </ul>	
	Management of APH	<ul style="list-style-type: none"> <li>• Power point presentation</li> <li>• Video</li> <li>• Skill Practice on Mannequin</li> </ul>	
	Management of Incomplete abortion	<ul style="list-style-type: none"> <li>• Power point presentation</li> <li>• Video-Fogsi</li> <li>• Skill Practice on Mannequin</li> </ul>	MVA –yet to decide
	Episiotomy repair	<ul style="list-style-type: none"> <li>• Power point presentation</li> <li>• Video</li> <li>• Skill Practice on Mannequin</li> </ul>	Postpartum suturing trainer
	Complicated delivery ( Twin , breech, shoulder dystosia)	<ul style="list-style-type: none"> <li>• Power point presentation</li> <li>• Video</li> <li>• Skill Practice on Mannequin</li> </ul>	
	Assisted delivery (forceps, ventouse)	<ul style="list-style-type: none"> <li>• Power point presentation</li> <li>• Video</li> <li>• Skill Practice on Mannequin</li> </ul>	Child birth simulator
<b>NBCC</b>	Chest compression and medication- New Born Resuscitation	<ul style="list-style-type: none"> <li>• Power point presentation</li> <li>• Video</li> <li>• Skill Practice on Mannequin</li> </ul>	Adult CPR mannequin
	Use of Phototherapy machine for new-borns with Jaundice	<ul style="list-style-type: none"> <li>• Power point presentation</li> <li>• Video</li> </ul>	Phototherapy Unit

	Segregation of bio medical waste	<ul style="list-style-type: none"> <li>• Power point presentation</li> </ul>	
	Labor room / Operation Theatre sterilization	<ul style="list-style-type: none"> <li>• Power point presentation</li> <li>• Video</li> </ul>	
	Chemical sterilization of instruments	<ul style="list-style-type: none"> <li>• Power point presentation</li> <li>• Video</li> </ul>	
<b>Counselling</b>	Counselling: Training Videos ,Set of flash cards, Case scenarios for ANC, Immunisation and Family planning or post abortion counselling	<ul style="list-style-type: none"> <li>• Power point presentation</li> <li>• Video</li> </ul>	
<b>Documentation</b>	(i) familiar with the entries to be made in all the registers / formats {MCP & Safe Motherhood booklet (ii) Labour room register (iii) Referral -in / referral out registers / referral slip (iv) Discharge slip (v) MDR reporting (vi) Line listing Severe Anaemia (vii) Village wise register (viii) Due list/VHND plans (ix) MTP format} (ii) practice filling the format (iii)interpret follow up actions:	<ul style="list-style-type: none"> <li>• Power point Presentation</li> </ul>	

**Add-on Skills:**

Skill station	Type of Skill	Teaching/ Training Aid	Type of Mannequin required
INC	IV Magsulf	<ul style="list-style-type: none"> <li>• Power point presentation</li> </ul>	Adult IV arm training Kit

		<ul style="list-style-type: none"> <li>• Skill Practice on equipment</li> </ul>	
	Setting up an IV line on child arm	<ul style="list-style-type: none"> <li>• Power point presentation</li> <li>• Video</li> <li>• Skill Practice on Mannequin</li> </ul>	Paediatric Multi-Venous IV Training Arm Kit
	Inserting feeding tube in a baby	<ul style="list-style-type: none"> <li>• Power point presentation</li> <li>• Video</li> <li>• Skill Practice on Mannequin</li> </ul>	NG Tube trainer
	Using Pulse oximeter	<ul style="list-style-type: none"> <li>• Power point presentation</li> <li>• Video</li> <li>• Skill Practice on Mannequin</li> </ul>	Pulse oxymeter
	Using Nebulizer and Multi dose inhaler with spacer	<ul style="list-style-type: none"> <li>• Power point presentation</li> <li>• Video</li> <li>• Skill Practice on Mannequin</li> </ul>	Nebulizer and Metered Dose Inhaler
FP	PPIUCD	<ul style="list-style-type: none"> <li>• Power point presentation</li> <li>• Video</li> <li>• Skill Practice on Mannequin</li> </ul>	Model with normal uterus and accessories and also with postpartum uterus attachment

**ANNEXURE 4:**  
**ToRs FOR HR RECRUITMENT**

**State Nursing Cell under Directorate of Health Services/ Nursing Wing of the State**

**Overarching responsibilities of State Nursing Cell**

- i. Cadre Management of Nursing Personnel i.e. Nursing Educators, Nursing Administrators, Nursing Service Personnel and Public Health Nurses like ANM, LHVs and PHNs etc.
- ii. Coordinate with Government of India with regard to Planning and Implementation Schemes under Development of Nursing Services.
- iii. Maintaining Nursing Management Information with regard to number of Nursing Personnel sanctioned/in-position with regard to Staff Nurses, Ward Sister, Assistant Nursing Superintendent, Nursing Superintendent and Chief Nursing Officer and Public Health Nurses like ANM, LHVs and PHNs
- iv. Maintain information about Nursing Educational Institutions like ANM, GNM, B.Sc. (N), M.Sc. (N) Nursing College along with their admission capacity
- v. Maintain number of nursing teaching faculty in the nurses education institutions along with their specialization
- vi. Maintain total number of nursing personnel required and number to be trained in the State
- vii. Supervision and Management of quality of Nursing Education in the State
- viii. Collaborate with State Nursing Council and professional association
- ix. Collaborate with other State level officers concerning with National and Health Family Welfare program
- x. The State Nursing Cell will submit quarterly report about the functioning of the nursing service and quarterly report on nursing management information system.

**Responsibilities of the state nursing cell for the program to strengthen pre-service education for nursing-midwifery cadre in India**

The State Nursing cell, housed at the state health society will function as the state level authority for the coordination and management of the program within the state. It will act as a liaison between the national program management cell at the NIHF, national nursing cell at MOHFW, GoI and the NNC, SNC and the nursing educational institutions.

**Human Resource:**

- State Program Officer(Rank of Deputy Director)-1
- Program Coordinator - 2

**State Program Officer**

**General Responsibilities**

**Job responsibilities related to management of the national program for strengthening pre-service education in the respective state:**

- Work with NNC, SNC, state government, development partners, GNM and ANM schools to implement, monitor and report on training activities including M&E frameworks.
- Meet regularly with the state health society, SNC staff for smooth project management and respond in a timely manner to requests for meetings, reports and other requests.
- Facilitate the selection and hiring of the training coordinators/nursing and midwifery educators at the SNC.
- Facilitate the logistics for the trainings at the SNC.
- Work with the state nursing directorates for releasing the ANM/GNM faculty for the 6 weeks training.
- Backstop the 6 weeks trainings at the SNCs.
- Oversee the implementation of the performance standards at the GNM/ANM schools for quality improvement.
- Visit the ANM/GNM schools to identify needs and facilitate the achievement of standards.
- Advocate with the state government to plan for the infrastructural strengthening of the GNM/ANM schools.
- Provide technical assistance in the refurbishment of the GNM/ANM Schools in the state.
- Facilitate the procurement process for the skills labs and educational infrastructure at the GNM/ANM Schools.
- Facilitate the recruitment of faculty at the GNM/ANM Schools as per the INC norms.
- Conduct monitoring visits to the SNC for quality assurance of the trainings.
- Look into the specific needs of the SNC and rectify them for the smooth conduction of the trainings.
- Perform other duties as per program needs as assigned by the national program manager.
- Qualification: Nurse Midwife with Masters' level degree in Obstetric and Gynecological nursing field required. Community health nursing/ Pediatric nursing field can also be considered.
  - Desirable: 3-5 years of experience working with educational or clinical training programs, working in ANM training center/ GNM School or community health.
  - Technical knowledge and field experience in Nursing / Midwifery Education focusing on Skilled Birth Attendance, IMNCI and Family Planning
  - Knowledge of pre-service education systems development for Nurses / ANMs.

Position reports to: the Director/ Add. Director (Health Services)/ & MD, NRHM

### **Program Coordinator (2)**

#### **Job Description/ Responsibilities of the Program Coordinator:**

- Assist the SPO in the overall management of the state program management cell.
- Work with SNC, state government, development partners and government counterparts to implement, monitor and report on training activities including M&E frameworks and reports.
- Respond in a timely manner to requests for meetings, reports and other requests.

- Facilitate project activities including workshop planning, logistic arrangements and other activity support to ensure smooth conduction of trainings and supervisory visits.
- Assist with financial management, reporting on expenditure on a timely basis and other finance tasks as assigned.
- Work in coordination with the state health societies/state nursing directorates in the specified regions to help release ANM/GNM faculty for the trainings.
- Work to ensure efficient and effective program operations, maximizing the input and support of all personnel as appropriate.
- Collect data from the SNCs, ANMTCs and GNM Schools for reporting.
- Maintain up-to-date program and training data of the nodal centers and the ANM/GNM faculty in the state.
- Perform or assume other duties as assigned by the State Program Officer for the smooth running of the program.
- **Qualification:** A university graduate, preferably with a Bachelor's degree in Commerce/ accountancy with excellent computer knowledge.
  - 3-5 years relevant work experience in office management and/or project support
  - Advanced computer competency (Microsoft Word, Power Point, Excel, Outlook)
  - Experience working with projects and knowledge of health and training issues desired.
  - Familiarity with the Indian health system, key stakeholders and relevant government policies/strategies—particularly National Rural Health Mission and RCH II
- **Position reports to:** State Program Officer.
- **Salary (Not to be advertised)** Rs.30,000 per month, consolidated.
- **Duration of consultancy/ Position-** Initially for a period of 11 months can be extended depending upon the need and satisfactory performance of the selected candidate.

## TOR / Job Description for the Nursing and Midwifery Tutor

**Title:** Nursing-Midwifery Tutor

**Duty Station:** National/State Nodal Center at various locations

### Summary Job Description

The nursing and midwifery educator will ensure timely provision of training and assistance in building the capacities of the faculty and service providers of their nodal center and the ANM/GNM faculty in the specified region. The educator will support the National/State Nodal Center and the specified GNM Schools and ANMTCs by conducting the trainings of the faculty of the ANMTCs and GNM schools of the assigned states and undertaking mentoring visits to these ANMTCs and GNM Schools to provide technical support for strengthening the educational and infrastructural processes at these institutions. This position requires midwifery education, experience and technical expertise in SBA, FP and/or Child Health, strong coordination skills and ability to develop positive, professional working relationships with various counterparts. Within the nodal center, primary working relationships include the principal, of the respective college of nursing, regular faculty of the college of nursing, administrators and providers of the clinical practice site, trainees and other personnel involved in this initiative for strengthening PSE (pre-service education) for nursing midwifery cadre. The educator will provide the necessary technical assistance and support program management for this program in the country.

### Reporting Structure

- **Position is Supervised by:** The Principal, College of Nursing/ Nodal Center
- **Position Reports to:** The Principal, College of Nursing/ Nodal Center

**Salary (not to be advertised):** Rs. 60,000 -70,000 per month (depending on experience).

### Responsibilities

#### Technical and Training responsibilities:

- Update the faculty and clinical service providers from the college of nursing and its clinical practice site, functioning as the National/State nodal center, on the Government of India protocols for Reproductive, Maternal, Newborn and Child Health (RMNCH).
- Facilitate the adherence to **clinical practices** in accordance with standard national protocols for RMNCH and Indian Nursing Council (INC) approved clinical standards at the clinical practice sites of the nodal center and monitoring the sustenance of these clinical practices/standards.
- Facilitate the quality improvement of the **educational and evaluation processes** at the respective college of nursing through the implementation of the educational standards and monitoring their sustenance.
- Conduct the training of the master trainers from the other nodal centers in the INC approved 10 day training module for subsequent trainings of the ANMTC/GNM school faculty.
- Conduct the training for the ANM/GNM faculty in clinical and teaching skills at the nodal center, using the INC approved six-week curriculum.

- Undertake mentoring visits at the assigned ANMTCs and GNM Schools of the respective states, for supporting the trained faculty in post training transfer of knowledge and skills to the students at the GNM Schools/ ANMTCs.
- During these mentoring visits, facilitate the implementation of the quality improvement process at the GNM Schools/ ANMTCs and their linked clinical practice site by assisting the implementation of the performance standards.
- During these mentoring visits Support the faculty in the establishment of skills lab, library and other educational infrastructure at the GNM Schools/ ANMTCs.
- Provide strong and innovative technical leadership and set priorities for all assigned duties, as well as coordinate with other stakeholders-MOHFW, NIHFW, INC and Development partners, for responsive technical support.
- Keep the MOHFW, NIHFW, INC, respective Development partners and state governments informed of successes, challenges and lessons learned.
- Work to keep up to date on technical programmatic priorities and approaches through self-study and liaising with technical staff in the NNC and INC.

### **Management**

- Work in close coordination with state governments / state nursing cell/directorate in implementation of the state specific road map for strengthening nursing-midwifery education, particularly its technical aspects.
- Regularly report on state specific training plans in advance for the upcoming year and also the quarterly activities and achievements.
- Monitor the trainings in the state nodal center (applicable for tutors at national nodal center) and reporting on the same and other indicators of the M&E frameworks.
- Travel to ANMTCs of the assigned states for supporting the identification of gaps, implementation of the standards and undertake need based monitoring and report on the same.
- Meet regularly with the other staff of the College of Nursing and affiliated clinical site, including administrative and management staff, for placing skill labs, computer labs, library etc. and implementation of technical protocols in a time bound manner.
- Facilitate all associated activities and logistics related to the trainings at national/state nodal centers.
- Work in coordination with the state nursing cells and directorates in the specified regions to facilitate nomination of GNM/ANM faculty for the trainings.
- Perform or assume other duties as assigned by the Principal of the Nodal Center such as facilitation of a few sessions in the College of Nursing, to ensure the smooth functioning of the Nodal center as a whole.

### **Experience**

#### **Qualifications/Knowledge:**

#### **Essential:**

- BSc Degree in nursing-midwifery.



- Technical competency in Nursing / Midwifery Education, focusing on Skilled Birth Attendance, Newborn, Child Health and Family Planning

**Desirable:**

- Masters' level degree in Obstetric and Gynecological nursing field preferred. Masters in Community health nursing/ Pediatric nursing field can also be considered.
- 3-5 years of experience working with educational or clinical training programs, working in ANM training center/ GNM Schools or community health.
- Knowledge of pre-service education systems development for Nurses / ANMs.

**Skills:**

- Experience and demonstrated ability working with pre-service education programs.
- Demonstrates good facilitation and coaching skills.
- Strong written and oral communication skills in English and Hindi.
- Technically proficient with up to date skills in SBA, Newborn and FP.
- Proficiency in writing technical and programmatic reports.
- Microsoft Office computer skills, proficiency in Word, Excel and PowerPoint.
- Ability to work within a national program team and communicate regularly with a variety of team members.
- Ability to travel up to 30% of his/her time.
- Willingness and flexibility to work on a wide range of tasks.

## TOR / Job Description for the Program Coordinator

**Title:** Program Coordinator  
**Duty Station:** National/State Nodal Center, Various locations

### Summary Job Description

The program coordinator placed at the state/national nodal center would assist in the implementation of activities and support general functions of the provision of training and assistance in building the capacities of the ANM/GNM faculty in the specified region. The program coordinator will support the Nodal Center and the specified ANMTCs by conducting monitoring activities. This position requires competence on IT/computer skills; experience in data entry and analysis, handling of finance and account maintenance. Strong coordination skills and ability to develop positive, professional working relationships with various counterparts would be a requisite attribute.

### Reporting Structure

- **Position is supervised by:** Principal, College of Nursing/National/State Nodal Center.
- **Position reports to:** Principal, College of Nursing/National/State Nodal Center.

**Salary (not to be advertised):** Rs. 30,000 -35,000 per month (depending on experience).

### Responsibilities

#### Training

- Train the faculty of the Nodal Center and the ANM/GNM Faculty in computer applications/IT skills. These will include but not limited to MS Word, MS Excel, MS Power point, MS Outlook, using internet, sending/receiving/replying to e mails, using computer for showing videos of training material etc.
- Train the faculty in basics of maintenance of computers in the ANMTCs.
- In consultation with state nursing cell and principals of ANMTCs and GNM schools, identify one nodal person at each institution, either a faculty or administrative staff who will be responsible for operating and managing IT equipments at the institutions, and conducting group based training of these staff at the nodal center.

#### Management

- Collect data from the clinical service sites of the nodal center and the ANMTCs/GNM Schools and report it to the relevant authorities for program management.
- Undertake record keeping duties for trainings conducted at the nodal center.
- Work with National/State Nodal center, state government, development partners and government counterparts to implement, monitor and report on training activities including M&E frameworks and reports.
- Develop computerized tracking plan for mentoring visits in consultation with the faculty for the ANM and GNM Schools whose staff have been trained.

- Meet regularly with National/State Nodal center staff including the College and Clinical site staff for smooth project management and respond in a timely manner to requests for meetings, reports and other requests.
- Facilitate project activities and work including training planning, logistic arrangements and other activity support to ensure smooth conduction of trainings and mentorship visits.
- Assist the Principal of the institute with day to day administrative and financial management related to the training and technical activities of the nodal center.
- Travel to ANMTCs at the specified regions for monitoring of IT equipments at the ANM and GNM schools as needed.
- Perform or assume other duties as assigned by the Principal coordinator / nursing and midwifery educators, National/State Nodal Center to ensure the smooth functioning to achieve the project goals.

### **Experience**

#### **Qualifications/Knowledge:**

- A university graduate, preferably with a Bachelor's degree in Commerce/ accountancy
- Degree/Diploma/distance learning certificate with excellent computer competency (Microsoft Word, Power Point, Excel, Outlook).
- Knowledge on basics of operating and maintaining computers, printers and related IT equipments.

#### **Desirable:**

- 3-5 years relevant work experience in office management and/or project support.
- Experience working with projects and knowledge of health and training issues desired.
- Familiarity with the Indian health system, key stakeholders and relevant government policies/strategies—particularly National Rural Health Mission and RCH II

#### **Abilities/Skills:**

- Demonstrate ability to coordinate several activities simultaneously
- Attentive to details and able to produce documents and coordinate activities with little supervision to a professional quality.
- Comfortable with working in a multicultural team.
- Able to manage/prioritize work from several sources. Ability to handle a variety of assignments under pressure of deadlines.
- Excellent organizational and logistical skills required
- Fluency in spoken and written Hindi and English required. Hindi typing skills desired.
- Ability to develop productive working relationships with other agencies, stakeholders and other organizations.
- Willingness and flexibility to work on a wide range of tasks.

## TOR / Job Description for the ANM Faculty

**Title:** Nursing Tutor  
**Duty Station:** ANMTC, Various Locations

### Summary Job Description

The tutor at the ANM Training Center would function as a full time faculty of the institution leading and assisting the principal in planning, implementing and evaluating the ANM educational programs in the School. The tutor will train the ANM students as per the syllabus of the Indian Nursing Council and the latest RMNCH protocols of the MOHFW, GoI. This position requires nursing-midwifery education, experience and technical expertise in SBA, FP and/or Newborn and Child Health, coordination skills and ability to develop positive, professional working relationships with various counterparts.

### Reporting Structure

- Position is Supervised by: The Principal, ANMTC
- Position Reports to: The Principal, ANMTC

### Responsibilities

#### Academic:

- Train the ANM students in nursing and midwifery courses as per the latest INC syllabus, Government of India protocols for Reproductive, Maternal, Newborn and Child Health (RMNCH).
- Coordinate with Principal in planning, implementation and evaluation of the educational programs.
- Assist in the development, implementation and evaluation of staff and student welfare programs.
- Function as the class coordinator for a particular group of students during the academic year.
- Develop master rotation plan, clinical rotation plan and time table for the smoothing coordination and conduction of the course components.
- Participate in staff development programs.
- Participate in teaching in various educational programs.
- Preparing teaching materials
- Arrange for external lectures.
- Participate in clinical teaching.
- Conduct evaluation of the student's progress as per the norms of the statutory body.
- Is available for consultation with the Principal for day-to-day academic activities
- Conducting, constructing and evaluating the tests, assignments and final examinations.
- Helping students in extracurricular activities.
- Maintenance of class room and laboratory equipment, supplies and teaching aids.
- Maintain all students' records including cumulative record, practical record, health record etc.
- Facilitate the quality improvement process in the ANMTC by implementing the performance standards.

**Supervisory:**

- Share responsibility with Principal in supervision of students
- Prepare the academic calendar under the guidance of the principal.
- Participate in orientation programs for new students.
- Provide academic guidance to the students.
- Write students' performance report as assigned by Principal and reviews evaluation report of the assigned students.
- Coordinate with Medical Officer and hospital staff in the preparation of clinical rotation plans and clinical area postings for the students.
- Supervise and guide the students during clinical practice.
- Facilitate functioning of School Library in coordination with Senior Librarian.

**Human Relations:**

- Share responsibility with Principal and Vice-Principal in identifying conflicts among student and staff members and initiate solution, consult and inform when necessary.
- Share responsibility with Principal and Vice-Principal in informing parents about students' progress, problems etc.
- Facilitate guidance and counseling to students' as per need.

**Knowledge Management/Knowledge Sharing**

- Participate in the trainer's development program and update the knowledge and skills to function as full-fledged trainer for the ANM student.
- Constantly update the knowledge on the recent trends in health care with relation to Reproductive Maternal, Newborn and child health and family planning.
- Provide skills training for the student and staff trainees in the skills lab, evaluate for competency attainment and help in hands on practice in the clinical area under close supervision.
- Co-ordination and conducting in-service education programs.

**Experience****Qualifications/Knowledge:**

- B.Sc. Nursing or GNM with Diploma in Nursing Education & Administration/Diploma in Public Health Nursing.
- Experience: 2 years of clinical working experience.
- Technical knowledge and field experience in Nursing / Midwifery Education focusing on Skilled Birth Attendance, IMNCI and Family Planning

**Abilities/Skills:**

- Experience and demonstrated ability working with pre-service education programs.
- Demonstrates good facilitation and coaching skills.
- Strong written and oral communication skills in English and Hindi.
- Technically proficient with up to date skills in SBA, IMNCI and FP.
- Microsoft Office computer skills, proficiency in Word, Excel and PowerPoint.

**Performance Measures:** (SMART: Simple, Measurable, Achievable, Results-oriented, Time bound)

**ANNEXURE 5:  
LIST OF EQUIPMENTS, MANNEQUINS & CHARTS FOR SKILLS LAB OF  
NODAL CENTERS**

**List of Equipment and instruments for Nodal centers**

SI #	ITEMS	Total Needed
<b>Equipment</b>		
1	BP Apparatus	4
2	Stethoscope	4
3	Adult weighing Scale	2
4	Measuring tape	4
5	Foot rest (1-2 feet height) Wooden	2
6	Watch with seconds hand	2
7	Hub cutter	4
8	Sahli's haemoglobinometer	4
9	Puncture proof Container	5
10	Specimen collection bottles – Plastic	50
11	Test Tube Holder	20
12	Spirit lamp	20
13	Draw Sheets/Covers	20
14	Blanket	10
15	Bed sheets	10
16	Pillow	4
17	Pillow Covers	10
18	Plastic Trays	10
19	Towel (1 meter)	20
20	Labour table with foam mattress -stainless steel	2
21	Kelly's pad	4
22	Delivery trolley	2
23	IV stand	5
24	Curtains ( 6 feet length)	20
25	Functional focus lamp	2
26	Spare Bulb for focus lamp	4
27	Digital Thermometer	10
28	Delivery gown(Half/ Full Hand)	2
29	Oxygen hood	2
30	Stamp pad (to keep papers for writing)	10
31	Infant weighing scale	1
32	Infantometer	1
33	Brass V drape	10
34	Stop watch	2
35	Foot operated Suction Machine (optional)	1
36	Electrical Suction Machine	1
37	Functional bag and mask with two sizes masks (0 and 1),	4

38	Baby Dress	4
39	Mittens	4
40	Socks	4
41	shawl/KMC dress	5
42	LCD TV 32"	1
43	DVD player	1
44	Glucometer kit	2
45	Pitcher (Capacity of 10-15 litres )	4
46	Oxygen cylinder with the opener	1
47	2 litre water Jar with Lid	4
48	Feeding Cup	4
49	Feeding Spoon	4
<b>Instruments</b>		
50	SS Kidney Tray 8"	20
51	Small S S steel bowl with lid	20
52	SS tray Big-12"x11" with lid	15
53	SIMS/Cuscus speculum	2
54	Mayo's scissor (curved) - 10"	2
55	Vulsulum/Tenaculum	2
56	Uterine sound	2
57	Anterior vaginal wall retractor	2
58	Sponge holder	2
59	Tourniquet	5
60	Cheattle forceps	4
61	SS bottle/ narrow mouth container to keep Cheattle forceps	4
62	Newborn ID tag	2
63	Cord clamp	20
64	Scissors – straight - 8 "	7
65	Artery Forceps 10 "	12
66	Foleys urinary catheter	25
67	Plain urinary catheter	25
68	Uro Bag	25
69	Dee Lees Mucous extractor/Penguin mucus sucker	5
70	Child size disposable nasal prongs and Nasal catheters	20
71	Adult size disposable nasal prongs and Nasal catheters	20
72	Needle holder	2
73	Toothed Dissecting forceps	2
74	Plain Dissecting forceps	2
75	Episiotomy scissor	2
76	Small artery forceps	2
77	Eye pads –Newborn	2
78	Feeding tube 5,6,7,8,9,10 fr (5 *6 size)	30
79	Nebulizer	1
80	Kellys /PPIUCD forceps	2

<b>Infection Prevention Articles</b>		
81	Sterile Gloves 6.5 (25 Pairs/Box)*	20
82	Sterile Gloves 7 (25 Pairs/ Box)*	20
83	Examination Gloves Medium Size (100/Box)	20
84	Examination Gloves Large Size (100/Box)	20
85	Plastic Aprons	25
86	Caps –disposable (100/pack)	15
87	Mask (100/pack)-Disposable	15
88	Shoe cover (1 pair)-Disposable	100
89	Goggles	10
90	1 liter plastic mug	10
91	Utility gloves-rubber	20
92	Medium size plastic Bowl (to make bleaching paste)	10
93	Wooden/plastic stirrer (Long wooden -plastic scale)	10
94	Boiler 10" x 6" x4"	1
95	Electric Stove/Induction Stove	1
96	SS or Aluminum Big Drum (size to accommodate one SS tray with instruments) with Lid to demonstrate HLD	2
97	Autoclave -small size portable	1
98	Drum for autoclave -small size	2
99	Soft brush	10
100	detergent powder/liquid (1 Kg/Pkt)	2
101	Small Size color coded Foot operated bins (Yellow)	4
102	Small Size color coded Foot operated bins (Red)	4
103	Small Size color coded Foot operated bins (Black)	4
104	Small Size color coded Foot operated bins (blue)	4
105	0.5% chlorine solution in a plastic container/Tub inner width 3 ft in diameter height 2 ft)	10
106	Air tight plastic container to store Bleaching powder/Detergent	5
107	Plastic measuring spoon (15 gms, 30 gms, 45gms,60gms and 75gms) 4 in each size	20
108	Mops	4
<b>Consumables</b>		
109	Lancets	200
110	Gauze (1 pkt)	5
111	Cotton roll (500 Gm)	10
112	Spirit (100 ml/Bottle)*	10
113	Povidone Iodine (100 ml Bottle) *	2
114	Distilled water *(1litre/Bottle)	20
115	N/10 HCl *(2/5 litre /Bottle)	4
116	Dropper	10
117	Hb Color stripes (If available in state practice)	10
118	Uristix *(100 strips/box)	2
119	Pregnancy detection kits *	40
120	RDT test packet *	40



121	Test Tube ( 10/15 ml)	50
122	Match Box	20
123	Benedict Solution (100 ml/Bottle)*	10
124	Acetic Acid (100 ml/Bottle)*	10
125	IUCD (Expired one also can be used)	20
126	Venflon size 16	10
127	Venflon size 18	10
128	Venflon size 20	10
129	Venflon size 24	10
130	IV sets	20
131	IV Fluids (Ringer lactate /Normal Saline)	20
132	Inj.Oxytocin 10IU *	20
133	Syringes 2 ml,(box of 25)	2
134	Syringes 5 ml,(box of 25)	2
135	Syringes 10 ml,(box of 25)	2
136	Syringes 20 ml,(box of 25)	2
137	Needles 22 gauze	50
138	Inj.Mgso4 50%(2ml/ampoule)	40
139	Adhesive tape (Roll)	10
140	Nappy (30 pcs/pkt)	1
141	Mounted catgut with round body needle*	25
142	2% Xylocaine(25 ml/Bottle)*	4
143	Salbutamol MDI with spacer	5
144	Salbutamol respules*	20
145	ORS packets*	
146	Zinc Sulphate dispersible tablets*	
147	Dry duster (Cloth)	25
<b>Furniture</b>		
148	Wooden Stool	10
149	Study Chair-Iron/Steel	15
150	Table - 2ft X 4ft –wooden	10
151	White Board Marker Pens 1 box (red, black, green, blue colors 2*4colors)	8
152	Flip Charts Stand	1
153	White Board	1
154	Tripod stand for white board	2

## Models, charts and learning material for skills lab of nodal centers

**All Charts must have rigid lamination on 12mm Board with Aluminum frame**

### Models:

1. Embryology set model - Model consists of 10 parts and shows the relationship between fetus and uterus during gestation period. Various models representing different gestation months included in the model are as below.

Part No.	Gestation month	Appearance/height of fetus
1st	Normal uterus	inner genitals
2nd	First	Placenta is shown
3rd	Second	Embryo looks like human
4th	third	Fetus is about 9 cms
5th	fourth	Fetus is about 16 cms
6th	fifth	Fetus is about 25 cms
7th	sixth	Fetus is about 30cms
8th	seventh	Fetus is about 35cms
9th	eighth	Fetus is about 40cms
10th	ninth	Fetus is about 45cms

2. Female pelvic section with baby model - Full size adult female pelvis made of fibre glass and hand painted with relevant anatomical landmarks and a cloth/rexine fetal doll with head made of fibre glass.

3. Female Reproductive system - Superior quality Model made of advanced PVC. Dissectible into a number of parts and mounted on a stand. Shows internal and external female genital organs.

1	Male Reproductive System Chart -51x66cms size	1
2	Female reproductive system Chart-51x66cms size	1
3	Fetal Development / Embryology Development Chart -70x100cms size	1
4	Stages of Labour (1,2 &3) Chart- 70x100cms size	3
5	Pregnancy & Birth Chart- 70x100cms size	1
6	Mechanism of Labor Chart-70x100cms size	1
7	Embryology Set- Model	1
8	Female Pelvic Section with Baby-Model	1
9	Model Female Reproductive System- Model	1
10	BP/CR Flipbook for counseling	4
11	Flip book -FP counseling	4
12	SBA Posters (16) VENYL, 24X36", GUMMING ON BACK SIDE	1 set
13	IMNCI-Chart (12 posters) The size of the chart must be of size: 24x36", must have PVC pipe on top and bottom and thread to hang the poster	1 set
14	Enlarged partograph (WHO, Simplified Partograph, as in SBA Guideline) on white board – Size 24x36"	1
15	FP Counseling kit (bag) <ul style="list-style-type: none"> <li>▪ Material of the folder kit: Jute or Tetron</li> <li>▪ Folder size: 10''x14''</li> <li>▪ The inner right side of the kit should display the oral pills, IUCD, condom,</li> </ul>	5

	<p>ECP and printed messages on Permanent contraceptive methods under laminated transparent plastic sheet. The inner left side of the kit should have a pocket to hold the templates of FP IEC and the space in middle should be adequate enough to accommodate the FP counseling Flop book.</p> <ul style="list-style-type: none"> <li>▪ The outer back side of the kit to have small pocket of 8’’x11’’ size and should be adequate enough to accommodate the hand held uterine and penile model.</li> <li>▪ The kit folder should have a zip facility to open/close the kit</li> </ul>	
16	Loose contraceptive samples ( Mala -D, ECP, Mala -N, Condoms, Depo - Provera) Free Samples can be obtained from the Govt.	5 Each
17	<ul style="list-style-type: none"> <li>(i) MCP card</li> <li>(ii) Labour room register</li> <li>(iii) Case sheet</li> <li>(iv) Partograph</li> <li>(v) Referral -in / referral out registers / referral slip</li> <li>(vi) Discharge slip</li> <li>(vii) MDR reporting</li> <li>(viii) Line listing Severe Anaemia</li> <li>(ix) Village wise register</li> <li>(x) Due list/VHND plans</li> <li>(xi) MTP format</li> <li>(xii) Eligible Couple register</li> <li>(xiii) IUCD insertion/follow up register and monthly reporting format</li> </ul> <p>(Note: The item listed in S.N 17 should be as per state Government recommendation)</p>	1 Each
18	EDD and gestational age calculation Wheel	20
19	MEC wheel	20

<b>Mannequins and Equipments for Skills Lab Nodal Centers</b>	
<b>Brief Description</b>	<b>Requirement</b>
Abdominal Palpation Mannequin for Leopold Manoeuvres during pregnancy	2
Human Fetus Replicas (5 month and 7 month)	2
Dictaphone	1
Child Birth Simulator	4
Cervical dilatation attachment (Closed Os, 4 cm, 6 cm, 8cm and fully dilated)	2
Postpartum Suturing Trainer	2
Model with normal uterus and accessories and also with postpartum uterus attachment	2
Adult IV arm training kit	2
Female catheterization mannequin	2
Adult Intramuscular Injection Training Mannequin	2
NG tube trainer(Pediatric)	2
Essential Newborn care and newborn resuscitation Mannequin	4
Newborn Baby doll w/o clothes. Chinese.	2
Pediatric multi venous training arm kit	2
Mannequin for simulation and Management of PPH	4
Adult CPR mannequin	1
Fetal skull. Made in China.	5
Adult female pelvis made of synthetic material. Chinese	5
Radiant Warmer.	1
Phototherapy Unit	1
Nebulizer	1
Metered dose Inhaler with Spacer	1
Crash Cart (Optional)	1
Colour coded spring balance infant weighing scale	1
Pulse oximeter with probe	1
Hand held uterus model	2
Penile Model	2
Oxygen Concentrator Equipment- Portable and cylindrical (Optional)	1

**ANNEXURE 6:  
EQUIPMENT LIST FOR ANM AND GNM SCHOOL SKILLS LAB**

SI #	ITEMS	Total Needed
Equipment		
1	BP Apparatus	4
2	Stethoscope	4
3	Adult weighing Scale	2
4	Measuring tape	4
5	Foot rest (1-2 feet height) Wooden	2
6	Watch with seconds hand	2
7	Hub cutter	4
8	Sahli's haemoglobinometer	4
9	Puncture proof Container	5
10	specimen collection bottles - Plastic	100
11	Test Tube Holder	20
12	Spirit lamp	20
13	Draw Sheets/Covers	20
14	Blanket	20
15	Bed sheets	20
16	Pillow	4
17	Pillow Covers	20
18	Plastic Trays	10
19	Towel (1 meter)	20
20	Labor table with foam mattress- stainless steel	2
21	Kelly's pad	4
22	Delivery trolley	2
23	IV stand	5
24	Curtains ( 6 feet length)	20
25	Functional focus lamp	2
26	Spare Bulb for focus lamp	4
27	Digital Thermometer	10
28	Delivery gown(Half/ Full Hand)	2
29	Oxygen hood	1
30	Stamp pad (to keep papers for writing)	10
31	Infant weighing scale	1
32	Infantometer	1
33	Brass V drape	2
34	Stop watch	2
35	Foot operated Suction Machine	1
36	Electrical Suction Machine	1
37	Functional bag and mask with two sizes masks (0 and 1),	4
38	Baby Dress	4
39	Mittens	4

SI #	ITEMS	Total Needed
40	Socks	4
41	Shawl/KMC dress	5
42	Glucometer kit	2
43	Pitcher ( Capacity of 10-15 liters )	2
44	Oxygen cylinder with the opener	1
45	2 liter water Jar with Lid	4
46	Feeding Cup	4
47	Feeding Spoon	4
<b>Instruments</b>		
48	SS Kidney Tray 8"	20
49	Small SS steel bowl with lid	20
50	SS tray Big-12"x11" with lid	15
51	SIMS/Cuscus speculum	2
52	Mayo's scissor (curved) - 10"	2
53	Vulsulum/Tenaculum	2
54	Uterine sound	2
55	Anterior vaginal wall retractor	2
56	sponge holder	2
57	Tourniquet	10
58	Cheattle forceps	4
59	SS bottle/ narrow mouth container to keep Cheattle forceps	4
60	Newborn ID tag	20
61	Cord clamp	20
62	Scissors – straight - 8 "	6
63	Artery Forceps 8/10"	12
64	Foleys urinary catheter	25
65	Plain urinary catheter	25
66	Uro Bag	25
67	Dee Lees Mucous extractor/Penguin mucus sucker	5
68	Child size disposable nasal prongs and Nasal catheters	40
69	Adult size disposable nasal prongs and Nasal catheters	40
<b>Infection Prevention Articles</b>		
70	Sterile Gloves 6.5 (25 Pairs/Box)*	20
71	Sterile Gloves 7 (25 Pairs/ Box)*	20
72	Examination Gloves Medium Size (100/Box)	25
73	Examination Gloves Large Size (100/Box)	25
74	Plastic Aprons	50
75	Caps -disposable(100/pack)	15
76	Mask (100/pack)-Disposable	15
77	Shoe cover (1 pair)-Disposable	200
78	Goggles	5
79	1 liter plastic mug	5
80	Utility gloves-rubber	10
81	Medium size plastic Bowl (to make bleaching paste)	10

SI #	ITEMS	Total Needed
82	Wooden/plastic stirrer (Long wooden -plastic scale)	10
83	Boiler 10" x 6" x4"	1
84	Electric Stove/Induction Stove	1
85	SS or Aluminum Big Drum ( size to accommodate one SS tray with instruments) with Lid to demonstrate HLD	2
86	Autoclave -small size portable	1
87	Drum for autoclave -small size	2
88	Soft brush	10
89	Detergent powder/liquid( 1 Kg/Pkt)	5
90	Small Size color coded Foot operated bins (Yellow)	4
91	Small Size color coded Foot operated bins (Red)	4
92	Small Size color coded Foot operated bins (Black)	4
93	Small Size color coded Foot operated bins ( blue)	4
94	0.5% chlorine solution in a plastic container/Tub inner width 3 ft in diameter height 2 ft)	5
95	Air tight plastic container to store Bleaching powder/Detergent	10
96	Plastic measuring spoon (15 gms, 30 gms, 45gms,60gms and 75gms) 4 in each size	20
97	Floor Mops	4
98	Dry duster	25
Consumables		
99	Lancets	100
100	Gauze(1 pkt)	5
101	Cotton roll (500 Gm)	10
102	Spirit (100 ml/Bottle)*	30
103	Povidone Iodine (100 ml Bottle) *	2
104	Distilled water *(1 liter/Bottle)	20
105	N/10 HCL *(2/5 liters /Bottle)	4
106	Dropper	10
107	Hb Color stripes (If available in state practice)	10
108	Uristix *(100 strips/box)	2
109	Pregnancy detection kits *	40
110	RDT test packet *	40
111	Test Tube ( 10/15 ml)	100
112	Match Box	20
113	Benedict Solution (100 ml/Bottle)*	20
114	Acetic Acid (100 ml/Bottle)*	20
115	IUCD (Expired one also can be used)	50
116	Venflon size 16	50
117	Venflon size 18	50
118	Venflon size 20	50
119	Venflon size 24	50
120	IV sets	25
121	IV Fluids (Ringer lactate /Normal Saline)	25
122	Inj.Oxytocin 10IU *	20

SI #	ITEMS	Total Needed
123	Syringes 2 ml,(box)	25
124	Syringes 5 ml,(box)	25
125	Syringes 10 ml,(box)	25
126	Needles 22 gauze	50
127	Inj.Mgso4 50%(2ml/ampoule)	40
128	Adhesive tape	10
129	Nappy (30 pcs/pkt)	1
130	ORS packets*	10
131	Zinc Sulphate dispersible tablets*	
<b>Furnitures</b>		
132	Wooden Stool	10
133	Study Chair-Iron/Steel	15
134	Table - 2ft X 4ft -wooden	10
135	White Board Marker Pens 1 box(Red,Black,Green,Blue colors 2*4colors)	8
136	Tripod stand	1
137	White Board	1
138	Flip Charts	2

Procurement List for GNM School Skills Lab (Additional)

SI #	ITEMS	Total Needed
<b>Instruments</b>		
1	Needle holder	2
2	Toothed Deserting forceps	2
3	Plain Deserting forceps	2
4	Episiotomy scissor	2
5	Small artery forceps	2
6	Eye pads -Newborn	2
7	Feeding tube 5,6,7,8,9,10 fr (5 *6 size)	30
8	Nebulizer	1
9	Kelly's /PPIUCD forceps	2
<b>Consumables</b>		
10	Mounted catgut with round body needle*	50
11	2% Xylocaine(25 ml/Bottle)*	4
12	Salbutamol MDI with spacer	5
13	Salbutamol respules*	20



**Models, charts and learning materials for ANM & GNM School Skill Lab**

Sl #	Items	Requirement
1	Fetal Development / Embryology Development	1
2	Embryology Set Model	1
3	Stages of Labor – framed charts	3
4	Male Reproductive System-framed Chart	1
5	Female reproductive system - framed chart	1
6	Pregnancy & Birth -framed Chart	1
7	BP/CR Flipbook	1
8	Model Female Pelvic Section with Baby	1
9	Model Female Reproductive System	1
10	Model first stage of labor	1
11	Hand held uterus model	2
12	Penile Model	2
13	MEC wheel	20
14	SBA Posters (16 posters)	16
16	(i) MCP card (ii) Labour room register (iii) Referral -in / referral out registers / referral slip (iv) Discharge slip (v) MDR reporting (vi) Line listing Severe Anaemia (vii) Villagewise register (viii) Due list/VHND plans (ix) MTP format (x) Eligible Couple register (xi) IUCD insertion/follow up register (xii) Monthly reporting format & (xiii) Partograph -Printing Cost each.approx.	13
17	FP Counseling kit (Bag making cost)	10
18	Flip book -FP counseling (Printing Cost)	10
19	(EDD and gestational calculation) Wheel (Printing Cost)	20
20	MEC wheel (Printing Cost)	20
21	SBA Hand Book-GoI (Printing Cost)	40
22	SBA -Guidelines, GoI (Printing Cost)	40
23	Loose contraceptive samples ( Mala -D, ECP, Mala -N, Condoms, Depo -Provera) Free Samples can be obtained from the Govt.	1
24	LCD TV 32"	1
25	DVD player	1
26	Enlarged partograph on white board	1

### Mannequins for ANM & GNM School Skills Lab

S.N.	Items	Total Needed
1	Abdominal Palpation Mannequin during pregnancy	2
2	Child Birth Simulator	2
3	Model with normal uterus and accessories and also with postpartum uterus attachment	2
4	Cervical dilatation attachment (Closed Os, 4 cm, 6 cm, 8cm and fully dilated)	2
5	Dictaphone	1
6	Adult IV arm training kit	2
7	Female catheterization mannequin	2
8	Adult Intramuscular Injection Training Mannequin	2
9	Fetal skull.	5
10	Adult female pelvis	5
11	Newborn baby doll without clothes	2
12	Essential Newborn care and Resuscitation Mannequin	2
13	Mannequin for simulation and Management of PPH	4
14	Human Fetus Replicas (5 month and 7 month)	2
15	Radiant Warmer.	1
16	Colour coded spring balance infant weighing scale	1

### Mannequins for GNM Skills lab (Additional)

S.N.	Items	Total Needed
1	Postpartum Suturing Trainer	2
2	NG tube trainer	2
3	Pediatric multi venous training arm kit	2
4	Adult CPR mannequin	1
5	Phototherapy Unit	1
6	Nebulizer	1
7	Metered dose Inhaler with Spacer	1
8	Crash Cart	1
9	Pulse oximeter with probe	1
10	Oxygen concentrator equipment- portable and cylindrical	1

Computer lab for ANM & GNM School			
SI. #	Items	ANM School	GNM School
		Unit	Unit
1	Desktop	2	4
2	Laptop	1	1
3	LCD Projector	1	1
4	Computer Table	2	4
5	Multi-function Printer(B&W), with scanner, copier and fax	1	1
6	Fax	1	1
7	Internet (One time for one year)	1	1
8	Miscellaneous(Installation & Configuration)	1	1
9	Air conditioner	2	2
10	Generator -7 kVA -Diesel	1	1
11	POL ( 1litre/hour) 4 liters/day * 22 working days =88 liters per month		

Recurring cost for principal of ANM/GNM school for monthly usage for maintenance, office expenses, photocopy and small purchase etc. (Rs.5000x 12 months= Rs.60

## ANNEXURE 7: LIST OF BOOKS FOR LIBRARY AT NNC/SNC AND GNM SCHOOLS

### NNC/SNC

SI #	Author	Name of the Book	Quantity
<b>Fundamentals of Nursing</b>			
1	Potter & Perry	Basic Nursing, 7 <sup>th</sup> Edition	10
2	Basavanthappa	Fundamentals of nursing, 1st Edition	10
3	Jacob, Rekha-R & Tarachand	Clinical Nursing procedure, 1st Edition	10
4	Prakash Nathan	Surgical and medical procedure for nurses and Par medical staff, 1st Edition	10
5	Gomez	Nursing at a glance, 1st edition	10
6	Esther sirra	Nursing process, 2nd edition	10
7	Sr. Nancy	Principles and practice of nursing, Vol-I, 6th Edition	10
8	Sr. Nancy	Principles and practice of nursing, Vol-II, 4th Edition	10
9	Gail B,Ladwincy, Bethy.J.Acley	Guide to nursing Diagnosis, 2nd Edition	10
10	Penelope Ann Hilton	Fundamentals of nursing skills, 1st Edition	10
11	Annamma Jacob,Rekha R, Jadav Sonali Tarachand	Clinical Nursing procedure, The art of nursing practice, 2nd Edition	10
12	B.T.Thappa	Theories and practice of nursing, 2nd Edition	10
13	Sheldon	Communication for nursing: Talking with patients	10
14	Lewenson	Decision Making in nursing, Thoughtful approaches for practice	10
15	Judit M Wilkinson & Karen Van Leuven	Fundamentals of Nursing, 1st Edition	10
16	Debra Lynn-Mchale, Wiegand	Procedure manual for critical care, 6th edition	10
17	Baumberger	Quick look Nursing: Fluids and Electrolytes	10
18	Dillon	Nursing health assessment clinical pocket guide	10
19	Sam M.	Nursing process a clinical guide	10
20	Gupta I.C.	Practical nursing procedures	10
21	Sharma S.	Principal & practice of nursing	10
22	Taylor C.	Fundamental of nursing the art & science of nursing care	10
23	Moyet	Hand book of nursing diagnosis	10
24	Sandra	Lippincott manual of nursing practice	10

25	Patal M.B	Ward procedures	10
26	Sirra E.	Nursing process	10

SI #	Author	Name of the Book	Quantity
<b>Anatomy and Physiology</b>			
1	Nelter's	Atlas of human physiology, 1st Edition	10
2	Guyton & Hall	Textbook of medical physiology, 11th Edition	10
3	Sujit Kumar Chowdhury	Concise medical Physiology, 6th Edition	10
4	Sabyasachi Sircar	Principles of medical physiology, 1st Edition	10
5	Dr.A.K.Jain	Physiology for nursing, 1st Edition	10
6	Dr.A.K.Jain	Manual of practical physiology for nurses, 1st edition	10
7	Chattergee	Human physiology vol. 1	10
8	Chattergee	Human physiology vol. 2	10
9	Grants	Atlas of Anatomy, 12th Edition	10
10	Anand & Verma	Human Anatomy for nursing and allied sciences, 1st edition	10
11	Dr.Renuchavhan	Anatomy for B.Sc Nursing, 1st Edition	10
12	Ross & Willson	Anatomy and physiology in Health and Illness, 10th Edition	10
13	Inderbir Singh	Anatomy and Physiology for nurses, 2nd edition	10
14	Sear's	Anatomy and Physiology for nurses, 6th edition	10
15	Sylvia S	Understanding anatomy and Physiology, 5th Edition	10
16	Prof.A.K.Jain	Anatomy and physiology for nurses, 2nd edition	10
17	Indu Khurana, Arushi	Textbook of Anatomy and Physiology for nurses and allied health sciences, 1st edition	10
18	Bansal	Anatomy and Physiology for Nursing (Hindi)	10
19	Ashalatha	Textbook of Anatomy and Physiology for Nursing	10
20	Rao	MCQs for BSc nursing in Anatomy and Physiology	10
21	Watson R.	Anatomy & physiology for nurses	10
22	Gupta	Anatomy & physiology for nurses	10
23	Tortora	Principal of anatomy & Physiology vol. 1	10
24	Tortora	Principal of anatomy & Physiology vol. 2	10

SI #	Author	Name of the Book	Quantity
Nutrition			
1	Rekha Sharma	Diet management, 4th Edition	10
2	Suvangini A Joshi	Nutrition and Dietetics, 3rd Edition	10
3	Dr.Shrinandam Bansal	Food & Nutrition, Vol-I, 1st Edition	10
4	Dr.M.Swaminathan	Food & Nutrition, Vol-I, 2nd Edition	10
5	T.K.Indrani	Nursing Managemnet of Nutrition and Theraputic Diet, 1st Edition	10
6	Kusum Samant	Nutrition for nurses(Q&A), 1st Edition	10
7	The educational planning group, Delhi, ARYA	Food and Nutrition for nurses, 1st Edition	10
8	Sam M	A textbook of nutrition for nursing	10
9	Gupta I.C.	Food & nutrition facts figures	10

SI #	Author	Name of the Book	Quantity
Biochemistry			
1	Dr.U.Styanarayan, U.Chakropani	Biochemistry, 3rd Edition	10
2	A.C. Deb	Fundamentals of biochemistry, 9th Edition	10
3	Raju & Madala	Biochemistry for nurses, 1st Edition	10
4	J.Koolman	Color atlas of niochemistry, 1st Edition	10
5	A.C Deb	Fundamentals of biochemistry, 9th Edition	10
6	Harbansal	Biochemistry for B.Sc nursing students, 1st Edition	10
7	Jacob Anthikad	Biochemistry for nurses, 2nd Edition	10
8	K.Thylam	Biomedical physics for nurses	10
9	Bindu	Biochemistry for nurses	10
10	Rao	A test book of biochemistry	10
11	Lal H.	Biochemistry for B.Sc.Nursing students	10

SI #	Author	Name of the Book	Quantity
Pharmacology			
1	Mosby	Mosby's Nursing drug references, 23rd Edition	10
2	S.M.Raju	Introduction to nursing pharmacology, 1st Edition	10
3	Kee Hayes, Mc Cuistion	Pharmacology for nurses, 6th Edition	10
4	Brenner Stevens	Pharmacology, 3rd Edition	10
5	Chaudhuri	Pharmacology for nurses & allied professions	10
6	Ashton	Pharmacology	10
7	Turkoshi	Drug information hand book of nursing	10
8	Deglin	Davis drug guide for nurse	10
9	A team	Nurse's hand book of behavioral and mental health drugs	10
10	McCann	Nursing rapid fire drug facts	10
11	Wilkes	Oncology nursing drug hand book	10
12	Tuhi	मेडिसिन की पाइयपुसतक	10

SI #	Author	Name of the Book	Quantity
Microbiology			
1	H.Ruth Ashbee, Mary S Mathewa	Anathanarayan & panikar's Textbook of microbiology for nurses	10
2	C.P.Bavega	Textbook of microbiology for nurses, 2nd Edition	10
3	WHO	Prevention of Hospital acquired infection, 2st Edition	10
4	Seema Sood	Microbiology for nurses, 2nd Edition	10
5	Paniker	Textbook of microbiology for nurses, 1st Edition	10
6	CP Baveza	Textbook of Microbiology for nurses, 3rd Edition	10
7	C P Baveza	Practical Microbiology for nurses, 1st Edition	10
8	Anatnarayan	Microbiology for nurses	10
9	Bansal	Microbiology for Nursing (Hindi)	10
10	Rao	Textbook of Microbiology for Nursing Student	10
11	TNAI	Simplified microbiology	10

SI #	Author	Name of the Book	Quantity
Medical Surgical Nursing			
1	Joyce M Black, Jane Hokanson Hawks	Medical Surgical Nursing Vol-I, 8th Edition	10
2	Brunner and Siddarth	Text book of Medical Surgical Nursing Vol-I, 11th Edition	10
3	Davidson	Principles and practice of medicine, 20th edition	10
4	Lewis Heitkemper	Medical Surgical Nursing, 7th Edition	10
5	Linton	Introduction of medical surgical nursing, 4th Edition	10
6	M.Black	Medical Surgical Nursing, Vol-II, 8th Edition	10
7	Vijayalakshmi	Medical Surgical Nursing	05
8	Basavanthappa	Medical Surgical Nursing	05
	Williams	Understanding Medical Surgical Nursing With CD	05
9	Chintamani	Morony's Surgery for nurses, 17th Edition	05
10	C.P.Thersyamma	Operating room technique and Anesthesia for nurses, 3rd Edition	05
11	T.K.Dutta	Fundamentals of operation theatre technics, 3rd Edition	05
12	John V Conte, W.A Baumagantner	The John Hopkins Manual for cardiac surgical care, 2nd Edition	05
13	Philip M hanno, S.B.Malkowicz	Penn Clinical manual of Urology, 1st Edition	05
14	Neil J Feiedman, Peter K.Kaisen	Essentials of ophthalmology, 1st Edition	05
15	PL Dhingra Shruti Dhingra	Disease of EAR, NOSE and THROAT, 5th Edition	05
16	Rupa vedandrum	Emergencies in ENT, 1st Edition	05
17	Doctor	Diabetes, 1st Edition	05
18	Yarbro	Cancer Nursing: Principles and Practice	05
19	Michael	Renal disease	05
20	Chowdhury	Respiratory nursing care	05
21	Tuli	Text book Ear, Nose & Throat	05
22	Luthra A	ECGg for nurses	05
23	Prema T.P	Ess. Of neurological & neurosurgical nursing	05
24	Vivek Tandon, Suneet Sood	Multiple Choice Questions in Medicine, 1st Edition	05
25	P.G.Raman	Multiple Choice Questions in Medicine, 1st Edition	05
26	Deborah, Addman & Timothy .J.	Disaster Nursing, 1st Edition	05
27	Lucita M.	Cardiovascular nursing	05



28	Sole M.L	Introduction to critical care nursing	05
29	Thomas N.	Diabetes mellitus	05
30	Nancy S.	A reference manual for nurses on coronary care nursing	05
31	Carnevali	Nursing management for the elderly	05
32	Holloway	Nursing the critically ill adult	05
33	Udaykumar	Pharmacology for Nursing	05
34	Herbert-Ashton	Quick Look Nursing: Pharmacology	05
35	Kennedy Sheldon	Quick Look Nursing: Oxygenation	05
36	Madara	Quick Look Nursing: Pathophysiology	05
37	Jones & Bartlett	Nursing Handbook of IV Drugs	05
38	Gupta	First aid	10
39	Indrani	First aid for nurses	10
40	Panda U.N.	First aid for nurses	10
41	Gupta	First aid(Hindi)	05
42	Singh A.	First aid & emergency	05
43	Shatner	First aid pocket guide	05

SI #	Author	Name of the Book	Quantity
Pathology			
1	Mohan H.	Test book of pathology	10
2	Huether	Understanding pathophysiology	10
3	Daniel's	Delmar's guide to laboratory & diagnostic test	10
4	Robbins	Pathologic basis of disease	10
5	Madara B.	Pathophysiology	10
6	Springho	Pathophysiology: made incredibly, easy	10
7	Hansen M.	Pathophysiology foundation of disease and clinical intervention	10

SI #	Author	Name of the Book	Quantity
Child Health Nursing			
1	Dorothy R.Marlow	Textbook of pediatric nursing,6th Edition	10
2	Parul Dutta	Pediatric Nursing, 2nd Edition	10
3	Hockenberry Wilson	Wong's Essential of pediatric Nursing,8th Edition	10
4	Suraj Gupta	The short text book of pediatric nursing	10
5	Meherban Singh	Essential Pediatric for nurses, 2nd Edition	10
6	Nelson	Textbook of pediatrics Vol-I, 18th Edition	10

7	Nelson	Textbook of pediatrics Vol-II, 18th Edition	10
8	D.K.Gupta	Pediatric Surgery, Diagnosis and Management Vol-I, 1st Edition	10
9	D.K.Gupta	Practical Newborn critical care nursing, 18th Edition	10
10	S.A.Kalaimathi	Nurses guide to neonatal procedure, 1st Edition	10
11	Swarna Rekha Bhat	Achar's Textbook of pediatrics, 4th Edition	10
12	Piyush Gupta	Essential od pediatric Nursing. 3rd Edition	10
13	Jacob Singh	Pediatric Nursing	10
14	Panda U.N.	Pediatric nursing	10
15	Alario A.J	Practical guide to the care of the pediatric patient	10
16	Beevi A.	Test book of paediatric nursing	10

SI #	Author	Name of the Book	Quantity
Sociology			
1	D.C.Bhattacharya	Sociology,7th Edition	10
2	S.K.Mangal	Essential of educational Pshchology,3rd Edition	10
3	Dr.Omprakash, B.Pal	Sociological foundation of education	10
4	Krishna Gowda	Sociology for nurses,5th Edition	10
5	Indrani	Sociology for Nurses	10
6	Jacob	Sociology for Nursing	10
7	Chakravarty	Sociology theory, methodology and concepts	10
9	Manelker	Sociology for Nurses	10

SI #	Author	Name of the Book	Quantity
Psychology			
1	Bhatia B.D.	Elements of psychology & mental hugience for nurses in india	10
2	Mangal	Abnormal psychology	10
3	Kundu C.L	Educational psychology	10
4	Mangal	General psychology	10
5	Fernald	Munn's introduction to psychology	10
6	Clement	Psychology perspective on pregnancy & childbirth	10
7	Aiken L.R	Psychological testing & assessment	10
8	Baron R.A.	Psychology	10
9	Anand	Psychology for nurses	10
10	Krishne Gowda	Psychology for nurses, 1st Edition	

SI #	Author	Name of the Book	Quantity
Mental Health Nursing (Psychiatric Nursing)			
1	Kethyneeb	Fundamentals of mental health nursing, 3rd Edition	10
2	Merry C.Town	Psychiatric Mental health nursing, 5th Edition	10
3	B.T.Basavan Thappa	Psychiatric mental health nursing, 1st Edition	10
4	Gail W. Stuart	Principles and practice of psychiatric nursing, 9th edition	10
5	Elizabeth M Varcardia	Pshychiatric nursing care planning, 4th Edition	10
6	Dr.Bimla Kapoor	Psychiatric Nursing Vol-I, 3rd edition	10
7	Dr.Bimla Kapoor	Psychiatric Nursing Vol-II, 1st edition	10
8	R.Sreevani	Mental health Nursing, Practical record book, 1st Edition	10
9	Jacob	Psychology for Nursing	10
10	Jones & Bartlett	Nursing Handbook of Behavioral and Mental Health Drugs	10
11	Nambi	Psychiatry for Nursing	10
12	Sreevani	A guide to mental health and psychiatric nursing	10
13	Sreevani	Question bank mental health nursing for undergraduate nursing student	10
14	Shah I.P.	A hand book of psychiatry	10
15	Neeraja K.P.	Ess.of mental health & psychiatric nursing vol.I	10
16	Neeraja K.P.	Ess.of mental health & psychiatric nursing vol.II	10
17	M T Thresia	Psychiatric and mental health nursing, 1st Edition	10
18	K.Lalitha	Mental Health & Psychiatric nursing, 1st Edition	10

SI #	Author	Name of the Book	Quantity
Community Health Nursing			
1	K.Park	Textbook of preventive and social medicine, 21th Edition	10
2	M.C.Gupta, B.K Mahajam	Textbook of preventive and social medicine, 3rd Edition	10
3	S.Kamalam	Essential in community health nursing practice, 2nd Edition	10
4	J.Kishore	National health Programme	10
5	WHO, USAID	Family Planning	10
6	Neelam Kumari	Essential of community health nursing, 2011	10
7	Sood R.K.	A community health nursing manual	10

8	K.K.Gulani	Community health nursing,2nd Edition	10
9	Keshar Swarnkar	Community health nursing,3rd Edition	10
10	Sunita Patey	Textbook of community health nursing, 1st Edition	10
11	Basavanthappa	Community health Nursing	10
12	K.Park	Community health Nursing –Hindi	10

SI #	Author	Name of the Book	Quantity
<b>Midwifery (Maternal Health Nursing)</b>			
1	D.C.Dutta	Textbook of obstetrics, 6th Edition	10
2	Elizabeth Stepp Gilbert	Manual of high risk pregnancy, 4th Edition	10
3	D.M.Frases, M.A.Cooper	Myles Text book of midwives, 14th edition	10
4	C.S.Dawn	Textbook of gynecology, conyreceptive and demography,14th Edition	10
5	S.K.Chattopodhya, M.Narayan Swami	Midwifery	10
6	Cunnighum Leveno Bloom	William’s Obstetrics, 23rd Edition	10
7	Konar & Dutta	Bedside clinics and viva voce in obstetrics and gynecology, 1st Edition	10
8	Kamini Rao	Textbook of midwifery & Obstetrics for nurses	10
9	Annamma Jacob	Maternal And neonatal nursing care plans,1st Edition	10
10	Marie Elezabeth	Midwifery for nurses, 1st Edition	10
11	Barbara Kintle & Patritia Gomez	Basic maternal and newborn care	10
12	Unicef & WHO	Managing Newborn problems	10
13	Stergard Dr	Atlas of gynecologic surgery	10
14	ILCA	Core Curriculum for Lactation Consultant Practice	10
15	Fahey	Varney’s Midwifery: Study Question Book	10
16	Ament	Professional Issues in Midwifery (HB)	10
17	Dutta D.C	Test book of gynecology	10
18	Rees M.	Gynaecology	10
19	Clarke M.	Health for all reproductive health	10
20	WHO	Managing newborn problems, a guide for doctors nurses & midwives	10
21	Littleton	Maternity nursing care	10
22	Cochard	Netter’s atlas of human embryology	10
23	Anderson	Reproductive health women & men’s shared responsibility	10

SI #	Author	Name of the Book	Quantity
<b>Education</b>			
1	K.P.Neeraja	Textbook of nursing education, 1st Edition	10
2	E.Sonatombi Devi	Nursing Education	10
3	Barbara A Mayer	Nursing education –foundation of practice education, 1st Edition	10
4	B.T.Thappa	Nursing Education, 1st Edition	10
5	S.K.Mangal, Uma Mangal	Essential of educational technology, 1st Edition	10
6	Carrol.L.Dolly	Curriculum development in nursing education, 2nd Edition	10
7	Indrani	History of nursing	10
8	Basavanttappa	Nursing education	10
9	Sampath	Introduction to educational technology	10
10	Kochhar	Methods & techniques of teaching	10
11	Parker	Nursing theories & nursing practice	10
12	Hadikin R.	Effective coaching in health care	10
13	Quinn's & F.M.	Quinn's principles & practice of nursing education	10
14	Thomas M.	Effective teaching	10
15	Radhakrishnan	History & trend in nursing in India	10

SI #	Author	Name of the Book	Quantity
<b>Administration</b>			
1	B.M.Sakharkar	Principles of hospital administration and planning, 2nd Edition	10
2	G.N.Pravakaran	Trends issue and management in nursing, 1st Edition	10
3	Marry Lucita	Nursing practice and public health administration, 1st Edition	10
4	G.M.Francis	Hospital Administration, 3rd Edition	10
5	Neelam Kumari, Madhu sharma	Nursing services & administration, 1st Edition	10
6	Lucita M.	Nursing practice & public health administration	10
7	I.Clement Elsever	Management and nursing services & education	10
8	Patal M.B.	Ward procedures	10
9	Finkbiner	Ward management	10
10	Ballabh C.	Hospital administration	10
11	Ballabh C.	Hospital & nursing homes	10
12	Ballabh C.	Hospital waste management	10

SI #	Author	Name of the Book	Quantity
Research			
1	B.T.Basvanthappa	Nursing Research,2nd Edition	10
2	Polit Beck	Nursing Research, 8th Edition	10
3	S.K.Sharma	Nursing Research and statistics,1st Edition	10
4	Bunn & Grove	Understanding Nursing Research, 4th Edition	10
5	Janet Houses	Nursing Research, 1st Edition	10
6	Carol Boswel, Sharan Cannon	Introduction to nursing research	10
7	Nancy Burns	Understanding nursing research-Building evidence based practice	10
8	Indrani	Research methodology for nurses	10
9	Brink P.L.	Basic steps in planning nursing research from question to proposal	10
10	Walsh M.	Introduction to nursing research	10
11	Pope C.	Qualitative research in health	10
Bio Statistics			
12	Prabhakan G.N.	Biostatistics	10
13	Kapil Sharma	Statistics methods	
14	Barida J.P.	Manual of biostatistics	10
15	Mahajan	Methods in biostatistics	10

SI #	Author	Name of the Book	Quantity
English & Computer, others			
1	Selva Rose	Career English for nurses, 2nd Edition	10
2	J.Sarumathi	English for nurses	10
3	M.C.Jain & MS Soakshi	Computer for nurses	10
4	Rajiv Khanna	Introduction to computer	10
5	Bhawana Puri	A Textbook of computer	10
6	Jain S.	Multimedia & web technology class xii vol.2	10
7	I.Clement	Practical Record/Cumulative Record for Basic B.Sc nursing course, 3rd Edition-2012	10
8	C.Manivannan	Clinical Record	10
9	Anthikad	Cumulative record for GNM	10
10	Pinto	Midwifery Record Book for B.Sc Nursing Students	10
11	Panda	Jaypee's Nursing Dictionary	10

12	Dorland	Illustrated Medical Dictionary	10
13	Mosby	Mosby's Pocket Dictionary of medical, nursing & health professionals	10
14	G.N.Prvakaran	Illustrated nurses dictionary	10
15	U.N Panda	Jaypees nurses dictionary	10
16	Jacintha D'souza	Dictionary for nurses, 1st Edition	10
17	Stedman	Stedman medical English Dictionary (power pack)	10
18	Tiran D.	Bailliers midwives dictionary	10
19	Weller	Bailliers nurses dictionary for nurses & health care workers	10
20	Panda U.N	Jaypee's nurses dictionary	10
21	Gupta	Illustrated nurses dictionary	10
22	Dorland	Dorlands illustrated medical dictionary	10
23	Team	Mosby's pocket dictionary of medicine nursing & health professions	10
24	Balliyers	Nurses dictionary(Hindi)	10
25	Kumar's	Oxford English-English-Hindi dictionary	10
26	O Brien	Spirituality in nursing: Standing on holy ground	10
27	Young	Spirituality,health and Healing: An integrative approach	10
28	Humber James M,et al	Privacy and health care	10
29	Zuzelo	The Clinical Nursing Specialist Handbook	10
30	Pushpa Biswas	Florence Nightingale,1st Edition	10
31	INC	Syllabus for nursing –Basic B.Sc	10
32	INC	Syllabus for nursing –Post Basic B.Sc	10
33	INC	Syllabus for nursing-ANM	10
34	INC	Syllabus for nursing-GNM	10
35	Clement	Nursing solved question papers for B.Sc nursing 2010-1999, 1st year	10
36	Clement	Nursing Solved Question Papers for BSc Nursing 2009-2000 2nd year	10
37	Clement	Nursing Solved Question Papers for BSc Nursing 2009-1999 3rd year	10
38	Clement	Nursing Solved Question Papers for Sse Nursing 2009-1999 4th year	10
39	Smith	Sandra Smith's Review for NCLEX-RN	10
40	Raju S.M	Comprehensive review for CGFNS	10
41	Lagerquis	NCLEX RN Success	10
42	Silvestri	Q & A review for the NCLEX RN examination	10

43	Lazo J.S	Review for USMLE Step-1	10
44	Ibsen K.	Review for USMLE Step-2	10

## GNM SCHOOLS

Subject: Nursing principles and practice

S.No	Author	Name of the Book	Quantity
1	Weller	Bailliere's Nursing' Dictionary: For Nursing & Health Care Workers	10
2	Basavanthappa	Fundamentals of Nursing	10
3	Thresyamma	Fundamentals of Nursing Procedure Manual	10
4	Potter &Perry	Fundamental of nursing	10
5	Sheldon	Communication for Nursing: Talking with Patients (PB)	
6	Panda	Jaypee's Nursing Dictionary	10
7	Anthikad	Cumulative Record for General Nursing and Midwifery	10
8	Lewenson	Decision-Making in Nursing. Thoughtful Approaches for Practice	10
9	Nancy	Nursing Art procedures 2 (HINDI )	10
10	Nancy	Nursing Art procedures 2*	10
11	Nancy	Nursing Art procedures 1 (HINDI)*	10
12	Nancy	Nursing Art procedures 1*	10
13	O'Brien	Spirituality in Nursing: Standing on Holy Ground	10
14	Young	Spirituality, Health, and Healing: An Integrative Approach	10
15	Sharma	Principles and Practice of Nursing	10
16	Humber James m, et al	Privacy and health care	10
17	Brown	Quick Reference to Wound Care	10
18	Carpenito-Moyet	Nursing Diagnosis: Application to Clinical Practice nurse	10
19	Baumberger-Henry	Quick Look Nursing: Fluids and Electrolytes	10
20	Dillon	Nursing Health Assessment Clinical Pocket Guide	10
21	Annamma Jacob, Rekha R, Jadav Sonali Tarachand	Clinical Nursing procedure, The art of nursing practice, 2nd Edition	10
22	Dr.M.Swaminathan	Food & Nutrition, Vol-I, 2nd Edition	10
23	T.K.Indrani	Nursing Managemnet of Nutrition and Theraputic Diet, 1st Edition	10



Subject: Microbiology

S.No	Author	Name of the Book	Quantity
1	Anatnarayan	Microbiology for nurses	10
2	Bansal	Microbiology for Nursing (Hindi)	10
3	Rao	Textbook of Microbiology for Nursing Student	10
4	Spencer	Public health microbiology	10
5	Sood S.	Microbiology for nurses	10
6	TNAI	Simplified microbiology	10

Subject: Sociology

S.No	Author	Name of the Book	Quantity
1	Indrani	Sociology for nurses	10
2	Gowda	Sociology for Nursing*	10
3	Jacob	Sociology for Nursing,	10

Subject: Psychology

S.No	Author	Name of the Book	Quantity
1	Anthikad	Psychology and Sociology for GNM and BPT Students	10
2	Jacob	Psychology for Nursing	10
3	Salgado	Introductory Psychology for Nursing	10

Subject: Anatomy and Physiology

S.No	Author	Name of the Book	Quantity
1	Yalayaswamy	Anatomy & Physiology for Nursing	10
2	Bansal	Anatomy and Physiology for Nursing (Hindi)	10
3	Ashalatha	Textbook of Anatomy and Physiology for Nursing	10
4	Gray's	Anatomy for students	10
5	Ross & Willson	Anatomy and physiology in health & illness	10
6	Anthony	Text book of anatomy and physiology	10
7	Waugh	Anatomy & Physiology in Health & Illness	10
8	Netter's	Atlas of Human Physiology	10

Subject: English and Computer

S.No	Author	Name of the Book	Quantity
1	Selva rose	Career English for nurses	10
2	J.Sarumathi	English for nurses	10
3	Bhawana Puri	A textbook of computer	10
4	N.C.Jain & MS Soakshi	Computer for nurses	10
5	Rajiv Khanna	Introduction to computer	10

6	Jacintha D'souza	Dictionary for nurses, 1st Edition	10
7	Stedman	Stedman medical English Dictionary (power pack)	10
8	Tiran D.	Bailliers midwives dictionary	10
9	Weller	Bailliers nurses dictionary for nurses & health care workers	10
10	Panda U.N	Jaypee's nurses dictionary	10
11	Gupta	Illustrated nurses dictionary	10
12	Dorland	Dorlands illustrated medical dictionary	10
13	Team	Mosby's pocket dictionary of medicine nursing & health professions	10
14	Balliyers	Nurses dictionary(Hindi)	10
15	Kumar's	Oxford English-English-Hindi dictionary	10

Subject: Medical Surgical Nursing

S.No	Author	Name of the Book	Quantity
1	Linton	Introduction to Medical-Surgical Nursing	10
2	Lippin Cott	Manual of nursing practice, 9th Edition	10
3	Joyce M Balck, Jane Hokanson Hawks	Medical Surgical Nursing Vol-!, 8th Edition	10
4	Lippincott	Critical Care –Handbook, 5th Edition	10
5	Grover I Malik	Textbook of Pharmacology for Nursing*	10
6	Jones & Bartlett	Nursing Drug Handbook	10
7	Tuhi	Esfmflu dh ikb~;iqlrd	10
8	Grace	Nursing Ethics and Professional Responsibility in Advanced Practice	10
9	Thresyamma	Operating room technique and anesthesia for general nursing course	10
10	Goldman	Pocket guide to the operating room	10
11	Yalayaswamy	First Aid & Emergency Nursing *	10
12	Gupta	First aid(hindi)	10
13	Chowdhury	Respiratory nursing care	10
14	Tuli	Test book Ear,Nose & Throat	10
15	Payne	Nursing Student's Guide to Clinical Success	10
16	Brunner	Medical surgical nursing	10
17	Yarbro	Cancer Nursing: Principles and Practice	10
18	Barker	Advanced Practice Nursing: Essential Knowledge for the Profession	10
19	Prescher-	Clinical Practice Protocols in Oncology Nursing	10

	Hughes		
20	Gupta	First aid (Hindi)	10
21	Vijayalakshmi	Medical Surgical Nursing	10
22	Basavanthappa	Medical Surgical Nursing	10
23	Yarbro	Oncology Nursing Review	10
24	Stedman	Stedman medical dictionary (power pack)	10
25	Williams	Understanding Medical Surgical Nursing With CD	10
26	Udaykumar	Pharmacology for Nursing	10
27	Michael	Renal disease	10
28	Herbert-Ashton	Quick Look Nursing: Pharmacology	10
29	Kennedy Sheldon	Quick Look Nursing: Oxygenation	10
30	Madara	Quick Look Nursing: Pathophysiology	10
31	Jones & Bartlett	Nursing Handbook of IV Drugs	10
32	Chintamani	Surgery for nurses	10
33	Yadav	प्रारम्भिक सवासयि	10
34	Tuhi	भेउिसिन की पाइयपुसतक	10

Subject: Mental Health Nursing

S.No	Author	Name of the Book	Quantity
1	Kapoor	Text Book of psychiatry for nurses vol 1*	10
2	Kapoor	Text book of psychiatry for nurses vol 2*	10
3	Basavanthappa	Psychiatric Mental Health Nursing	10
4	O'Brien	Psychiatric Mental Health Nursing: An Introduction to Theory and Practice, (PB)	10
5	Nambi	Psychiatry for Nursing	10
6	Lalitha	Mental Health & Psychiatric Nursing	10
7	Jones & Bartlett	Nursing Handbook of Behavioral and Mental Health Drugs	10
8	Sreevani	A guide to mental health and psychiatric nursing	10
9	Shah I.P.	A hand book of psychiatry	10
10	Neeraja K.P.	Ess.of mental health & psychiatric nursing vol.i	10
11	Neeraja K.P.	Ess.of mental health & psychiatric nursing vol.ii	10
12	Lalitha K.	Mental health & psychiatric nursing	10

Subject: Community Health Nursing

S.No	Author	Name of the Book	Quantity
1	Basavanthappa	Community Health Nursing	10

2	K.Park	Community health nursing	10
3	K.Park	Community health nursing (Hindi)	10
4	Swarnkar	Community health nursing *	10

Subject: Child Health Nursing

S.No	Author	Name of the Book	Quantity
1	Hatfield	Bradribb's Introductory Pediatric Nursing	10
2	Heiner	Manual therapy in children	10
3	Browne	Nursing Care of the Pediatric Surgical Patient	10
4	Jacob Singh	Pediatric Nursing	10
5	Suraj Gupta	The short text book of pediatric nursing	10
6	Meherban Singh	Essential Pediatric for nurses, 2nd Edition	10
7	Dorothy R.Marlow	Textbook of pediatric nursing, 6th Edition	10
8	Beevi A.	Test book of paediatric nursing	10

Subject: Community Health Nursing

S.No	Author	Name of the Book	Quantity
1	Basavanthappa	Community Health Nursing	10
2	K.Park	Community health nursing	10
3	K.Park	Community health nursing (Hindi)	10
4	Swarnkar	Community health nursing *	10
5	Dayer-Berenson	Cultural Competencies for Nursing: Impact on Health and Illness	10
6	SIFPSA	Samudayik Swasthya SIFPSA (State innovation in Family planning services project agencies)	10
7	A M Chakle	Health worker ke liye pathyapustak	10

Subject: Midwifery

S.No	Author	Name of the book	Quantity
1	D.C.Dutta	Textbook of obstetrics, 6th Edition	10
2	S.K.Chattopodhya, M.Narayan Swami	Midwifery	10
3	Annamma Jacob	Maternal And neonatal nursing care plans, 1st Edition	10
4	Pinto	Midwifery Record Book for B.Sc Nursing Students	10
5	Ament	Professional Issues in Midwifery (HB)	10
6	Myles	Text book of midwifery	10

7	Madara	Quick Look Nursing: Obstetric and Pediatric Pathophysiology	10
8	Beck	Postpartum Mood & Anxiety Disorders: Clinician Guide	10
9	Barbara Kintle & Patritia Gomes	Basic Maternal and newborn care	10
10	Marie Elezabeth	Midwifery for nurses, 1st Edition	10
11	Barbara Kintle & Patritia Gomez	Basic maternal and newborn care	10
12	Unicef & WHO	Managing Newborn problems	10

## GOI GUIDELINES ON RMNCH FOR NNC/SNC AND GNM SCHOOLS

S.No.	Particulars	Quantity
1	IMNCI Module for basic health workers, 82 pages, GoI	20
	Chart booklet , 16 pages, GoI	20
	Photo booklet , 12 pages, GoI,	20
2	ENBC module, WHO, 138 pages	10
3	National Guidelines on Prevention Management and Care-STI, HIV; GoI, 108 pages	10
4	SBA guidelines – GOI 2010 Guidelines for Antenatal Care and Skilled Birth Attendance, Hand Book for Auxiliary Nurse Midwives Facilitators Guide	40 (10 Facilitators Guide)
5	Infection Prevention, IMEP Policy Framework, GoI 36 pages	10
6	Effective Teaching Skills, Jhpiego, 270 pages	10
7	Clinical Training Skills Manual, Jhpiego, 192 pages	10
8	Rural Health Statistics 2011 (latest); GoI	5
9	National Health Profile 2011 (latest); GoI	5
10	Safe Motherhood Booklet, MoHFW, GoI	20
11	RMNCH Counselor Handbook, MoHFW, GoI	10
12	Book Shelves for library books storage-with Lock	As per the number of books

**Note: Five sets of ANMTC library book list can be added to SNC library book list, for referral by 6 weeks ANMTC faculty training participants.**

**ANNEXURE 8:**  
**LIST OF BOOKS FOR LIBRARY AT ANMTC**

**Subject: Community Health Nursing**

S.No	Authors	Name of the book	Quantity
1	Keshaw Swarnkar	Community Health Nursing for ANM (H & E )	10
2	A M Chakle	Health worker ke liye pathyapustak	10
3	K Park	Preventive & Social Medicine	10
4	SIFPSA	Samudayik Swasthya SIFPSA (State innovation in Family planning services project agencies)	10
5	Keshaw Swarnkar	Community Health Nursing for ANM ( English )-	10

**Subject: Health Promotion**

S.No	Authors	Name of the book	Quantity
1	M. Swaminathan	Ahaar aur Poshan	10
2	Catherine Armstrong	Sharir Sambandi vigyaan (Human Anatomy and Physiology)	10
3	Pitman and Jewner	Bhartiya nurses keliya Pathyepuustak	10
4	Keshaw Swarnkar	Health Promotion for ANM	10
5	Ross and wilsaon	Anatomy and Physiology	10
6	Catherine Armstrong	Human Anatomy and Physiology	

**Subject: Psychology**

S.No	Authors	Name of the book	Quantity
1	Armnath Sharma	Nurses ke liya mano vigyan aur swasthya	10

**Subject: Microbiology**

S.No	Authors	Name of the book	Quantity
1	Parker	Microbiology	10

**Subject: Primary Health Care**

S.No	Authors	Name of the book	Quantity
1	Keshaw Swarnkar	Community Health Nursing for ANM (H & E )-	10
2	Ministry of Health and Family Welfare,GoI	Handbook of Immunization	10
3	Sister Nancy	Nursing ke mool sidant	10
4	A M Chakle	Health worker ke liye pathyapustak	10

5	Dr Om Prakash Yadav	Prathmik Sahayata avam Sankat kalin dekh baal,	10
6	SIFPSA	Foundation Course- Swasthya Karyakartha Female trainers manual	10
7	Mike Suji	Medicine ki pathayapustak	10
8	Potter and Perry	Fundamental of Nursing	10
9	JHPIEGO	Infection Prevention Guidelines	10
10	K Park	Preventive & Social Medicine	10
11	SIFPSA	Samudayik Swasthya	10
12	Keshaw Swarnkar	Health Promotion for ANM	10

**Subject: Child Health Nursing**

S.No	Authors	Name of the book	Quantity
1	A M Chakle	Health worker ke liye pathyapustak	10
2	SIFPSA	Bal Swasthya	10
3	Jacob & Singh	Shishu Parichariya	10

**Subject: Nursing Midwifery**

S.No	Authors	Name of the book	Quantity
1	A M Chakle	Auxillary Nurse ke liye Pathyepustak	10
2	Ministry of Health and family welfare, GoI	SBA Handbook and Guidelines, 2010	10
3	USAID, JHU, WHO	Family Planning: a Global Handbook for Providers, 2010 (Hindi)	10
4	SIFPSA	Prasav Karam sambandi gyaan ka saral adyan	10
5	Migrate Myles	Midwife ke liye pathyepustak	10
6	Migrate Myles	Text of midwives(English)	10
7	MoHFW,GoI	IMNCI module for basic health workers worker	10
8	WHO	ENBC module	10
9	WHO	Managing Newborn Problems: A Guide for Doctors, Nurses, and Midwives, 2003	10
10	WHO	Managing Complications in Pregnancy and Childbirth: A Guide for Midwives and Doctors, 2000	10
11	JHPIEGO	Basic Maternal and Newborn Care, 2004	10



**Subject: Health Center Management**

S.No	Authors	Name of the book	Quantity
1	SIFPSA	Samudayik Swasthya	10
2	MOHFW, GOI	Mahila Health worker ke liye pustika	10

**Other:**

S.No	Authors	Name of the book	Quantity
1	Mosby	Nurses Dictionary –In Hindi	10
2	INC	ANM Syllabus	10
3	SIFPSA	Clinical Manual for mahila swasthya karya kartha	10
4	Oxford	English-English Dictionary	10
5		English – Hindi Dictionary	10
6		Medical/ Nursing Dictionary	10

S.No	Particulars	Quantity
1	IMNCI Module for basic health workers, 82 pages, GoI	20
	Chart booklet , 16 pages, GoI	20
	Photo booklet , 12 pages, GoI,	20
2	ENBC module, WHO, 138 pages	10
3	National Guidelines on Prevention Management and Care-STI, HIV; GoI, 108 pages,	10
4	SBA guidelines – GOI 2010 <ul style="list-style-type: none"> <li>▪ Guidelines for Antenatal Care and Skilled Birth Attendance,</li> <li>▪ Hand Book for Auxiliary Nurse Midwives</li> <li>▪ Facilitators Guide</li> </ul>	40 (10 Facilitators Guide)
5	Infection Prevention, IMEP Policy Framework, GoI 36 pages	10
6	Effective Teaching Skills, Jhpiego, 270 pages	10
7	Clinical Training Skills Manual, Jhpiego, 192 pages	10
8	Rural Health Statistics 2011; GoI	5
9	National Health Profile 2011; GoI	5
10	Safe Motherhood Booklet, MoHFW, GoI	20
11	RMNCH Counselor Handbook, MoHFW, GoI	10
12	<b><i>Book Shelves for library books storage-with Lock</i></b>	As per the number of books

**ANNEXURE 9:  
SPECIFICATIONS FOR IT LAB OF NODAL CENTER**

S.No	Item	Model/Specification	Unit
1	Desktop	The desktop must have - Intel Core i3 - 4GB RAM - 500GB Hard Disk Drive - Optical Drive - 19" TFT Monitor - Keyboard & Mouse - Windows 7 Professional - 3 Yrs. Warranty	6
2	Laptop	The laptop must have -Intel Core i5 -4GB RAM - 500GB Hard Disk Drive - 14.1" LED Screen (HD) - Wireless, Bluetooth, Webcam. - 3 USB ports - Windows 7 Professional - 3 Yrs. Warranty	1
3	LCD Projector	The LCD Projector must have 3000 ANSI lumens with 1024 x 768 Native Resolution	1
4	Computer Table	Standard Computer table must have -Width 1200mm, Depth 600mm, Height 750mm with Keyboard Tray.	6
5	Multi-function Printer(B&W)	LaserJet Multifunction (Print, Copy, Scan) printer with: <ul style="list-style-type: none"> <li>▪ Up to 18 ppm speed</li> <li>▪ Hi-Speed USB 2.0</li> <li>▪ 150-sheet input tray</li> <li>▪ 8MB Memory</li> <li>▪ 600 x 600 dpi Print Quality</li> </ul>	1
6	Fax	<ul style="list-style-type: none"> <li>▪ Laser Fax</li> <li>▪ 10-ppm Laser Printing (A4)</li> <li>▪ 600 x 600 dpi Print Resolution</li> <li>▪ Super G3 Fax with 33.6 kbps Modem</li> </ul>	1
7	Internet (One time for one year)	(DSL broadband)	1
8	Hard Disk for computer back up	150 GB Hard Disk	1
9	Miscellaneous	(Installation & Configuration)	
10	Air conditioner		2

## Nodal Center -Training Stationary

1	White Board - Big size	1
2	White Board Markers	15 boxes with all colors (5+10)
3	Duster	2
4	Tripod	1
5	Double sided tape	5
6	Glue stick	5
7	Scotch tape	5
8	Binder clips (big)	2 boxes
9	Binder clips (small)	2 boxes
10	Board pins-	1 box
11	L-folders	5 packets
12	U-clips	2 packets
13	Pens:	2 packets
14	A4 paper rims	3 packets
15	Staple pins	2 boxes
16	Index file	5
17	Punching machine	1
18	Ring binders	7
19	Plastic punched flaps (for the ring binders, in which pages can be inserted)	300
20	Flip chart markers	5 boxes
21	Scissors	2
22	Staplers	2
23	Plastic files	5
24	Envelopes	20
25	Stamp Pad (to keep papers for writing)	10
26	Flip chart (6/1Training/4 batch/1 yr)	24
27	White Papers (1 box of 100 papers)	7 boxes

**ANNEXURE 10:**

**SOP OF THE MENTORING VISIT OF THE FACULTY OF THE NODAL CENTER**

**ANMTC faculty mentoring visit  
Under INC initiative to  
Strengthen the nursing and  
Midwifery Pre-Service Education in India**

**Standard Operating Procedure**



## INTRODUCTION

After completing the 6 week ANM Faculty Training on “Strengthening the pre service nursing and midwifery education in India”, ANM faculty is expected to use the new GOI guidelines when teaching midwifery and deliver quality competency –based clinical training and implement the performance standards in ANM school that results in sufficiently prepared ANMs able to deliver appropriate maternal and new born care in communities and health care facilities throughout India

To achieve the above, mentoring visit after training is mandatory. This document helps and guides the trainer/training coordinator to plan and implement the same for the desired goal.

## OBJECTIVES OF THE MENTORING VISITS

1. Facilitate the implementation of performance standards for ANM pre service Education
  - Review the performance standards assessment and score
  - Support in identifying the gaps and planning to meet them
2. Reinforce key clinical skills as per GoI guidelines/standards and simultaneously the effective teaching skills on the following to all ANMTC faculty and representative from clinical site
  - AMTSL
  - Partograph
  - Newborn Resuscitation
  - ENBC
  - Initial management of AN and PN complications
  - Infection Prevention
  - FP counseling
3. Orient the stake holders on purpose & outcome of the visit and way forward.

## ACTIVITIES TO BE PERFORMED

### Visit Plan

1. Identify 2 or 3 ANMTC which are geographically nearby and group them.  
*Example:* The ANMTCs Dumka and Deoghar District at Jharkhand (Between 67 Kms) can be grouped for single visit. Likewise the other ANMTCs in other districts (as shown in a circle in below map) can be grouped.



2. Plan the date of the visit by checking it with the respective ANMTC faculty convenience.
3. Send a letter to ANMTC in charge with copy to Superintendent/Civil Surgeon- District Hospital, Joint secretary-INC, Director & Chief of state Health Services, Respective State regarding the mentoring visit explaining the objective and support required at least a week prior from the Principal coordinator of NNC.
4. Have a copy of the performance standards for ANM pre service Education which was endorsed by INC.
5. Inform the ANMTC In charge/Trained ANMTC faculty to conduct the preliminary assessment before stakeholders meeting. And arrange stake holders meetings during the visit period.

## DURING VISIT

1. Meet the stake holders and brief the objective of the visit.  
*Stakeholders:* Civil Surgeon, District Hospital, All ANMTC faculty, clinical site representatives and store In-charge.
2. Use the supportive supervision check list to assess the facility key requirements for quality pre service nursing and midwifery education.
3. Review and discuss the existing assessment findings in the performance standards for ANM pre service education with all ANMTC faculties and clinical site representative.
4. Facilitate the achievement of the standards by identifying the gaps and planning to meet them.
5. Finalize the action plan focused on interventions that will help to fill the gaps by utilizing existing resources and identifying potential resource and support (encourage starting with small changes, “Low hanging fruits”).
6. Observe the teaching skills (Facilitation, clinical demonstration and coaching- skill lab or clinical site as feasible) of ANMTC faculty using the Check list as guide and **provide constructive feedback for further improvement only with respective faculty in private** to maintain esteem.
7. Demonstrate the key clinical skills per GoI guidelines/standards to all ANMTC faculty and clinical staff.
  - AMTSL
  - Partograph
  - Newborn Resuscitation
  - ENBC
  - Initial management of AN and PN complications
  - Infection Prevention
  - RMNCH counseling
8. Fill the Feedback form for improvement and share it with ANMTC in charge
9. Make a copy of findings in the performance standard, action plan and Feedback Form.
10. Debrief all stakeholder

*Objective:* Provide feedback on SBM-R approach to strengthen the pre service nursing and midwifery education and to gain their cooperation and commitment in the further implementation of the standard.

*Facilitator:* Training coordinator, NNC.

*Participants:* Civil Surgeon, District Hospital, Representatives from ANMTC and its clinical site.

***Meeting Points:***

- Congratulate them for initiating the standard based approach to strengthen the pre service nursing and midwifery education/ achievements
- Discuss the Key action plan for quality improvement based on the findings of the performance standards
- Next SBM –R assessment

***Documentation:*** One ANMTC faculty to register key points of discussion in ANMTC meeting minutes register.

**POST VISIT:**

1. Regular follow up once in a month to facilitate the achievement of the standards by identifying the gaps and planning to meet them via e mail or Telephone.
2. Submit the trip summary (highlighting the key observations, feedback for improvements, action plan to meet the unachieved standards and next steps) to INC copy to Principal Coordinator, NNC and Supervisor, MCHIP.

**LOGISTICS REQUIRED:**

1. Prior information to the ANMTC In-Charge (Superintendent/Civil Surgeon, District Hospital)
2. Arrangement of travel on mentoring visit
3. Arrangement of local transport by coordinating it with the respective ANMTC trained faculty

## SAMPLE LETTER FROM NNC TO DISTRICTS

From

Mrs. Anushila Sengupta,  
Principal,  
College of Nursing,  
NRS Medical College and Hospital,  
Kolkata.

To

Principal,  
ANMTC,  
Kathihar District,  
Bihar.

**Sub: Mentoring visit to trained ANMTC faculty from May 28-29, 2012**

Dear Sir/Madam,

As you are aware, Mr. Rajiv Soni, Nursing Tutor, ANMTC, Kathihar, Bihar Jharkhand was trained for 6 weeks training "Strengthening the pre-service nursing and midwifery education in India" at National Nodal Centre, CON, NRS MCH, Kolkata under the project on "Strengthening the pre-service nursing and midwifery education in India" is an initiative of the Indian Nursing Council which is carried forward with the technical support of MCHIP. The project aims to strengthen the foundation of the ANM education in India, resulting in higher functioning educational institutes, better prepared service providers and ANMs who are competent, confident and ready to work upon graduation.

Thus we would like to provide mentorship to the trained faculty Mr. Rajiv Soni to implement the effective teaching skills and improve the quality of pre service education by applying the performance standards for ANM pre service education. The Training Coordinators of NNC, Ms.Labanya Nandy and Ms.Ruma Das are assigned for the above purpose.

This is to inform you that the mentorship visit is planned from May 28-29, 2012 at ANMTC, Kathihar. As a prerequisite to this visit I request the ANMTC to complete the assessment and develop action plan with the guidance from Mr.Rajiv Soni as he has been taught in the training using performance standards. Also I request your support to ANMTC under you for implementing the standards and to achieve the gaps in coming future. Your kind cooperation will be highly solicited.

Thanking You

Yours Faithfully,

Mrs. Anushila Sengupta



Copy to:

Civil Surgeon, District Hospital, Kathihar  
Superintendent, District Hospital, Kathihar  
Ms.Rajiv Soni, Nursing Tutor, ANMTC, Kathihar



## CHECK LIST FOR EFFECTIVE TEACHING SKILLS

Place an “S” in case box if task/activity is performed **satisfactorily**, an “✖” if it is **not** performed **satisfactorily**, or “N/O” if not observed.

**Satisfactory:** Performs the step or task according to the standard procedure or guidelines

**Unsatisfactory:** Unable to perform the step or task according to the standard procedure or guidelines

**Not Observed:** Step, task or skill not performed during evaluation

**Skilled delivery of a learning activity:** If you, as a mentor, believe that the person whom you assessed has achieved competency, place your **initials** (e.g., “PJ”) in the corresponding column.

EFFECTIVE FACILITATION SKILLS					
STEP/TASK	OBSERVATIONS				
1. Presents an effective introduction.					
2. States the objective(s) as part of the introduction.					
3. Asks questions of the entire group.					
4. Targets questions to individuals.					
5. Uses learner names.					
6. Provides positive feedback.					
7. Responds to learner questions.					
8. Follows trainer’s notes and/or a personalized reference manual.					
9. Maintains eye contact.					
10. Projects voice so that all learners can hear.					
11. Moves about the room.					
12. Uses audiovisuals effectively.					
13. Presents an effective summary.					
<b>Skilled delivery of facilitating a learning activity or presentation</b>					
CLINICAL DEMONSTRATION SKILLS					
STEP/TASK	OBSERVATIONS				
1. States the objective(s) as part of the introduction.					
2. Presents an effective introduction.					
3. Arranges demonstration area so that learners are able to see each step in the procedure clearly.					
4. Communicates with the model or client during demonstration of the skill/activity.					

5. Asks questions and encourages learners to ask questions.					
6. Demonstrates or simulates appropriate infection prevention practices.					
7. When using model, positions model as an actual client.					
8. Maintains eye contact with learners as much as possible.					
9. Projects voice so that all learners can hear.					
10. Provides learners opportunities to practice the skill/activity under direct supervision.					
<b>Skilled delivery of a clinical demonstration</b>					
<b>CLINICAL COACHING SKILLS</b>					
<b>STEP/TASK</b>			<b>OBSERVATIONS</b>		
<b>BEFORE PRACTICE SESSION</b>					
1. Greets learner and review previous performance when applicable.					
2. Works with the learner to set specific goals for the practice session.					
<b>DURING PRACTICE SESSION</b>					
3. Observes the learner, providing positive reinforcement or constructive feedback (when necessary for client comfort or safety) as s/he practices the procedure.					
4. Refers to the checklist or performance standards during observation.					
5. Records notes about learner performance during the observation.					
6. Is sensitive to the client when providing feedback to the learner during a clinical session with clients.					
<b>AFTER PRACTICE FEEDBACK SESSION</b>					
7. Reviews notes taken during the practice session.					
8. Greets the learner and asks to share perception of the practice session.					
9. Asks the learner to identify those steps performed well.					
10. Asks the learner to identify those steps where performance could be improved.					
11. Provides positive reinforcement and corrective feedback.					
12. Works with the learner to establish goals for the next practice session.					
<b>SKILLED DELIVERY OF COACHING</b>					

## CHECK LIST FOR SUPPORTIVE SUPERVISION

ANM/GNM School -

District: \_\_\_\_\_ State: \_\_\_\_\_

Supervisor/Assessor/Mentor: \_\_\_\_\_ Date of the visit: \_\_\_\_\_

SI #	Supervisory Area	Findings	Remarks
1.	No. of Faculty	M.Sc Nursing _____ B.Sc Nursing _____ GNM with DNEA, or DPHN _____ Total _____	
2.	Name of the faculty members completed 6 weeks ANMTC faculty training by INC	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	
3.	Class Room (circle as appropriate)		
a.	Observe if the classrooms have: ▪ Adequate light, either natural or electrical	Yes                  No	
b.	▪ Adequate ventilation (open windows or fan, air conditioner, fans)	Yes                  No	
c.	▪ Chairs and Desks/ arm chairs in sufficient numbers for the largest class size	Yes                  No	
d.	▪ Adequate and flexible space for group learning activities	Yes                  No	
e.	▪ Blackboard or whiteboard	Yes                  No	
f.	▪ Chalk or whiteboard markers	Yes                  No	
g.	▪ Electricity backup	Yes                  No	
h.	▪ Overhead projector with voltage stabilizer/LCD projection unit	Yes                  No	
i.	▪ Clock	Yes                  No	
j.	▪ Flipchart and tripod (as needed)	Yes                  No	
k.	▪ Notice board	Yes                  No	

l.	▪ Waste bin	Yes	No	
4.	Skill Lab (circle as appropriate)			
a.	Does the ANM/GNM school have functioning Skill lab for MCH	Yes	No	
b.	Check the availability of the following			
	▪ Anatomic models			
	- Child birth simulator	Yes	No	
	- Zoe model with different attachments	Yes	No	
	- Cervical dilatation model	Yes	No	
	- Episiotomy suturing model	Yes	No	
	- Female bony pelvis	Yes	No	
	- Fetal skull	Yes	No	
	- IUCD hand held model	Yes	No	
	- Condom demonstration model	Yes	No	
	- Newborn resuscitation model	Yes	No	
c.	▪ Contraceptive basket with- COCs, ECPs, Condoms, Cu-T	Yes	No	
d.	▪ Instrument kits – delivery kit (2 artery forceps, 1 scissor, bowl, kidney tray, sponge holder), newborn resuscitation kit, IUCD insertion and removal kit	Yes	No	
e.	▪ Ambu bag and mask of various sizes	Yes	No	
f.	▪ Consumable medical supplies	Yes	No	
g.	▪ BP apparatus and stethoscope, adult weighing machine, urine testing kit, HB testing kit	Yes	No	
h.	▪ Appropriate infection prevention (IP) supplies and equipment for hand washing (running water into sinks or buckets, soap, towel)	Yes	No	
i.	▪ Plastic buckets for decontamination, soiled linen, and waste	Yes	No	
j.	▪ Colour coded bins for biomedical waste management	Yes	No	
k.	▪ Educational posters and anatomical charts related to MNCH and FP	Yes	No	
5.	Verify if there is current year			
	▪ Master rotation plan	Yes	No	
	▪ Clinical rotation plan	Yes	No	

6.	Question bank exists as a teachers resource	Yes	No		
7.	A record of the formative assessments (internal mark register) is maintained	Yes	No		
8.	Computer (Yes as ✓ No as X)	1. _____	2. _____	3. _____	4. _____
a.	Is there a computer with internet facility available, accessible and functional in their GNM/ANM School				
b.	Is the information you receive from NNC group mail being useful. Any suggestions: (write it)				
c.	How often does she/he uses the internet or check email (write it)				
9.	<b>At Labor room (Name of the clinical site: _____)</b>				
	<b>Circle as appropriate</b>				<b>Comments</b>
a.	Inj. Oxytocin available for AMTSL	Yes	No		
b.	Inj. Mg So4 50%, 10 g(10Ampoules), 10 CC syringe -2, 22 gauge needle -2 available for initial management of Eclampsia	Yes	No		
c.	Ambu Bag, Mask Size 0 and 1, mucous sucker available for newborn resuscitation	Yes	No		
d.	Functioning O2 cylinder, Adult/neonate Mask, IV cannula -2, Ringer lactate/Normal Saline (4liters), IV Tube-2, adhesive tape, Inj. Oxytocin -20 Units for initial management of PPH.	Yes	No		
e.	Is Essential New Born Care practiced <ul style="list-style-type: none"> <li>▪ Calling out the time of birth</li> <li>▪ Immediate Drying and wrapping of baby on mothers abdomen</li> <li>▪ Clean clamping and cutting of cord (within 1-3 mins of the birth)</li> <li>▪ Eye care</li> <li>▪ Place identification bracelet</li> <li>▪ Maintain Skin to Skin contact og mother and baby (Kangaroo Mother Care)</li> <li>▪ And Initiation of breast feeding within one hour</li> </ul>	Yes	No		
f.	No. of staff nurses working at MCH area trained on SBA _____				

	<b>Verify with at least two students if:</b>		
g.	Students are aware of clinical rotation plan and her objective of clinical posting	Yes	No
h.	Students are allowed to conduct deliveries	Yes	No
i.	Students are achieved competency on models before clinical training on key clinical skills <ul style="list-style-type: none"> <li>▪ AN examination</li> <li>▪ Partograph</li> <li>▪ Assisting Normal Delivery including AMTSL</li> <li>▪ Essential Newborn care</li> <li>▪ PN examination</li> <li>▪ FP counseling</li> <li>▪ Hand washing</li> <li>▪ Segregation of waste</li> <li>▪ Processing of equipment's/instruments</li> </ul>	Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No No No No
j.	Students are guided through checklist (as per SBA guidelines) for attaining competency on clinical skills	Yes	No
k.	Students are supervised at clinical site (By _____)	Yes	No

### SBMR

10.	Section	Baseline	1IA	2IA	3IA
S1	Classroom and practical instruction				
S2	Clinical instruction and practice				
S3	School infrastructure and Training materials				
S4	School management				
S5	Clinical areas where student midwives undertake clinical experience				

## FEEDBACK FORM

Name of the ANMTC: \_\_\_\_\_

Name of ANMTC In charge: \_\_\_\_\_

Name of the Training Coordinator, NNC: \_\_\_\_\_

Date of Mentorship Visit: \_\_\_\_\_

For Improving Teaching (Facilitation, Demonstration and coaching) Skills:

For achieving the standards and improving quality:

Date:

Signature of TC, NNC

Signature of ANMTC In charge

**ANNEXURE 11:  
DIVISION OF RESPONSIBILITIES AMONG STAKEHOLDERS FOR STRENGTHENING PRE-SERVICE MIDWIFERY  
EDUCATION COMPONENT IN ANM AND GNM TRAININGS**

INC	National Nodal Centre	State Nodal Centre	NIHFW	Nursing/MH Division	State Govt	Development Partners
<p>Establishing Standards</p> <p>Developing learning resource materials</p> <p>Accreditation of NNC/SNC/GNM/A NM schools for offering training as per standards</p> <p>Periodic review of trainings offered by NNC/SNC/GNM/A NM schools, on small sample basis</p>	<p>Training of staff from SNCs under their jurisdiction</p> <p>Develop work plan in consultation with NIHFW &amp; respective State DPs</p> <p>Oversight &amp; Guidance to SNC in co-ordination with NIHFW &amp; respective DPs</p> <p>Practicing &amp; adherence to Technical Protocols</p>	<p>Develop training plan in consultation with state counterparts</p> <p>Conduct Trainings for defined number of ANMTCs and GNMTCs Tutors</p> <p>Technical Oversight for upgradation of ANM/GNM schools</p> <p>Technical oversight of trainings at ANM/GNM schools</p> <p>Practicing &amp; adherence to Technical Protocols</p>	<p>Technical and managerial oversight for work plan implementation of NNC/SNC/GNM/A NM schools</p> <p>Reporting to MOHFW on progress of the work plan</p>	<p>Overall coordination of the intervention and keep track on the progress</p> <p>Approve the plans from state govts. in the PIPs or later</p> <p>Seek feedback from NIHFW and initiate appropriate actions</p> <p>Organize periodic review meetings</p>	<p>Overall coordination of the intervention</p> <p>Establish the overall system of implementation</p> <p>Finalize the Road Map for training</p> <p>Release of funds to SNC and ANM schools</p> <p>Procure directly or through identified agency equipments for SNC and ANM schools</p> <p>Providing adequate infrastructure</p>	<p>Provide technical support at the national and state levels, in terms of additional manpower required.</p> <p>Interface with the MOHFW, NIHFW, INC and state levels institutions to facilitate smooth roll-out of the intervention in the initial years.</p> <p>On request of the MOHFW and state Govt. to conduct rapid assessments/evaluations on the initiative.</p> <p>Handholding &amp; Guidance to NNC &amp; SNC</p>



**Maternal Health Division  
Ministry of Health & Family Welfare  
Government of India**



