12-18

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY[CHARUSAT]

Faculty of Medical Sciences

MANIKAKA TOPAWALA INSTITUTE OF NURSING

Report of Alumni Feedback analysis on

Curriculum

Date of event : 08/09/2017

Date of Submission : 08/09/2017

Submitted By

Name : Mr. Deepak K

Designation : Assistant Professor

Department : Alumni Association

Email : deepak.nur@charusat.ac.in

Endorsed by

8/09/17

Principal

Seal and Signature

PRINCIPAL
MANIKAKA TOPAWALA INSTITUTE OF NURSING
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AT. CHANGA - 388 421
TA. PETLAD, DIST. ANAND (GUJARAT)

Certified By:

REGISTRAR
CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY
CHARUSAT CAMPUS, CHANGA

Manikaka Topawala Institute of Nursing
Faculty of Medical Sciences
Charotar University of Science and Technology (CHARUSAT)
Accredited grade "A" by NAAC

Analysis Report of Alumni *Feedback on curriculum*

Manikaka Topawala Institute of Nursing, a constituent of Charotar University of Science and Technology undertook a survey to assess Alumni Feedback on curriculum. Approached all the alumni for feedback on curriculum, 20 alumni reverted back and shared genuine feedback on curriculum and its application.

The feedback was a questionnaire inclusive of 15 questions based on the curriculum's content, the recruit's knowledge and performance, the curriculum's adequacy to bridge the gap between academic and health care and the curriculum's ability to enhance creativity and critical thinking among students. It includes Program curriculum helped me get placed or in higher education, Adequate space designed for extra and co-curricular activities, Institute infrastructure supported designed and transaction of curriculum, Clinical training enriched with standard clinical education, Extent of coverage of course, Structure and appropriateness of curriculum, Curriculum designed with adequate hands on training content, Curriculum transaction was honest and transparent, Curriculum structured in line with OBE (Outcome Based Education), The curriculum is balanced with regard to the theoretical and practical knowledge, The curriculum has focus on skill development, Studied curriculum is helping in my current job, Curriculum designed with updated advancement, Curriculum designed in line of student-centric approach, Curriculum helped to deal with the practical scenario

The alumni believed the curriculum adequately sensitized them about teamwork. The feedback also provides an insight that the curriculum was good enough to enhance creativity and critical thinking among them. The curriculum satisfactorily helped the alumni in maintaining interpersonal relations with colleagues and seniors. It also helped them mould themselves according to the needs of the organization. By and large the design and review of the curriculum followed at Manikaka Topawala Institute of Nursing was very good and the alumni of MTIN were satisfied with curriculum offered.

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Sr. No.	Questionnaire	1	2	3	4	5
1.	Program curriculum helped me get placed or in higher education				5	15
2.	Adequate space designed for extra and co-curricular activities				4	16
3.	Institute infrastructure supported designed and transaction of curriculum				02	18
4.	Clinical training enriched with standard clinical education			02	04	14
5.	Extent of coverage of course			02	02	16
6.	Curriculum designed with adequate hands on training content	1	1	2	2	14
7.	Structure and appropriateness of curriculum	2	2	2	5	9
8.	Curriculum transaction was honest and transparent.			3	02	15
9.	Curriculum structured in line with OBE (Outcome Based Education)		3	4	7	6
10.	The curriculum is balanced with regard to the theoretical and practical knowledge		03	03	02	12
11.	The curriculum has focus on skill development	2	01			17
12.	Studied curriculum is helping in my current job	0	04	02	02	12
13.	Curriculum designed with updated advancement		02	01	02	16
14.	Curriculum designed in line of student-centric approach	1	2			17
15.	Curriculum helped to deal with the practical scenario	1	2	7	3	7

Other Suggestions received

Drinking water facility in bus during clinical posting of VS

Curtain in bus to avoid sunlight

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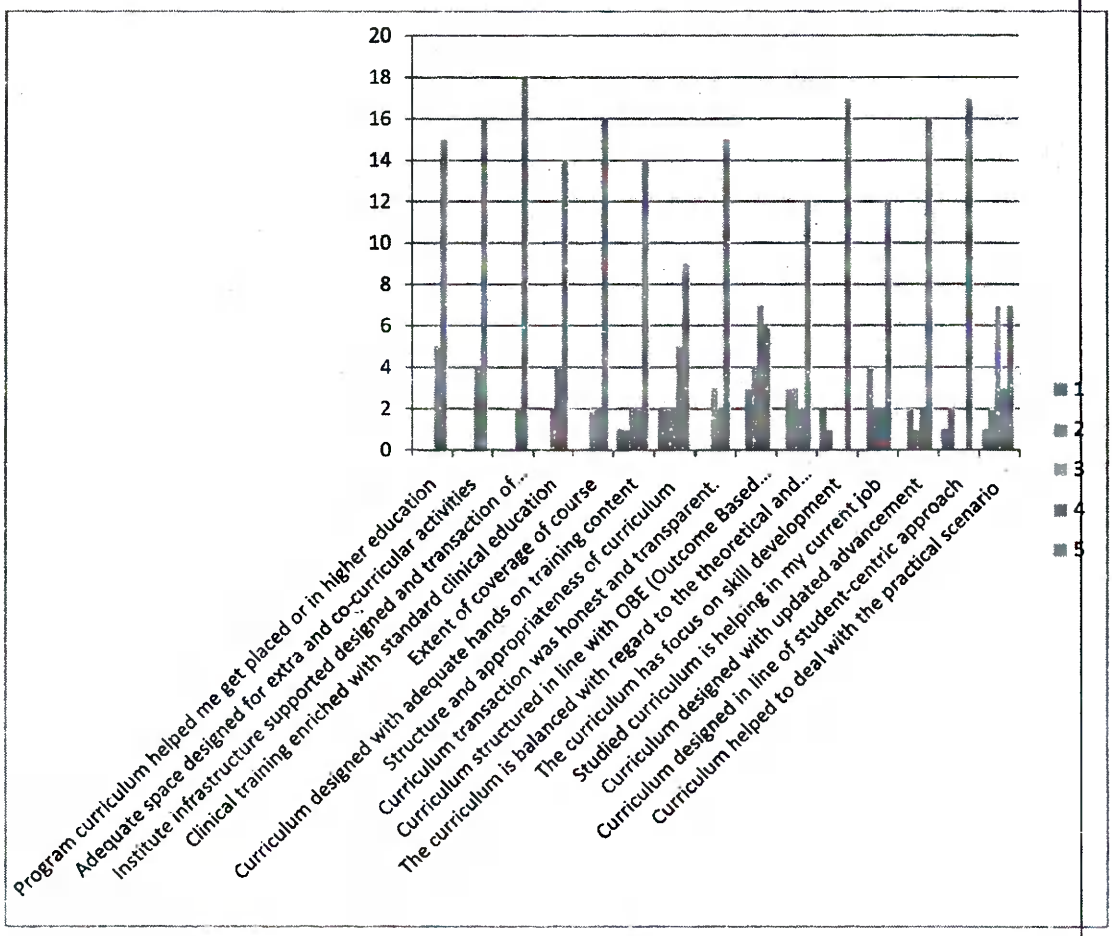

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CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY[CHARUSAT]

Faculty of Medical Sciences

MANIKAKA TOPAWALA INSTITUTE OF NURSING

Report of Employer Feedback on

Curriculum

Date of event : 10/09/2017

Date of Submission : 10/09/2017

Submitted By

Name :Mr. Jamin Chauhan

Designation :Assistant Professor

Department : Career Development and Placement Coordinator

Email : jaminchauhan.nur@charusat.ac.in

Endorsed by

10/09/17

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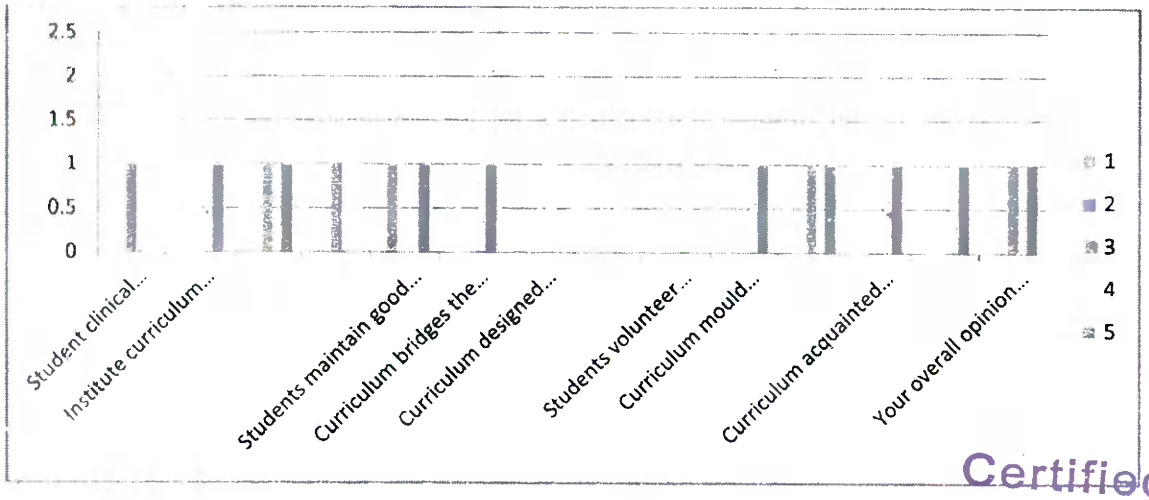
Frequency table-:

5-Excellent, 4- Very Good, 3- Good, 2- Satisfactory, 1- Poor

Sr. No	Questionnaire	1	2	3	4	5
1.	Student clinical knowledge and skills are up to date.			1	1	
2.	Institute curriculum provides adequate knowledge and training to the students.				1	1
3.	Curriculum transaction sensitized them about team work			1		1
4.	Curriculum has rich content which ensures problem solving, leadership & Managerial skill.			1	1	
5.	Students maintain good interpersonal relations with their colleagues and seniors.		1			1
6.	Curriculum bridges the gap between Academic and Health care				1	1
7.	Curriculum designed students to think critical towards problem solving approach.				2	
8.	Curriculum enriched the moral values among students.				2	
9.	Students volunteer themselves for new initiations of organization.				2	
10.	Curriculum mould student's competency level.				1	1
11.	Students mould themselves as per need of organization.			1		1
12.	Curriculum acquainted students with communication skills				1	1
13.	Curriculum ensures involvement in creativity and critical thinking of students.				1	1
14.	Your overall opinion about the design and review of curriculum			1		1



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CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY[CHARUSAT]

Faculty of Medical Sciences

MANIKAKA TOPAWALA INSTITUTE OF NURSING

Report of Students' Feedback analysis on curriculum

Date of event : 22/08/2017

Date of Submission : 25/08/2017

Submitted By

Name :Ms. Rameshwari Zala

Designation : Assistant Professor

Department : Nursing

Email : rameshwarisolanki.nur@charusat.ac.in

Endorsed by

Principal 25/8/17

Seal and Signature

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Manikaka Topawala Institute of Nursing
Faculty of Medical Sciences
Charotar University of Science and Technology (CHARUSAT)
Accredited grade "A" by NAAC

Report on students'Feedback on Curriculum Year 2017-18

Manikaka Topawala Institute of Nursing, a constituent of Charotar University of Science and Technology undertook a survey to determine whether or not the curriculum is producing the intended results and meeting the objectives that it has set forth for the nursing program.

The feedback was collected from total 62 students of Manikaka Topawala Institute of Nursing.

Feedback analysis:
5-Excellent, 4- Very Good, 3- Good, 2- Satisfactory, 1- Poor

Sr. No	Questionnaire	1	2	3	4	5
1.	Structure and appropriateness of curriculum is	0	0	15	20	27
2.	How well the curriculum fulfils the requirement of clinical Practice?	0	0	10	20	32
3.	How will you rate the delivery of curriculum with regard to Soft skills, Communication skill, Professional Readiness?	0	0	7	15	40
4.	How will you rate the delivery of the curriculum on skill oriented training?	0	0	12	20	30
5.	How problem based learning is addressed through curriculum planning?	0	0	5	15	45
6.	How will you rate the curriculum in dealing with real time health care problems in current context?	0	0	8	4	50
7.	How do you rate the objective stated are relevance to the course content?	0	0	15	20	27
8.	Is the curriculum relevant to bring awareness related to Psychological, Social, legal and cultural issues while Providing Nursing Care?	0	0	10	20	32
9.	How best curriculum prepares for the academic growth?	0	0	7	15	40
10.	Is the curriculum Carrier Oriented?	0	0	12	20	30
11.	Are library resources supporting curriculum structure?	0	0	5	15	45
12.	How would you rate the inculcating of research and innovation in the curriculum?	0	0	8	4	50
13.	Has evaluation methods incooperted as per planned curriculum?	0	0	15	20	27
14.	Is the delivery of curriculum initiating the learning insights?	0	0	10	20	32
15.	Rate the size of curriculum on the load of the student?	0	0	7	15	40

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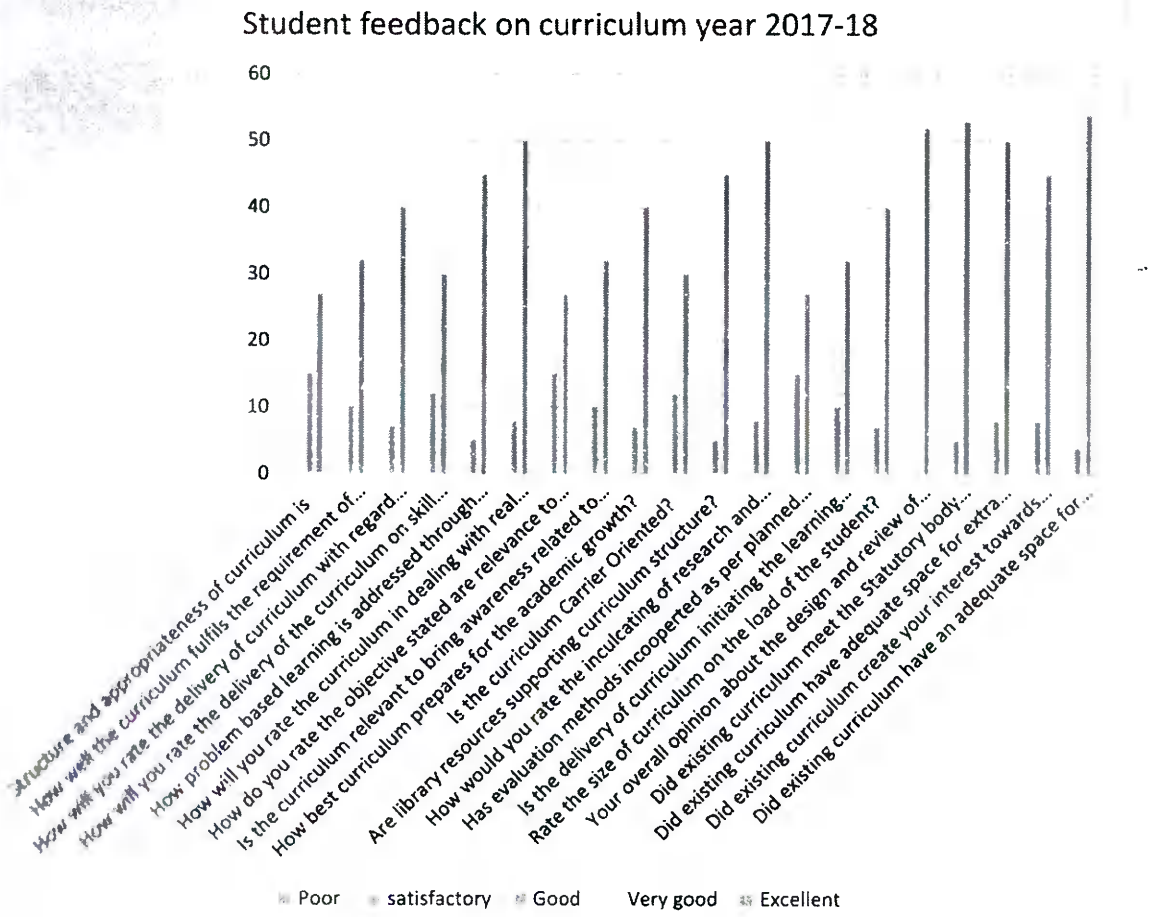
16.	Your overall opinion about the design and review of curriculum	0	0	0	12	52
17.	Did existing curriculum meet the Statutory body requirements?	0	0	5	7	53
18.	Did existing curriculum have adequate space for extra and co-curricular activities?	0	0	8	4	50
19.	Did existing curriculum create your interest towards program?	0	0	8	12	45
20.	Did existing curriculum have an adequate space for feedback from students and other stakeholders?	0	0	4	4	54



To conclude, students are satisfied with the design of the curriculum followed at Manikaka Topawala Institute of Nursing as well as many of students said that present curriculum is inculcating research and innovation in the curriculum and also the curriculum in dealing with real time health care problems in current context.

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CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY[CHARUSAT]

Faculty of Medical Sciences

MANIKAKA TOPAWALA INSTITUTE OF NURSING

Report of Teachers' Feedback analysis on curriculum

Date of event : **22/08/2017**

Date of Submission : **25/08/2017**

Submitted By

Name :Ms. Rameshwari Zala

Designation : Assistant Professor

Department : Nursing

Email : rameshwarisolanki.nur@charusat.ac.in

Endorsed by

Principal 25/8/17

Seal and Signature

Certified By:

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Manikaka Topawala Institute of Nursing
Faculty of Medical Sciences
Charotar University of Science and Technology (CHARUSAT)
Accredited grade "A" by NAAC

Report on Teachers' Feedback on Curriculum Year 2017-18

Manikaka Topawala Institute of Nursing, a constituent of Charotar University of Science and Technology undertook a survey to determine whether or not the curriculum is producing the intended results and meeting the objectives that it has set forth for the nursing program.

The feedback was collected from total 7teachers of Manikaka Topawala Institute of Nursing.

Feedback analysis:
5-Excellent, 4- Very Good, 3- Good, 2- Satisfactory, 1- Poor

Sr. No	Questionnaire	1	2	3	4	5
1.	Is curriculum is meeting needs of stakeholders?	0	0	0	3	4
2.	Existing curriculum meeting requirement of OBE (Outcome Based Education)	1	0	1	2	3
3.	How would electives (Program/University) offer in the curriculum are in relation to the current context and technological advancement?	0	0	0	2	5
4.	Curriculum made a desired balance between theory and practical in each course.	0	0	0	1	6
5.	How would you rate the practical exposure in the actual setting (Clinical & Community)?	0	0	0	0	7
6.	Existing curriculum is adequately creating interest among students.	0	0	0	2	5
7.	Assessment methods are fair in relation with meeting the objectives of each course.	0	0	0	2	5
8.	Existing curriculum is providing holistic training to the students.	0	0	0	1	6
9.	Curriculum is providing enough autonomy to improve my course transaction.	0	0	0	2	5
10.	How best curriculum planning improves team work abilities?	0	0	0	1	6
11.	Existing curriculum is meeting the need of statutory body requirement.	0	0	0	2	5
12.	Existing curriculum is inculcating research and innovation in the curriculum.	0	0	0	0	7
13.	Is the evaluation of student ensures the scope of their ability?	0	0	0	0	7
14.	Adequate infrastructure provided to continue with curriculum.	0	0	0	0	7
15.	University management is investing in faculty development and training.	0	0	0	0	7

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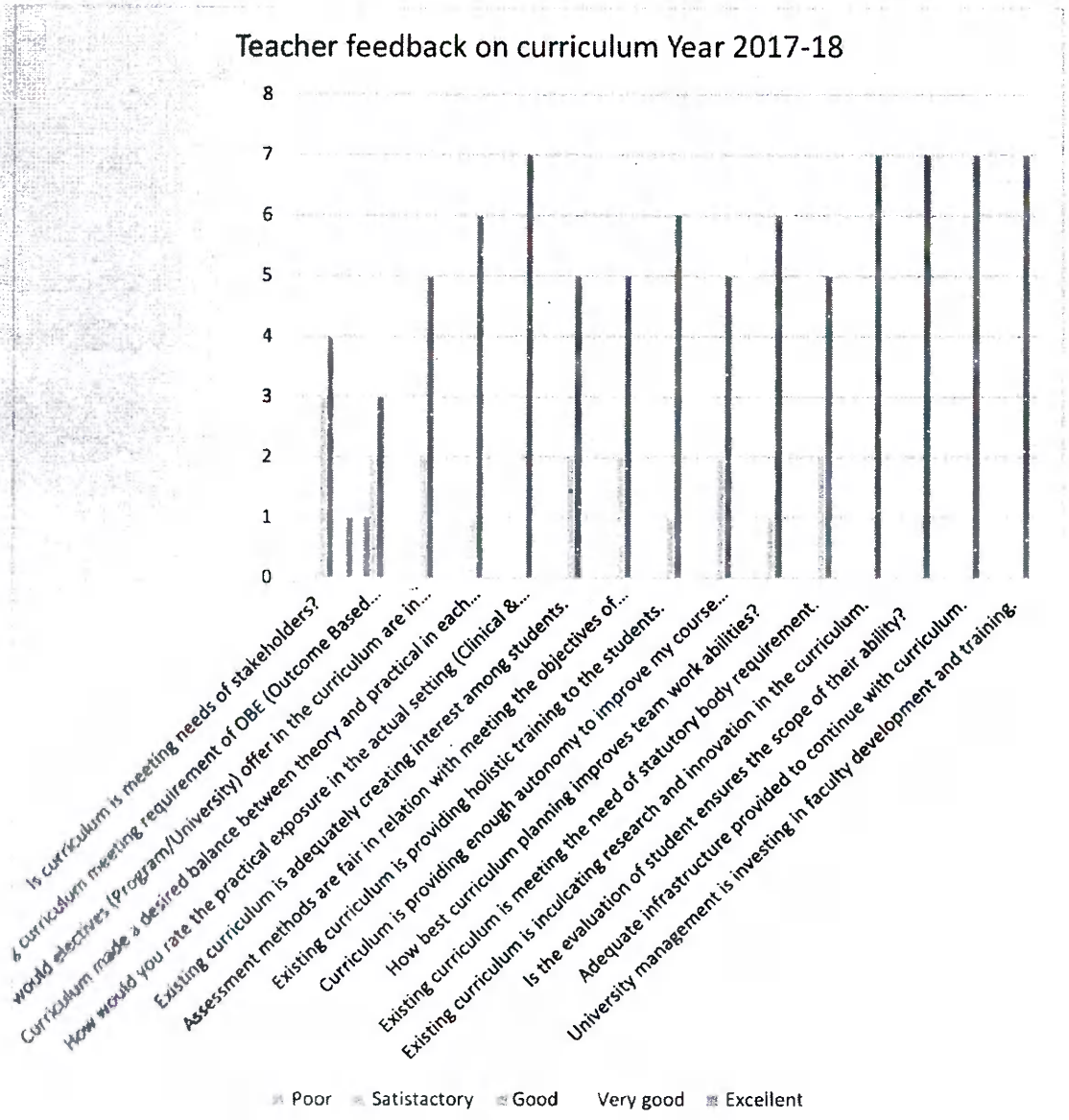

To conclude, teachers are satisfied with the design of the curriculum followed at Manikaka Topawala Institute of Nursing, as well as Existing curriculum is inculcating research and innovation in the curriculum, adequate infrastructure facility is there to translate curriculum objectives in to practice and university management is investing for faculty development and training.

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CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY[CHARUSAT]

Faculty of Medical Sciences

MANIKAKA TOPAWALA INSTITUTE OF NURSING

Action taken report of Alumni Feedback analysis on Curriculum

Date of Submission : 08/09/2017

Submitted By

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Designation : Assistant Professor

Department : Alumni Association

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Endorsed by

Principal 8/09/17

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Action taken report

Following actions were initiated based on alumni feedback on curriculum

Sr. No.	Feedback	Action taken
1.	Curriculum should include extra activities to enhance student personal skills that will help gain confidence in them.	To enhance Personal skills and confidence among students following activities were organized • Endowment Chair session for M.Sc. Nursing I & II Year on 21-23. 12.2017. **Annexure I** • Mock drill on disaster management (Earthquake & Rescue) for B.Sc. Nursing I & V semester, GNM I & II Year on 29·01.2018 **Annexure II** • Expert talk on Health for All: A right of All for B.Sc. Nursing VI semester, M.Sc. Nursing I & II Year on 17·03.2018 **Annexure III** • Talk Show on Awareness of Mental illness & Poster Exhibition At Hospital for Mental Health Vadodara on 12.05.2018 **Annexure IV**

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ANNEXURE - I

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY [CHARUSAT]

Faculty of Medical Sciences

MANIKAKA TOPAWALA INSTITUTE OF NURSING

Report on

"Endowment Chair Session-5"

Date: 21/12/2017 **Day: Thursday** **Timings: 9.00 am to 04.00 pm**

I. Introduction:

Manikaka Topawala Institute of Nursing, A constituent Charotar Institute of Science and Technology has started endowment chair session since 2014, we had 5th endowment chair session from 21st December 2017 to 23rd December 2017 at MTIN, Auditorium.

II. Objectives of the event:

- To enhance the knowledge regarding research basics and statistical analysis
- To orient to various reporting guidelines of publication research paper
- To have hands on training on SPSS

III. Participants/Beneficiaries:

Faculty, Ph.D Scholar, M.Sc Nursing and B.Sc Nursing students of MTIN

IV. Description of the event:

Endowment session was planned for 3 days in a workshop mode on Evidence Based Practice.

Dr. Suresh Kumar Sharma, Principal, College of Nursing, All India Institute of Medical Sciences, Rishikesh was invited as resource person, all the session were attended by faculty , P.G students and 3rd day last session was attend by U G students also. Workshop was very fruitful as faculty, Ph.D Scholar and students were actively participated in various group activities.

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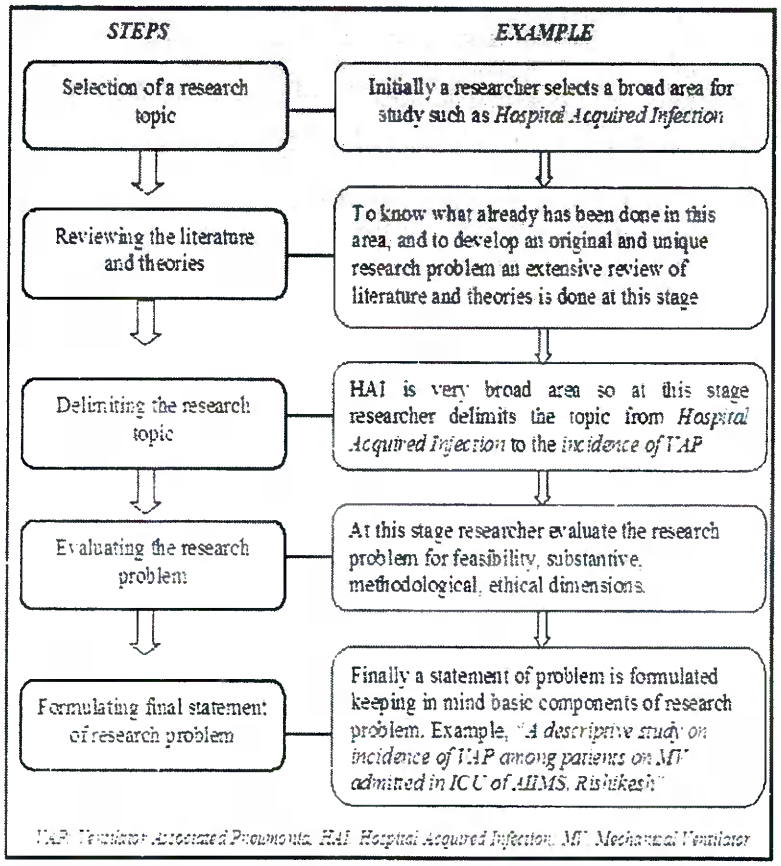
Dr. Suresh Kumar Sharma is a great author and researcher in nursing; he has many National Assignments from Health and family welfare, Govt. of India. He is also serving at University of California and University of Pretoria.

1st Day:

Session 1: Formulating Research Problem/ Question



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Session 2: Writing Research Objectives

Types of Research Objectives

- Primary Objective: The main objective to be achieved.
- Secondary Objectives: The subsidiary objectives may considered to extend the scope of study.

Stating the objectives

- The objectives should be presented **briefly and concisely**.
- Objectives must be **in concurrence with research problem** and must be stated in *coherent* way and in a *logical sequence.*
- The objectives are ***clearly phrased*** **in** ***operational terms***, specifying exactly what researcher is going to do, where, and for what purpose.
- **Use action verbs** those are specific enough to be evaluated.

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Session 3: Hypotheses and Assumptions

Types of Hypotheses

I. Simple and complex hypothesis:

Simple hypothesis: It is a statement which reflects the relationship between two variables.

For example, 'the lower the level of hemoglobin, the higher is the risk of infection among postpartum women'.

Complex hypothesis: It is a statement which reflects the relationship between more than two variables.

For example, 'satisfaction is higher among patients who are older and dwelling in rural area than those who are younger and dwelling in urban area'.

II. Associative and causal hypothesis:

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Associative hypothesis: It reflects a relationship between variables that occurs or exists in natural settings without manipulation. This hypothesis is used in correlational research studies.

Example: The lower the cost of care, the higher is the satisfaction among patients

Causal hypothesis: It predicts the cause-and-effect relationship between two or more dependent and independent variables in experimental or interventional setting, where independent variable is manipulated by researcher to examine the effect on the dependent variable.

For example, prevalence of pin site infection is lower in patients who receive pin site care with hydrogen peroxide as compared to patients who receive the pin site care with povidone iodine solution.

III. Directional and non-directional hypothesis:

Directional hypothesis:

For example, 'there is a positive relationship between years of nursing experience and job satisfaction among nurses'.

Non-directional hypothesis:

For example, 'there is relationship between years of nursing experience and job satisfaction among nurses'.

IV. Null and research hypothesis

Null hypothesis (H0):

For example, 'there is no relationship between smoking and the incidence of coronary artery disease'.

Research hypothesis (H1)

For example, 'there is relationship between smoking and incidence of lung cancer'.

Session 4: ***CONCEPTUAL/ THEORITICAL FRAMEWORK***

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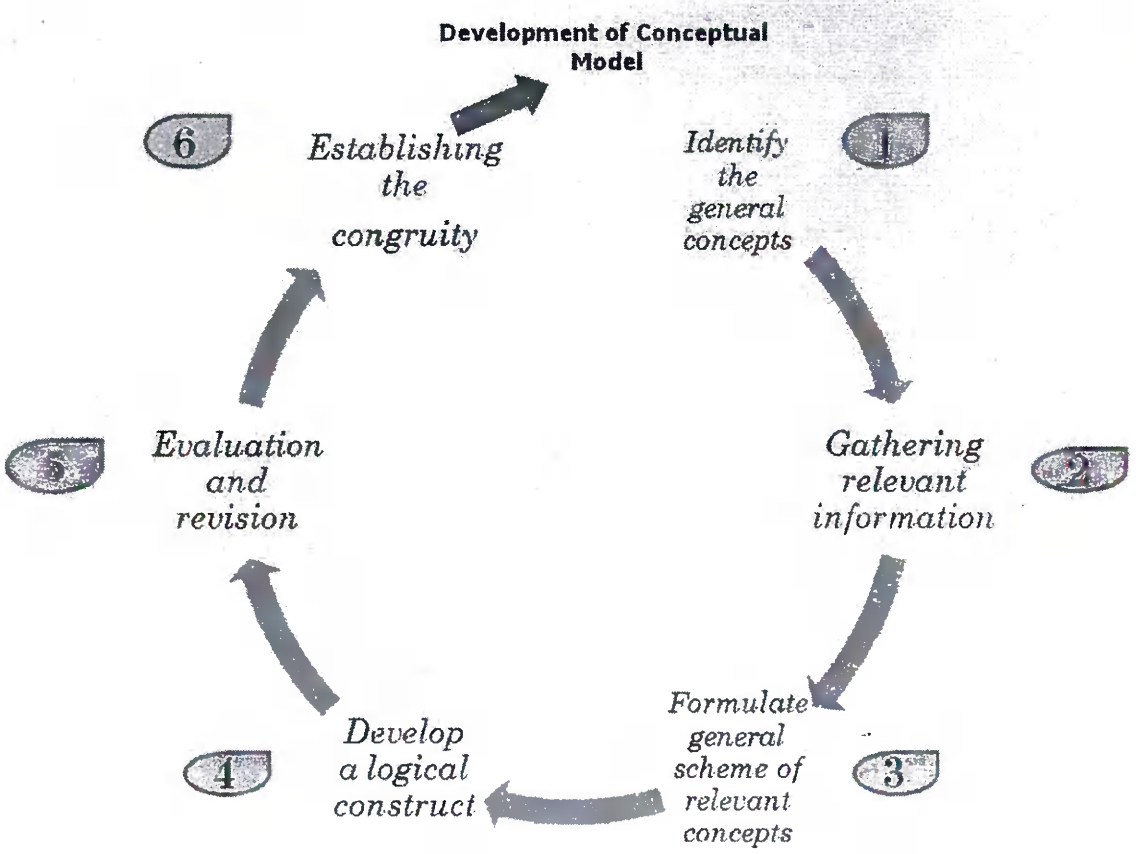

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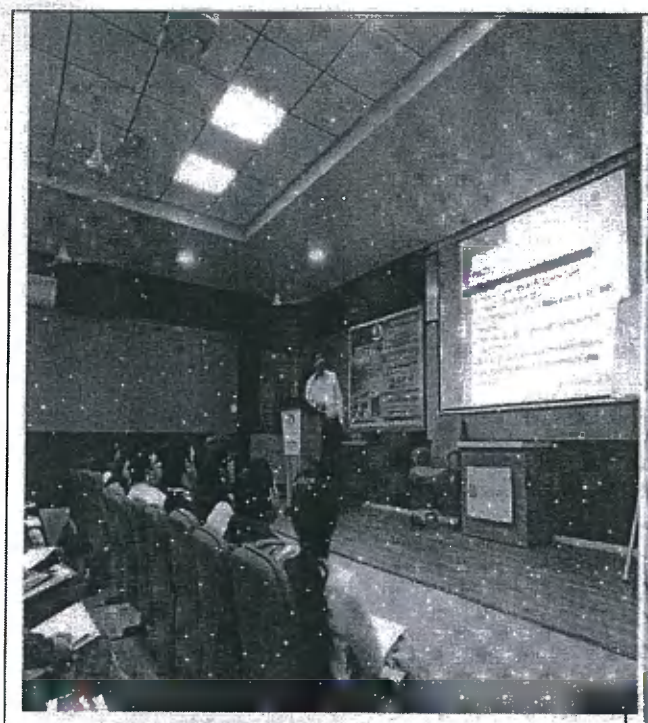

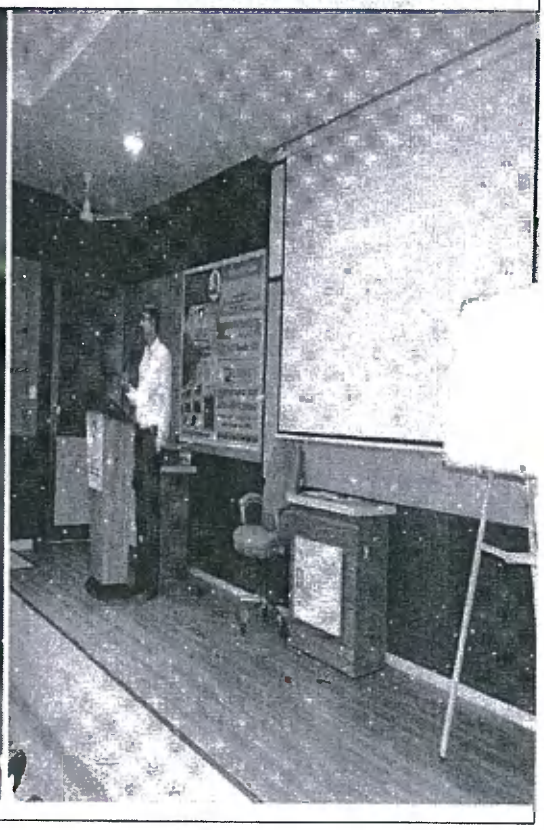

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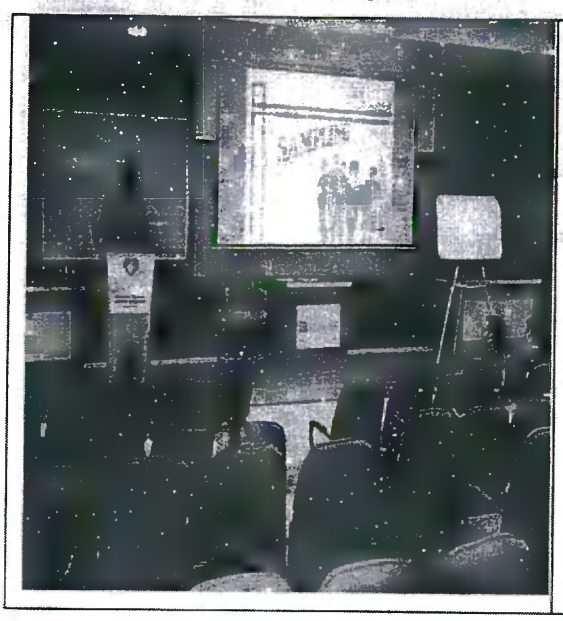
2nd Day:

Session 1: SAMPLING

- Terminology Used In Sampling
- Schematic Presentation Of The Sampling
- Purposes Of Sampling
- Characteristics Of Good Sample
- Sampling Process
- Factors Influencing Sampling Process
- Types Of Sampling Techniques



Session 2: RESEARCH DESIGNS: Choosing the right one

Following topics were covered with many activities

- Research approach
- Research design
- Quantitative research designs
- Qualitative research designs
- Mixed Method Research

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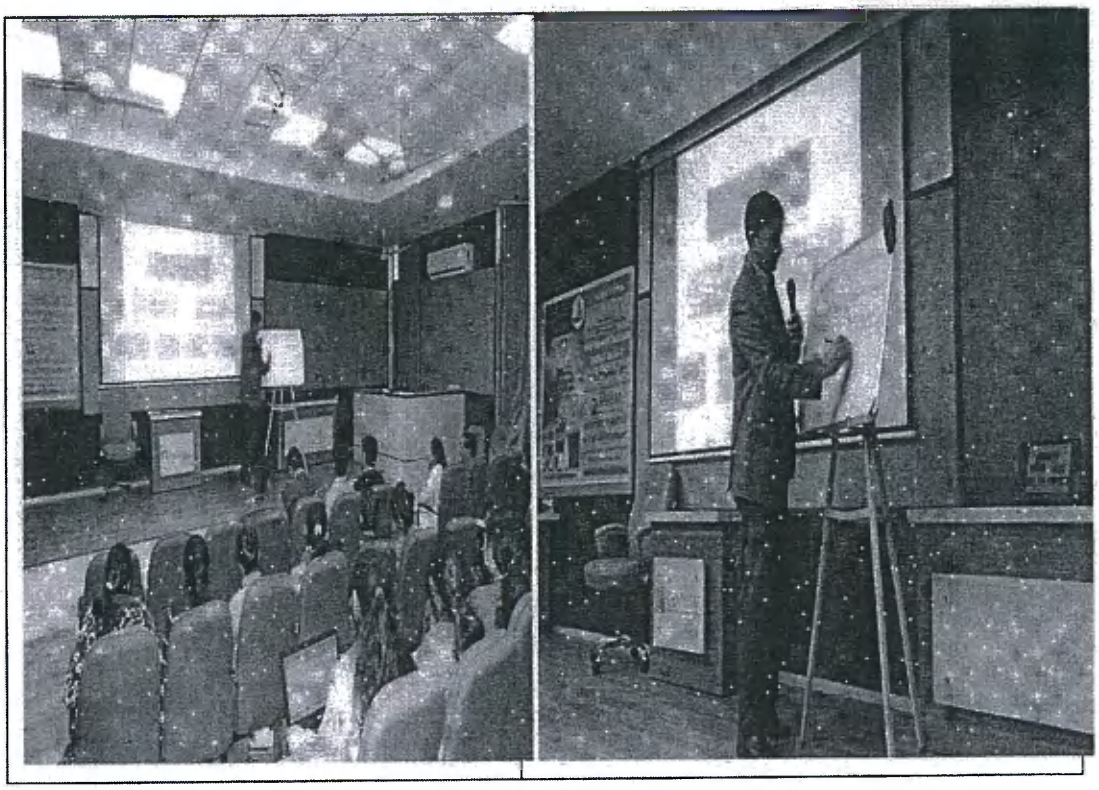

Session 3: Choosing appropriate statistic

- Normal Distribution
    - **Parametric test**
    - T test, ANOVA
- Non-normal distribution
- (Distribution free test)
    - **Non- Parametric Test**
    - Chi 2 test, Wilcoxan rank test, Mann-Whitney test, and Kruskal-Wallis test

Demonstrated live on SPSS along with all the participants and ensured everyone were able to Practice by using SPSS.

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Application of various tests according to Nature of Data

Study groups	Data Type of one dependent variable			
	categorical		Continuous	
	Nominal	Ordinal	Normal Distribution	Non – Normal Distributi
2 groups	Chi^2 test	Mann- Whiteny U Test	t-test	Mann-Whiteny U Test
3 or more	Chi^2 test	Kruskal-Wallis H test	ANOVA (F-test)	Kruskal-Wallis H test
Continuous	Simple logistic regression	Non-parametric correlation	Linear correlation Simple Linear regression	Spearman's Ranked Correlation

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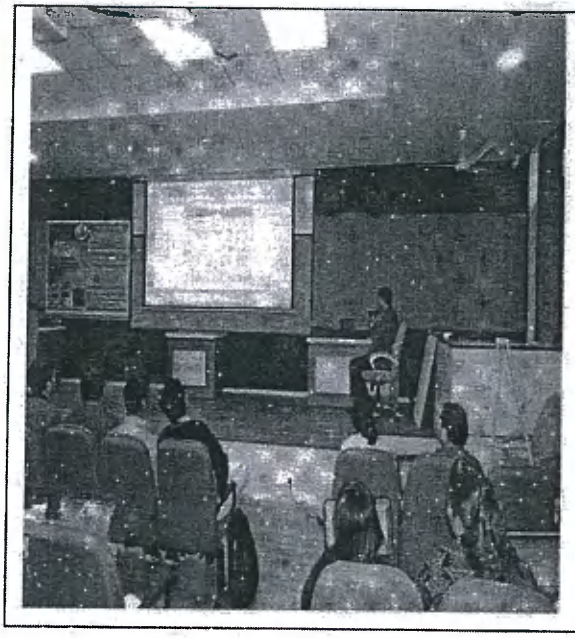

3rd Day:

Becoming Nurse:

We had wonderful session on last day of event, which was attended by all nursing students of MTIN on Becoming Nurse.

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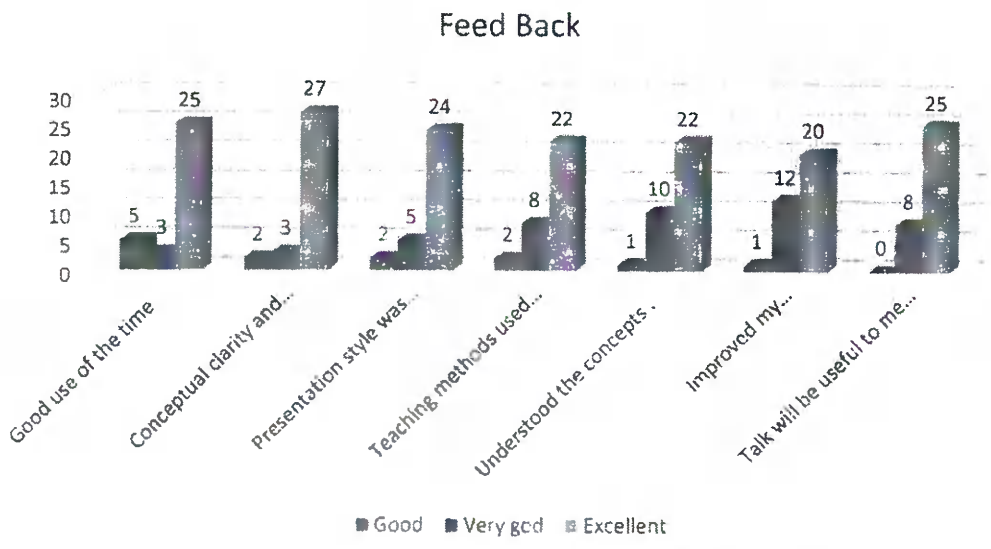
V. Conclusion

We extend our heartfelt thank to Dr. Anil Sharma, Principal, Manikaka Topawala Institute of Nursing, Changa for giving us opportunity to organize this event. We would extend our thanks CHARUSAT management for giving us all the support. We thank to the participants without them this event was impossible. Special thanks go to Dr. Suresh Sharma for accepting our invitation and enriching us with great deliberations.

VI. Feedback:

Scale: 5-Excellent; 4-Very Good; 3-Good; 2-Satisfactory; 1-Poor						
Sr. No.		1	2	3	4	5
1	The resource person made good use of the time allotted.	0	0	5	3	25
2	The Resource person had conceptual clarity and knowledge about the topic.	0	0	2	3	27
3	The resource person' presentation style was effective in helping in them.	0	0	2	5	24
4	The teaching/training methods used were appropriate for the audience.	0	0	2	8	22
5	I understood the concepts as presented in the talk.	0	0	1	10	22
6	The talk improved my understanding of the topic.	0	0	1	12	20
7	The learning derived for the talk will be usefull to me in future.	0	0	0	8	25



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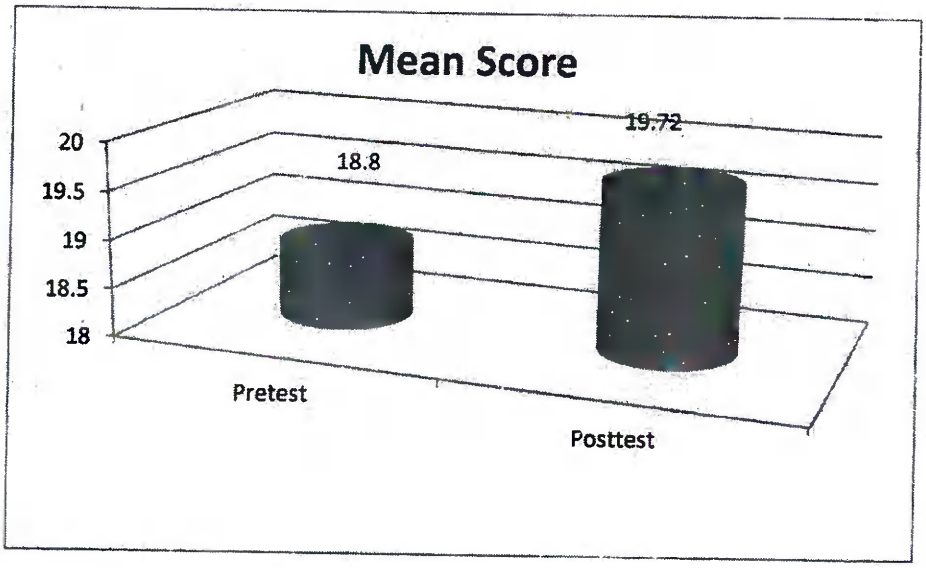
Comparison of Pretest and Posttest Mean Score



Photogallery

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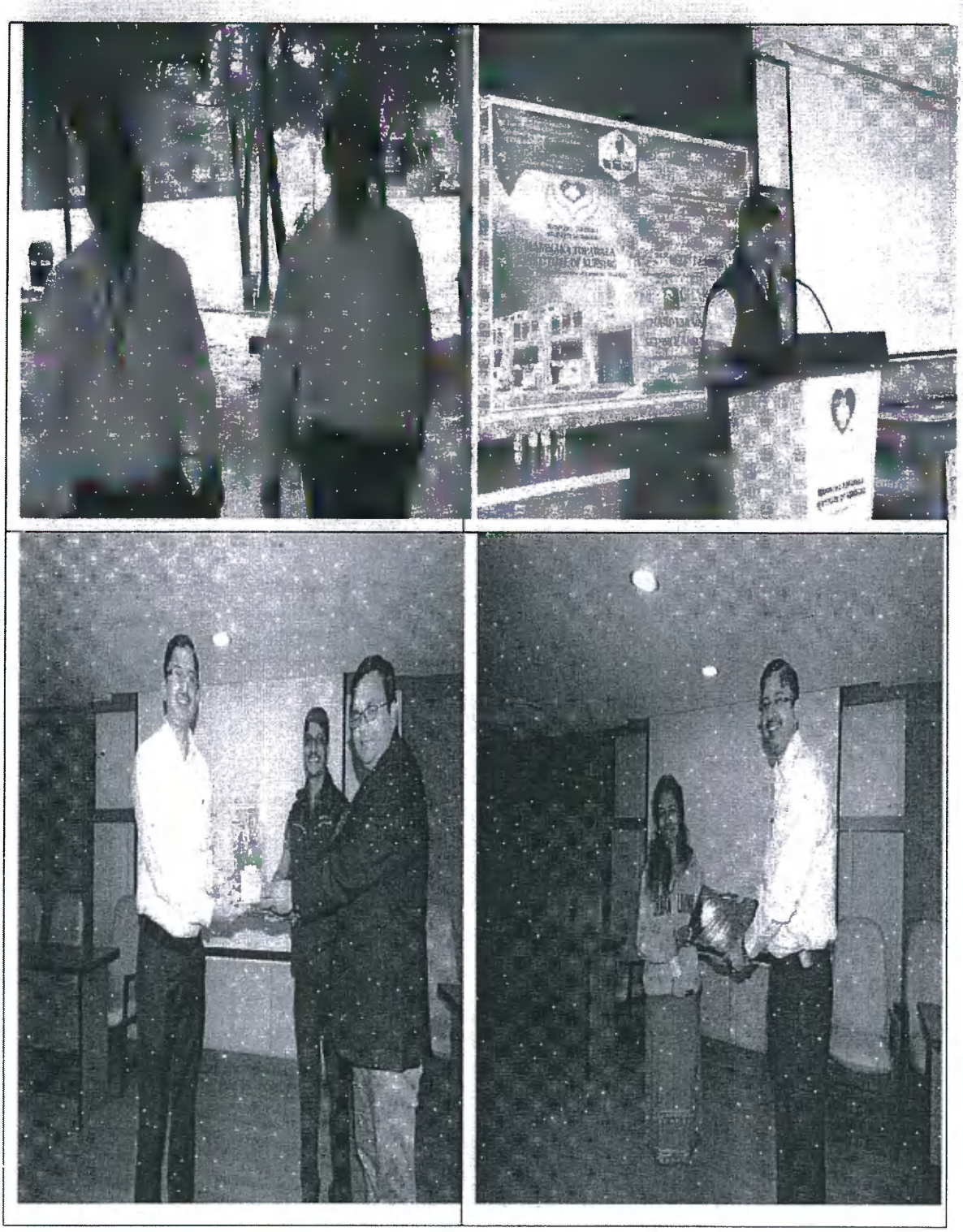

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ANNEXURE - II

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY [CHARUSAT]

Faculty of Medical Sciences

MANIKAKA TOPAWALA INSTITUTE OF NURSING

Report of Mock drill On Disaster management (Earthquake & rescue)

Date: 29th January, 2018 **Day: Monday** **Timings: 09.00 am to 01.30pm**

I. Introduction:

Disaster management essentially deals with management of resources and information towards a disastrous event and is measured by how efficiently, effectively and seamlessly one coordinates these resources. The ability to effectively deal with disasters has become a challenge to modern technology.

It is apparent that disaster problems cut across various disciplinary lines. One cannot effectively address disaster management difficulties by focusing on the isolated problems of a single type. Effective disaster management is influenced by the activities of a host of independent organisations at national and inter-national level.

Disaster management at the individual and organisational level deals with issues of planning, coordination, communication and risk assessment. Accordingly, this book also covers these subjects to enhance their ability for better disaster response.

Mock drill on disaster is most important for preparedness.

Agenda:

Time	Activities
9.00 am to 10.15am	Pre preparation
10.00am to 11.00am	Registration
11.15am to 12.45pm	Moch drill on disaster management on earthquake & rescue
12.45 to 1.30pm	Exhibition of material used for rescue

II. Objectives of the event:

1. To bring aware about Disaster management among the student and staff of CHARUSAT.
2. To describe the causes & effects of disaster.
3. To explain the preventive measures of Disaster.
4. To demonstrate controlling measures of disaster.
5. To explain complication of Disaster on Health & environments.
6. To ensure the safety of all employees and visitors at the site/facility.
7. To protect vital information and records.
8. To promote personal skill in managing disaster safety in communities .
9. To reduce the risk of disasters caused by human error, deliberate destruction, and building or equipment failures.

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10. To be better prepared to recover from a major natural catastrophe.

III. Participants/Beneficiaries:

Interested Students & faculties of Charusat from all departments.

IV. In detail explanation of the event with coloured print of photographs.

We Manikaka Topawala Institute of Nursing organized an Expert session on "Mock drill on disaster management for earthquake & rescue on 29th January, 2018 at MTIN lawn. We have invited National disaster response force A/06th BN NDRF for mock drill from Vadodara. The participants were nursing students, nursing teachers. Charusat hospital staff, Physiotherapy students & staff. Total 291 participants were participated from department of university the registration was started at 10.00am onwards & sessions was started at 11.00 am & end at 01.30pm.

The theme of session and its importance was delivered by Mrs. Alpna Patel. Moreover, She also introduced & welcome address to NDRF team to all.

The first session was started with small introduction related to disaster & disaster management by Mr. R.K.Mishra, Deputy Commandant, NDRF. He explained about role of NDRF team to all.

What is a disaster?

A disaster is a sudden, calamitous event that seriously disrupts the functioning of a community or society and causes human, material, and economic or environmental losses that exceed the community's or society's ability to cope using its own resources. Though often caused by nature, disasters can have human origins.

Types of Disasters

Natural Types of Disasters

- Agricultural diseases & pests
- Damaging Winds
- Drought and water shortage
- Earthquakes
- Emergency diseases (pandemic influenza)
- Extreme heat
- Floods and flash floods
- Hail
- Hurricanes and tropical storms
- Landslides & debris flow
- Thunderstorms and lighting
- Tornadoes
- Tsunamis
- Wildfire
- Winter and ice storms
- Sinkholes

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Man-Made and Technological Types of Disasters

- Hazardous materials
- Power service disruption & blackout
- Nuclear power plant and nuclear blast
- Radiological emergencies
- Chemical threat and biological weapons
- Cyber attacks
- Explosion
- Civil unrest

Disaster Preparedness

Disasters often strike with little or no warning, and the damage can be staggering. It's not a question of if, but when a disaster will occur in your area. Preparedness activities can help put your community in a better position to respond to a disaster and shorten your community's recovery time.

These activities are designed to minimise loss of life and damage – for example by removing people and property from a threatened location and by facilitating timely and effective rescue, relief and rehabilitation. Preparedness is the main way of reducing the impact of disasters. Community-based preparedness and management should be a high priority in physical therapy practice management.

Disaster relief

This is a coordinated multi-agency response to reduce the impact of a disaster and its long-term results. Relief activities include rescue, relocation, providing food and water, preventing disease and disability, repairing vital services such as telecommunications and transport, providing temporary shelter and emergency health care.

Feedback Analysis report:

A. Number of participants: 117

B. Table of feedback form with number of participants' response in each category.

Was the programme relevant to your needs and interests?

Very Much	To Some Extent	Not at all
100	17	00

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Rating of programme for Content

Workshop content and organization	Excellent	Very good	Good	Fair	Poor
How would you rate the content of the programme?	77	33	07	00	00
How did you find the Delivery Process?	89	21	07	00	00
How would you rate the overall programme?	80	36	01	00	00
How were the training facilities?	81	28	08	00	00

How would you rate the programme on the following parameters on the Content?

	Excellent	Very Good	Good	Fair	Poor
Coverage	101	11	05	00	00
Clarity	75	33	09	00	00
Utility	92	19	06	00	00

How would you rate the facilitator in terms of the following?

	Excellent	Very Good	Good	Fair	Poor
Communication	85	32	00	00	00
Enthusiasm	89	18	10	00	00
Subject Knowledge	90	23	04	00	00
Friendliness	82	30	05	00	00
Time Management	86	20	11	00	00

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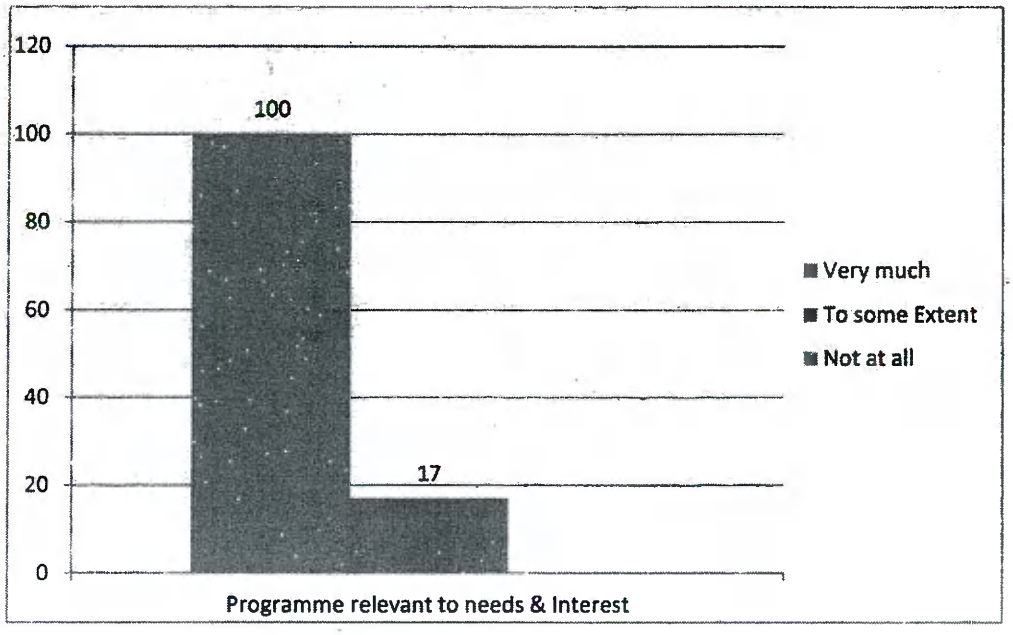
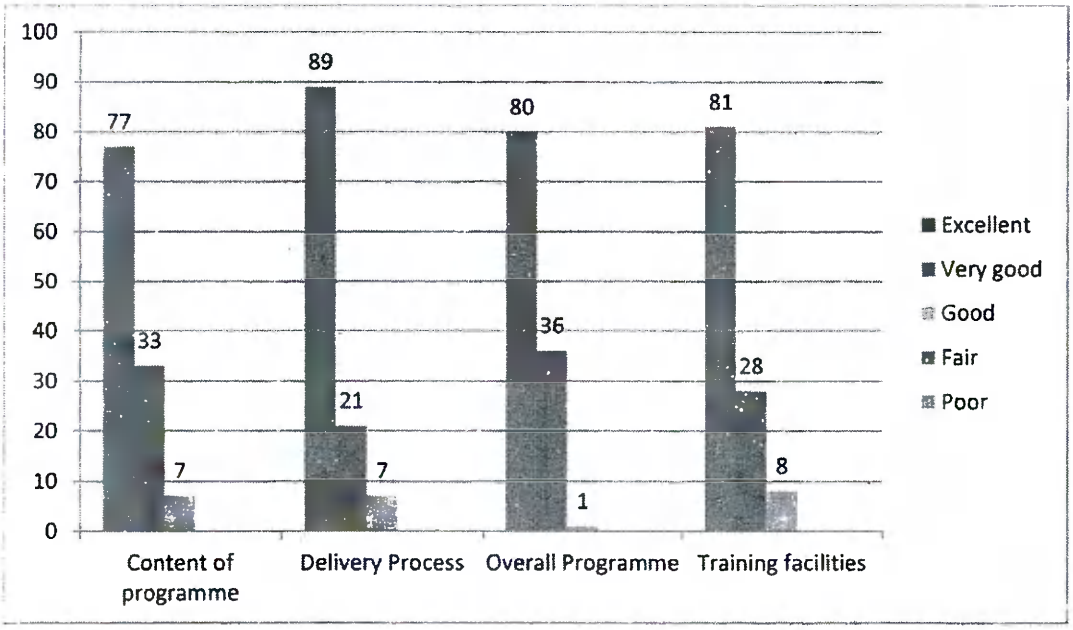
C. Analysis report depicted through graph

1. Programme relevant to needs & Interest





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Participants involved in exhibition

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Participant are watching Mock drill on earthquake

Shifting the victim from top of the building

V. Conclusion :

Overall the session was very practical, informative, interesting & inspiring so everyone can know about disaster management & rescue during earthquake & one can save the life of others during disaster will occurs. We thank CHARUSAT Management, Hon. Nursing director Vimal mam and Respected our Principal Dr. Anil Sharma Sir for providing us an opportunity to participate and enrich our knowledge regarding Disastermanagement.

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ANNEXURE III

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY [CHARUSAT]

Faculty of Medical Sciences

MANIKAKA TOPAWALA INSTITUTE OF NURSING

Report of Expert session On Health for All: A Right of All

Date: 17th March, 2018 **Day: Saturday** **Timings: 10.00 am to 12.45pm**

I. Introduction:

Health For All means that health is to be brought within reach of everyone in a given country. And by "health" is meant a personal state of well-being, not just the availability of health services – a state of health that enables a person to lead a socially and economically productive life. Health For All implies the removal of the obstacles to health – that is to say, the elimination of malnutrition, ignorance, contaminated drinking water and unhygienic housing – quite as much as it does the solution of purely medical problems such as a lack of doctors, hospital beds, drugs and vaccines.

Health For All means that health should be regarded as an objective of economic development and not merely as one of the means of attaining it.

Health For All demands, ultimately, literacy for all. Until this becomes reality it demands at least the beginning of an understanding of what health means for every individual.

Agenda:

Time	Activities
10.00am onwards	Registration
10.30 to 12.45pm	Expert talk on Health for All: A right of All by Dr. Udayshanker Shing

II. Objectives of the event:

1. Explain the concept of health and disease
2. Everyone has equal right to be healthy.
3. Elaborate concept of Health For All
4. Bring Awareness about health schemes and services available for people.

III. Participants/Beneficiaries:

Interested Students & faculties of Charusat from all departments.

IV. In detail explanation of the event with coloured print of photographs.

We Manikaka Topawala Institute of Nursing organized an Expert session on "*Health for All: A right of All* on 17th March, 2018 at MTIN Auditorium. We have invited Expert Dr. Udayshanker Singh, Professor & HOD of Community medicine from Pramukh swami medical college

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Karamsad. The participants were nursing students, Microbiology Students, Community application students & nursing teachers. Total 85 participants were participated from department of university. The registration was started at 10.00am on wards & sessions was started at 10.30 am & end at 012.45pm.

The theme of session and its importance was delivered by Mrs. Alpna Patel. Moreover, She also introduced & welcome address. The session was started with small introduction of Health.

What is Health?

As defined by World Health Organization (WHO), it is a "State of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity."

It is a dynamic condition resultingfromabody'sconstant adjustment and adaptation in response to stresses and changes in the environment for maintaining an inner equilibrium called homeostasis.

Health For All depends on continued progress in medical care and public health. The health services must be accessible to all through primary health care, in which basic medical help is available in every village, backed up by referral services to more specialized care. Immunizations must similarly achieve universal coverage.

Health For All is thus a holistic concept calling for efforts in agriculture, industry, education, housing, and communications, just as much as in medicine and public health. Medical care alone cannot bring health to in hovels. Health for such people requires a whole new way of life and fresh opportunities to provide themselves with a higher standard of living.

"The right to the highest attainable standard of health" implies a clear set of legal obligations on states to ensure appropriate conditions for the enjoyment of health for all people without discrimination.

The right to health is one of a set of internationally agreed human rights standards, and is inseparable or 'indivisible' from these other rights. This means achieving the right to health is both central to, and dependent upon, the realisation of other human rights, to food, housing, work, education, information, and participation.

Concept of Health

- An understanding of health is the basis of all the health care. • Health is not perceived the same way by all the members of a community including various professional groups (like biomedical scientists, social scientists, health administrators, ecologists) giving rise to confusion about the concept of health.

- Health has evolved over the centuries from the concept of individual concern to a worldwide social goal.

The various changing concepts of health as follows:

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1. Biomedical concept
2. Ecological concept
3. Psychosocial concept
4. Holistic concept

1. Biomedical concept

- Traditionally health has been considered as an absence of the diseases and if someone was free from disease, then that person was considered healthy.
- This concept is known as biomedical concept, and it is based on the "germ theory of the disease."
- Health means "absence of disease."
- The medical profession viewed the human body as a machine and disease is an outcome of the breakdown of the machine, and one of the doctor's tasks was to repair the machine.
- This concept has minimized the role of the environment, social and cultural determinants of the health.
- Developments in medical and social sciences led to the conclusion that the biomedical concept of health was inadequate

2. Ecological Concept

Deficiencies in the biomedical concept gave rise to other concepts.

- The ecologists put forward the concept of ecological concept.
- Ecologists viewed health as a dynamic equilibrium between man and his environment, and the disease as a maladjustment of the human organism to environment.

3. Psychosocial Concept

- Advances in social sciences showed that health is not only a biomedical phenomenon, but one which is influenced by social, psychological, cultural, economic and political factors of the people concerned.
- These factors must be taken into consideration in defining and measuring health. Thus health is both a biological and social phenomenon.

4. Holistic Concept

- The holistic model is a synthesis of all the above concepts.
- Holistic concept recognizes the strength of social, economic, political and environmental influences on health.
- It has been variously described as multidimensional process involving the wellbeing of the person as a whole.
- The emphasis is on the promotion and protection of health.
- The holistic approach implies that all sectors of the society have an effect on health, in particular, agriculture, animal husbandry, food, industry, education, housing, public works and other sectors.

Core principles of human rights

Its core strategy was primary health care, comprising essential elements ranging from safe water to basic health care services. "Health for All" was to occur by the year 2020. Its words signaled a transformative step for the World Health Organization. No longer would the

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premier international health agency treat health as a technical project, reliant mainly on experts. Instead, it linked health to community action, intersectoral cooperation, and the broader goal of social justice.

1. Accountability

States and other duty-bearers are answerable for the observance of human rights. However, there is also a growing movement recognising the importance of other non-state actors such as businesses in the respect and protection of human rights.

2. Equality and non-discrimination

The principle of non-discrimination seeks '...to guarantee that human rights are exercised without discrimination of any kind based on race, colour, sex, language, religion, political, or other opinion, national or social origin, property, birth or other status such as disability, age, marital and family status, sexual orientation and gender identity, health status, place of residence, economic and social situation'.

Any discrimination, for example in access to health care, as well as in means and entitlements for achieving this access, is prohibited on the basis of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, physical or mental disability, health status (including HIV/AIDS), sexual orientation ,and civil, political, social or other status, which has the intention or effect of impairing the equal enjoyment or exercise of the right to health.

The principle of non-discrimination and equality requires WHO to address discrimination in guidance, policies, and practices, such as relating to the distribution and provision of resources and health services. Non-discrimination and equality are key measures required to address the social determinants affecting the enjoyment of the right to health. Functioning national health information systems and availability of disaggregated data are essential to be able to identify the most vulnerable groups and diverse needs.

3. Participation

Participation requires ensuring that all concerned stakeholders including non-state actors have ownership and control over development processes in all phases of the programming cycle: assessment, analysis, planning, implementation, monitoring, and evaluation. Participation goes well beyond consultation or a technical addition to project design; it should include explicit strategies to empower citizens, especially the most marginalized, so that their expectations are recognised by the State.

Participation is important to accountability as it provides "...checks and balances which do not allow unitary leadership to exercise power in an arbitrary manner".

4. Universal, indivisible and interdependent

Human rights are universal and inalienable. They apply equally, to all people, everywhere, without distinction. Human Rights standards – to food, health, education, to be free from torture, inhuman or degrading treatment – are also interrelated. The improvement of one right facilitates advancement of the others. Likewise, the deprivation of one right adversely affects the others.

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Core elements of a right to health

1. **Progressive realization using maximum available resources**

No matter what level of resources they have at their disposal, progressive realisation requires that governments take immediate steps within their means towards the fulfilment of these rights. Regardless of resource capacity, the elimination of discrimination and improvements in the legal and juridical systems must be acted upon with immediate effect.

2. **Non-retrogression**

States should not allow the existing protection of economic, social, and cultural rights to deteriorate unless there are strong justifications for a retrogressive measure. For example, introducing school fees in secondary education which had formerly been free of charge would constitute a deliberate retrogressive measure. To justify it, a State would have to demonstrate that it adopted the measure only after carefully considering all the options, assessing the impact and fully using its maximum available resources.

Core components of the right to health

The right to health was defined in General Comment 14 of the Committee on Economic, Social and Cultural Rights – a committee of Independent Experts, responsible for overseeing adherence to the Covenant.
The right includes the following core components:

1. **Availability**

Refers to the need for a sufficient quantity of functioning public health and health care facilities, goods and services, as well as programmes for all. Availability can be measured through the analysis of disaggregated data to different and multiple stratifies including by age, sex, location and socio-economic status and qualitative surveys to understand coverage gaps and health workforce coverage

2. **Accessibility**

Requires that health facilities, goods, and services must be accessible to everyone. Accessibility has four overlapping dimensions:

- non-discrimination
- physical accessibility
- economical accessibility (affordability)
- information accessibility.

Assessing accessibility may require analysis of barriers – physical financial or otherwise – that exist, and how they may affect the most vulnerable, and call for the establishment or application of clear norms and standards in both law and policy to address these barriers, as well as robust monitoring systems of health-related information and whether this information is reaching all populations.

3. **Acceptability**

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Relates to respect for medical ethics, culturally appropriate, and sensitivity to gender. Acceptability requires that health facilities, goods, services and programmes are people-centred and cater for the specific needs of diverse population groups and in accordance with international standards of medical ethics for confidentiality and informed consent.

4. Quality

Facilities, goods, and services must be scientifically and medically approved. Quality is a key component of Universal Health Coverage, and includes the experience as well as the perception of health care. Quality health services should be:

- **Safe** – avoiding injuries to people for whom the care is intended;
- **Effective** – providing evidence-based healthcare services to those who need them;
- **People-centred** – providing care that responds to individual preferences, needs and values;
- **Timely** – reducing waiting times and sometimes harmful delays.
- **Equitable** – providing care that does not vary in quality on account of gender, ethnicity, geographic location, and socio-economic status;
- **Integrated** – providing care that makes available the full range of health services throughout the life course;
- **Efficient** – maximizing the benefit of available resources and avoiding waste

Health schemes and services available for people:-

The Government of India has brought out several Health schemes that are run for the health benefits of the common man. A few notable ones among them are:

1. Pradhan Mantri Bhartiya Jan Aushadhi Pari Yojana Kendra
2. Rashtriya Swasthiya Bima Yojana (RSBY)
3. Central Government Health Scheme (CGHS)
4. Employment State Insurance Scheme (ESIS)
5. Aam Aadmi Bima Yojana (AABY) and Janashree Bima Yojana (JBY)
6. **National Social Assistance scheme**
7. Pradhan Mantri Mudra Yojana
8. Rajiv Gandhi Jeevandayee Arogya Yojana
9. Sukanya Samriddhi Yojna (SSY)

Registration fee (if any): No registration fees.

No. of Participants: 85

FEEDBACK ANALYSIS REPORT:

A. Number of participants: 85

B. Table of feedback form with number of participants' response in each category.

Was the programme relevant to your needs and interests?

Very Much	To Some Extent	Not at all
55	15	02

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Rating of programme for Content

Workshop content and organization	Excellent	Very good	Good	Fair	Poor
How would you rate the content of the programme?	34	31	05	02	00
How did you find the Delivery Process?	37	23	12	00	00
How would you rate the overall programme?	26	39	07	00	00
How were the training facilities?	30	30	12	00	00

How would you rate the programme on the following parameters on the Content?

	Excellent	Very Good	Good	Fair	Poor
Coverage	37	24	10	01	00
Clarity	34	27	10	01	00
Utility	35	25	12	00	00

How would you rate the facilitator in terms of the following?

	Excellent	Very Good	Good	Fair	Poor
Communication	47	21	04	00	00
Enthusiasm	41	27	04	00	00
Subject Knowledge	44	24	04	00	00
Friendliness	46	20	06	00	00
Time Management	41	22	08	01	00

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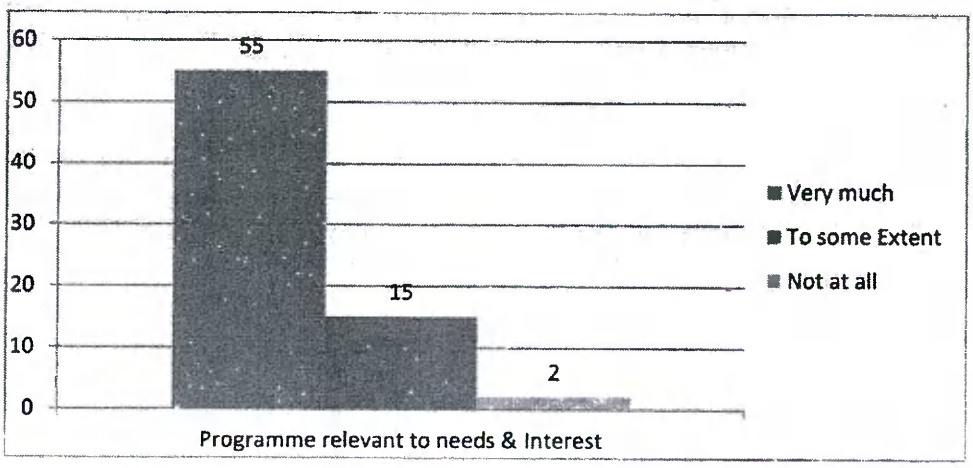
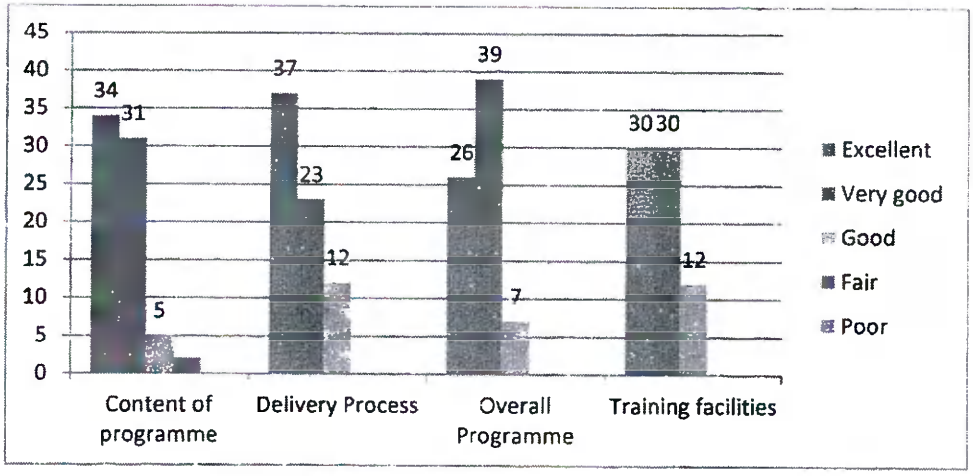
C. **Analysis report depicted through graph**

1. **<u>Programme relevant to needs & Interest</u>**





<u>Rating of programme for Content</u>

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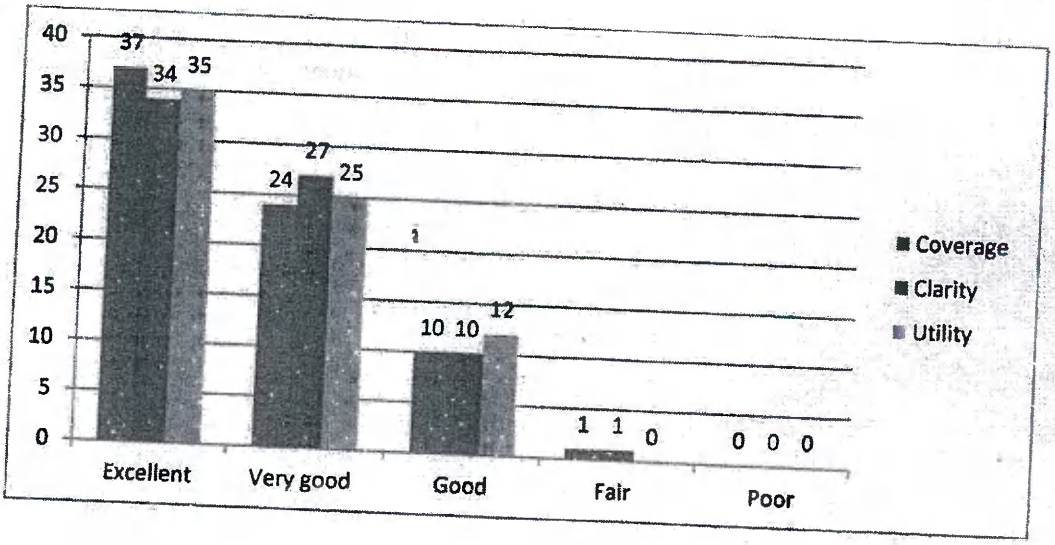
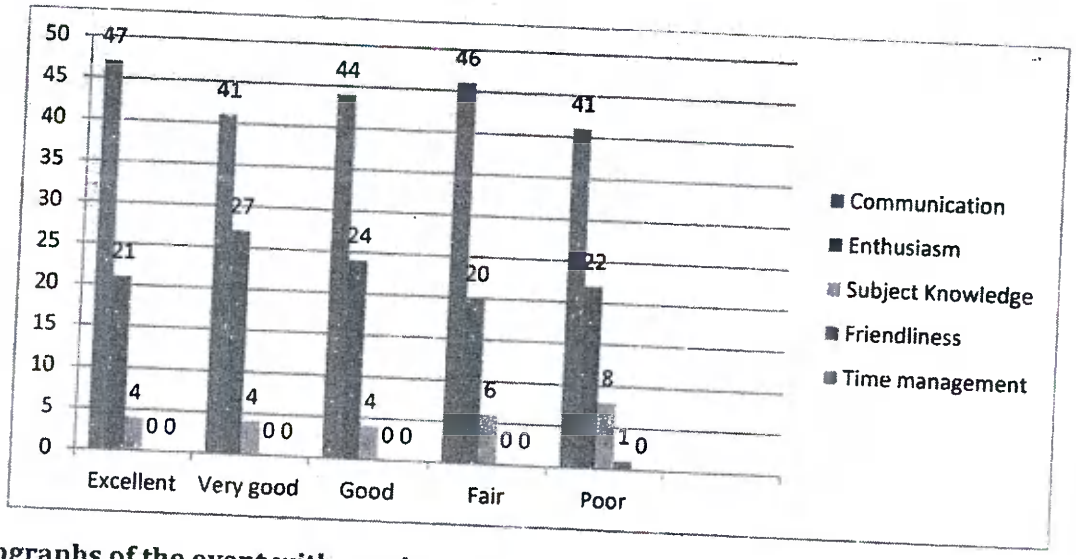


Rating of facilitator:-



Photographs of the event with captions:
Introduction & welcome address

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Dr. Udayshanker Shing sir delivering Lecture

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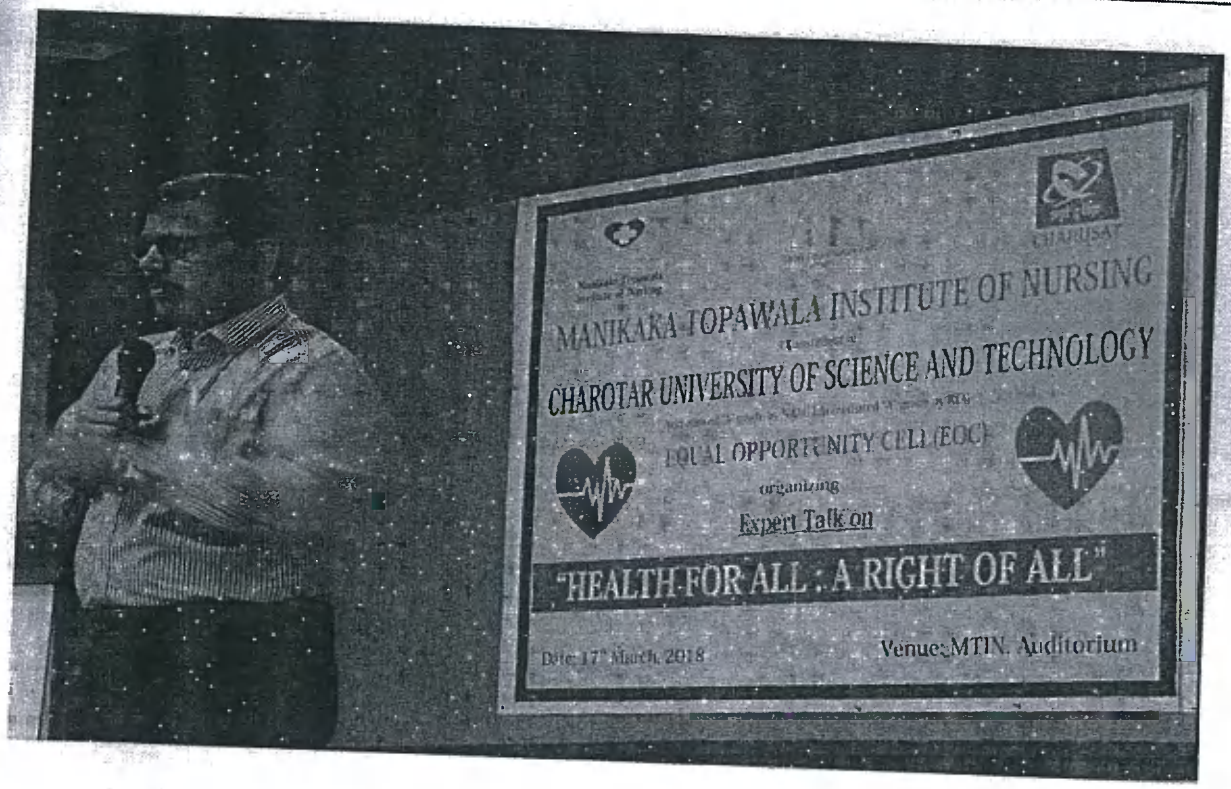

Dr. Udayshanker Shing sir delivering Lecture

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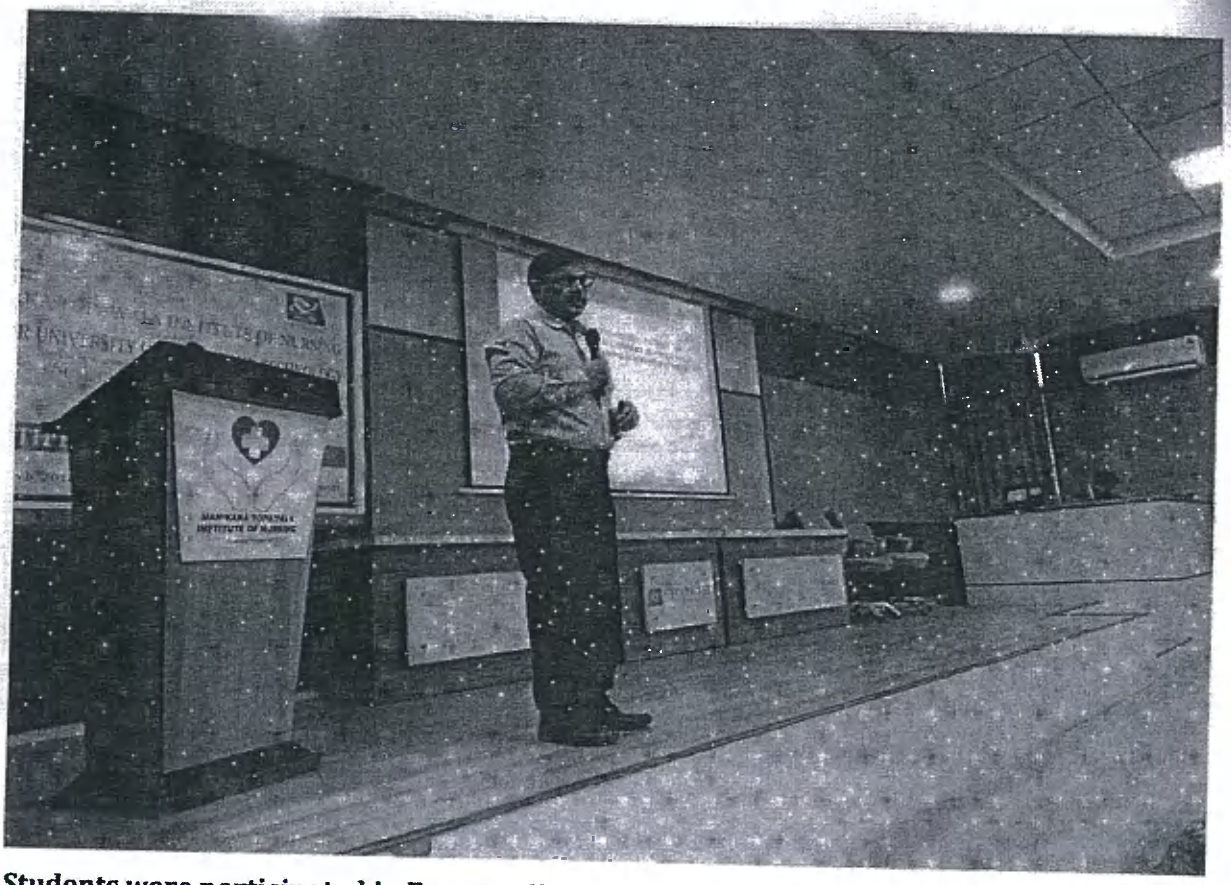

Students were participated in Expert talk

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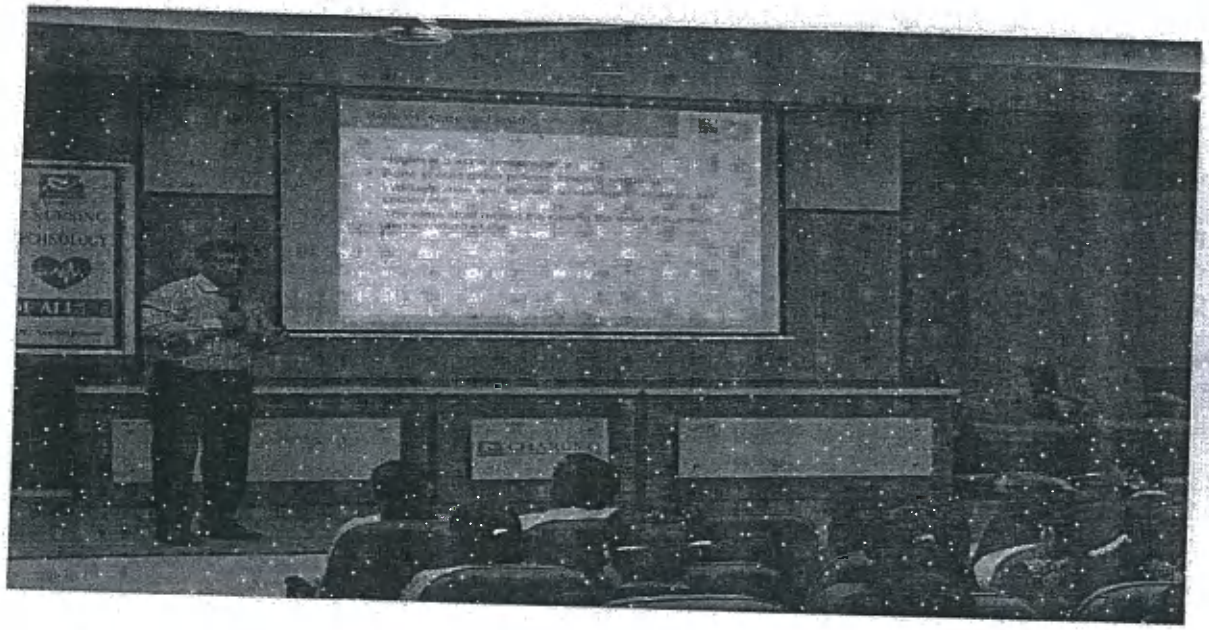

V. Conclusion :

Over all the session was very informative, interesting & inspiring so everyone can know about Health, Human Right for Health, Concepts, health scheme available in India by government & available primary services so people can leave their life without any health problem & make them healthy. We thank CHARUSAT Management, Chairperson of EOC, Hon. Nursing director Vimal mam and Respected our Principal Dr. Anil Sharma Sir for providing us an opportunity to organize & participate and enrich our knowledge regarding Health.

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ANNEXURE - IV

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY [CHARUSAT]

Faculty of Medical Sciences

MANIKAKA TOPAWALA INSTITUTE OF NURSING

Report on **"Talk Show on Awareness of Mental illness & Poster Exhibition On A voice to lead Health is Human Rights**

Date: 12/05/2018 **Day: Saturday** **Timings: 10.30 am to 12.30 pm**

I. Introduction

As part of curriculum students of 8th Semester / 4th year B. Sc. Nursing and 4th Semester / Second year M.Sc. Nursing organized a Talk Show on Awareness of Mental illness and poster exhibition on 'A voice to lead Health is a human rights'. The main goal of this program is to bring awareness on various aspects of mental health and illness among the surrounding people of Mental Hospital, Vadodara.

II. Objectives of the visit:

-To conduct poster exhibition on the theme Nurses: A Voice to lead-Health is a Human Right"

-To conduct Talk show on the theme mental illness

- To create awareness on mental illness and services

III. Beneficiaries: People near to mental hospital, Vadodara.

IV. In detail explanation of the event :

As part of curriculum students of 8th Semester / 4th year B. Sc. Nursing and 4th Semester / Second year M.Sc. Nursing organized a Talk Show on Awareness of Mental illness and poster exhibition on 'A voice to lead Health is a human rights' on 12th may 2018 at near to Mental hospital, Vadodara.

The exhibition and talk show was inaugurated by Mrs. Malathi Sister, I/C Matron, Hospital for mental health, Vadodara. The people surrounding of Mental hospital, Vadodara took an active part in the exhibition and talks.

The Students prepared and displayed various charts on 'A voice to lead Health is human rights' and explained about the various aspects of 'A voice to lead Health is human rights', which included the following components:

Talk Show on Mental health and illness:

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Students of 4th Semester M. Sc. Nursing and 8th Semester B. Sc. Nursing prepared and presented a talk show on various aspects of mental health and illness. Students had discussed the topic by asking questions and answering to the questions. The talk show included the following components of mental health and illness.

TALK SHOW PLAN IN DETAIL -

What is mental illness?

Mental illnesses are health conditions involving changes in thinking, emotion or behavior (or a combination of these). Mental illnesses are associated with distress and/or problems functioning in social, work or family activities.

Is mental illness and other illnesses are same?

Yes mental illness is just like other illnesses; and mental illness is also cured if it is treated at appropriate time with appropriate medicines and therapy.

Does mental illness is common among all?

Yes mental illness is common from the small child to the old age people but young people are more prone to get it.

What are the types of mental illness?

There are many different conditions that are recognized as mental illnesses. The more common types include: Anxiety disorders, Psychotic disorders, Mood disorders, Substance abuse disorder, Addiction disorders, Eating disorders, sleep disorders, Post traumatic stress disorders, and Obsessive compulsive disorders

What are the reasons behind occurrence of mental illness?

Addiction , pessimist thinking , over-thinking , suicidal tendency , stress overload , lack of self esteem , traumatic event , any accidents which interrupt brain activity , biological factors, genetic factors , environmental factors etc.

Is it necessary that all mentally ill should be admitted in the hospitals?

No its not in all the cases if one is in acute conditions can be treated on the OPD bases with regular follow up, but if the condition is worsen the patients need to be admitted in hospital

What is the statistical rate of mental illness in India?

According to the latest World Health Organization almost 7.5% of Indians suffer from major or minor mental disorders that require expert intervention. In October 2016, the National Institute of Mental Health and Neurosciences (NIMHANS) in Bangalore released a mental health survey that said that the incidence of depression is roughly one in every 20 Indians or 5% of the population.

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ay by day the occurrence of mental illness is getting increasing what are the reasons behind it?

Extreme stressful life , advancement in technology, addiction of alcohol , drugs, pessimist thinking , suicidal thoughts , exam stress among students , comparison of one's life with others etc.

Does all mentally ill are aggressive or violent?

No, it all depends on disease condition some of conditions are having symptoms like aggression and violent behavior. But it's not at all in control of patients and if it is handle with calmly and carefully it can b cured too.

Myths related talk

Mental health problems don't affect me.

Fact: Mental health problems are actually very common. In 2014, about:

- One in five American adults experienced a mental health issue
- One in 10 young people experienced a period of major depression
- One in 25 Americans lived with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression

Children don't experience mental health problems.

Fact: Even very young children may show early warning signs of mental health concerns. These mental health problems are often clinically diagnosable, and can be a product of the interaction of biological, psychological, and social factors.

Half of all mental health disorders show first signs before a person turns 14 years old, and three quarters of mental health disorders begin before age 24.

Unfortunately, less than 20% of children and adolescents with diagnosable mental health problems receive the treatment they need. Early mental health support can help a child before problems interfere with other developmental needs.

People with mental health problems are violent and unpredictable.

act: The vast majority of people with mental health problems are no more likely to be violent than nyone else. Most people with mental illness are not violent and only 3%–5% of violent acts can be ttributed to individuals living with a serious mental illness. In fact, people with severe mental illnesses e over 10 times more likely to be victims of violent crime than the general population. You probably now someone with a mental health problem and don't even realize it, because many people with mental alth problems are highly active and productive members of our communities.

u can't do anything for a person with a mental health problem.

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Feedback Analysis:

N=28

Sr. No.	Questions	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1	Is this health education helpful to the society?	24	4	-	-	-
2	Are the posters of health education understandable?	26	02	-	-	-
3	The information given by the students is easy to understand	24	02	1	1	-
4	Is this information of particular topic is given to you prior?	25	02	1	-	-
5	Do you think the information given by the students is necessary to you?	24	04	-	-	-
6	Does students have aware you of this topics during their posting time?	26	02	-	-	-
7	Does the behavior and interaction of student with you is good?	24	04	-	-	-
8	During duty time are the students giving you health education?	23	03	1	1	-
9	Is the health education given to you peoples by the students during this exhibition is helpful to you?	22	06	-	-	-
10	Is this all things done by the students like health education are important?	23	04	1	-	-
11	Is it important to organize this kind of events/programmers regularly?	23	03	-	1	1
12	Education and training given to the students by the Nursing college to help the society is adequate?	22	04	1	1	-

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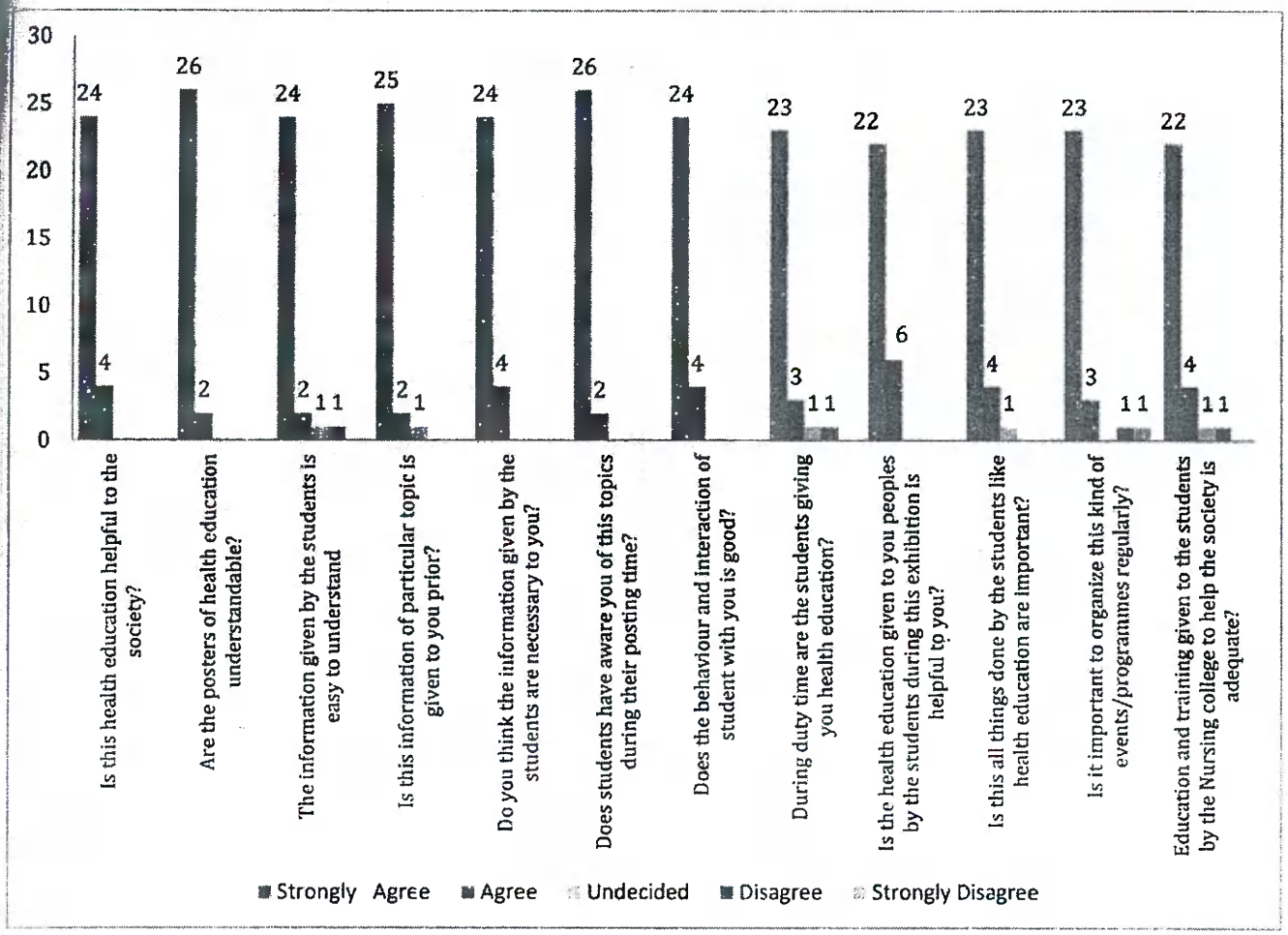

V. Conclusion :

Poster exhibition created awareness on various aspects of 'A voice to lead Health is a human rights'. People gained knowledge on 'A voice to lead Health is a human rights' and understood about the importance of it. Talk show on Awareness on mental health and illness brought awareness on various aspects of mental health and illness. People were accepted about importance of mental health and cleared their doubts on the same. The program was well appreciated by the people and staff members of hospital.

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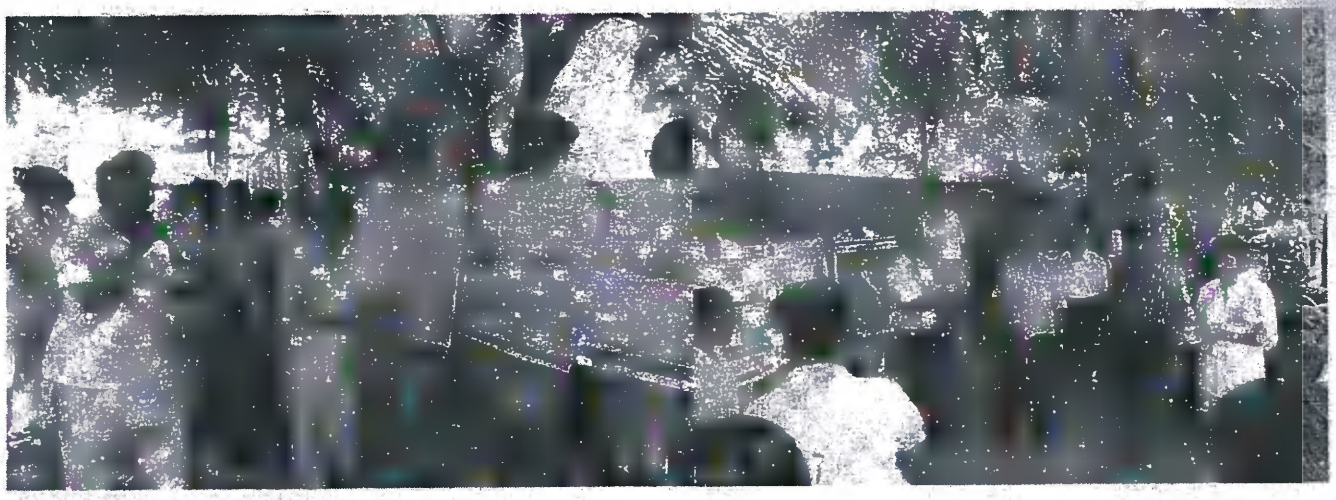
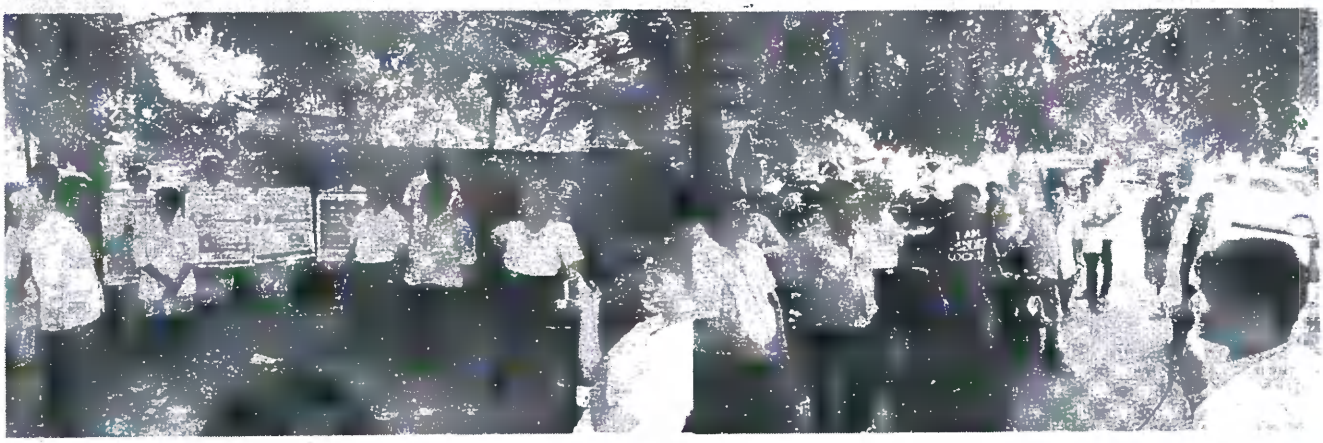
PHOTO GALLERY





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CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY[CHARUSAT]

Faculty of Medical Sciences

MANIKAKA TOPAWALA INSTITUTE OF NURSING

Report of Action Taken

On Employer Feedback on

Curriculum

Date of event : 11/10/2017

Date of Submission : 11/10/2017

Submitted By

Name :Mr. Jamin Chauhan

Designation :Assistant Professor

Department : Career Development and Placement Coordinator

Email : jaminchauhan.nur@charusat.ac.in

Endorsed by

11/10/17

Principal

Seal and Signature

PRINCIPAL
MANIKAKA TOPAWALA INSTITUTE OF NURSING
CHARUSAT CAMPUS - CHANGA
AT. CHANGA - 388 421
TA. PETLAD, DIST. ANAND (GUJARAT)

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2017-18

Manikaka Topawala Institute of Nursing

Faculty of Medical Sciences

Charotar University of Science and Technology (CHARUSAT)

Accredited Grade "A" by NAAC

Employer Feedback on Curriculum

Manikaka Topawala Institute of Nursing, a constituent of Charotar University of Science and Technology undertook a survey to assess their curriculum based on the performance of their alumni in various organizations they worked in. The feedback was collected from the Head of Institutions of Parul Institute of Nursing, Vadodara, The feedback was a questionnaire inclusive of 14 questions based on the curriculum's content, the recruit's knowledge and performance, the curriculum's adequacy to bridge the gap between academic and health care and the curriculum's ability to enhance creativity and critical thinking among students. The employers believed the curriculum adequately sensitized the students about teamwork. The feedback also provides an insight that the curriculum was good enough to enhance creativity and critical thinking among the students. The curriculum satisfactorily helped the students in maintaining interpersonal relations with colleagues and seniors. It also helped the students mould themselves according to the needs of the organization. By and large the design and review of the curriculum followed at Manikaka Topawala Institute of Nursing was very good and the employers of MTIN students were satisfied with their performance.

Suggestions/Feedback	Action suggested
The feedback suggested that focus should be given on research-based teaching and learning.	Apart from in detail course on Nursing Research and Statistics in 7th semester B.Sc. Nursing the students were also required to take up a thesis in 8th semester B.Sc. Nursing. (Annexure 1 and 2)
The feedback suggested a comprehensive training to be given to the students especially regarding their clinical skills.	The formats of Case study and Case presentation were revised in the year 2017 across all programs in nursing. (Annexure 3)

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Annex 1

Fourth Year B.Sc. Nursing, Semester -7
NR 402 Nursing Research and Statistics

Credit (theory)- 6 Contact Hours/week (theory) -.6

Course Description: The course is designed to enable students to develop an understanding of basic concepts of research, research process and statistics. It is further, structured to conduct/ participate in need based research studies in various settings and utilize the research findings to provide quality nursing care. The hours for practical will be utilized for conducting individual/ group research project.

Outline of the course:

Sr. no.	Title of the unit	Prescribed Hours	Weightage in question paper (%)
1.	Research and research process	8	10
2.	Research problem/ Question	8	10
3.	Review of literature	8	10
4.	Research approaches and designs	8	10
5.	Sampling and data collection	12	15
6.	Analysis of data	8	10
7.	Introduction to statistics	20	25
8.	Communication and utilization of Research	8	10

Total hours (theory) : 80 hour
Total hours (practical) : 45 hour
Total : 90 hour

Detailed Syllabus:

Unit-1: Research and Research Process:

- Introduction and need for nursing research
- Definition of research and nursing research
- Steps of scientific method
- Characteristics of good research
- Steps of research process-overview

Unit-2: Research Problems/ Question:

- Identification of problem area
- Problem statement
- Criteria of a good research problem
- Writing objectives

Unit-3: Review of Literature:

- Location
- Sources
- On line search: CINHAL, COCHRANE etc
- Purposes
- Method of review

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Unit-4: Research Approaches and Designs:

- Qualitative, quantitative and Mixed method approach
- Historical, survey and experimental

Unit-5: Sampling and Data Collection:

- Definition of Population, Sample, Sampling criteria, factors influencing sampling process, types of sampling techniques.
- Data- why, what, from whom, when and where to collect.
- Data collection method and instruments :
  - Methods of data collection
  - Questioning, interviewing
  - Observation, record analysis and measurement
  - Types of instruments
  - Validity & reliability of instrument
  - Pilot study
  - Data collection procedure

Unit-6: Analysis of Data:

- Compilation, tabulation, classification, summarization, presentation, interpretation of data

Unit-7: Introduction to Statistics:

- Definition, use of statistics, scales of measurement.
- Frequency distribution.and graphical presentation of data
- Mean, Median, Mode, Standard deviation
- Normal probability and tests of significance
- Co-efficient of correlation
- Statistical packages and its application

Unit-8: Communication and Utilization of Research:

- Communication of research findings
  - Verbal report
  - Writing research report
  - Writing scientific article/ paper
    - Critical review of published research
    - Utilization of research findings

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2013-17 batch

SN	Title	Specialty	Guided by	Student (s)
1.	A Study to assess knowledge and attitude regarding health awareness among primary school teachers in selected areas of Anand District	Child health nursing	Ms. Rameshwari Zala	1)Vaghela Chaitali 2) Priyanka Patel 3) Neeta Chaudhari 4) Krupa Patel 5) Seema Raval 6) Shruti Ka. Patel
2.	A Study to assess knowledge and attitude regarding health awareness among farmers in selected areas of Anand District.	Child health nursing	Ms. Rameshwari Zala	1) Patel Megha D 2) Patel Khushbu 3) Christi Arpit 4) Patel Shikha 5) Patel Hetal
3.	A descriptive study to assess the knowledge and attitude regarding health awerness among primary school childrens of selected government primary schools at Changa ,Anand District	Community Health Nursing	Mr.Gururaj Guggari	1) Patel Zalak Y 2) Macwan Kinjalben 3) Patel Bhavya B 4) Patel Dhrupaliben V 5) Patel Krima N
4.	A descriptive study to assess the knowledge and attitude regarding health awareness among eligible couples at selected rural area of Anand District	Community Health Nursing	Mr.Gururaj Guggari	1) Patel Kesha D 2) Pandya Kajol T 3 Patel Bansariben S 4) Patel Dharini G 5) Baria Jayshree U 6) Goswami Kajalben R
5.	A study to assess the knowledge and attitude regarding health awareness among menopausal women of selected areas of Anand district.	OBG Nursing	Ms Prachi A Soni	1) Malek Atufa 2) Patel nikita 3) Patel kajal. S 4) Patel bhavisha 5) Tandel padma 6) Prajapati palak

Annex 2

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6.	A study to assess the knowledge and attitude regarding health awareness among class four workers of selected hospitals of Anand district.	Medical surgical nursing	Ms Prachi A Soni	1) Ka Patel Ekta 2) Patel Priyancy 3) Patel Siddharth 4) Patel Priyanka 5) Dave Rachna
7.	A study to assess the knowledge and attitude of store workers regarding health awareness at selected areas of Anand district.	Child health nursing	Mr Arpan Pandya	1) Drumini Patel 2) Krupa J. Patel 3) Vihita Patel 4) Swati Patel 5) Anjali Varma 6) Hitisha Patel
8.	A study to assess the knowledge and attitude of vegetable vendors regarding health awareness at selected areas of Anand district.	Child health nursing	Mr Arpan Pandya	1) Kinjal Patel 2) Hitesh Kishor 3) Megha Patel 4) Riya Patel 5) Trupti Bariya 6) Shrushti Mackwan
9.	A study to assess the knowledge and attitude of engineers regarding health awareness at selected area of anand district.	Medical surgical nursing	Miss.Hetal Shah	1) patel Kesha R. 2) patel Bansari U. 3) patel Vrunda D. 4) patel prachi B. 5)Chaudhari priyanka U. 6) Macwan Amisha R.
10.	A study to assess the knowledge and attitude of bankers regarding health awareness at selected area of anand district.	Medical surgical nursing	Miss.Hetal Shah	1) Darji Jyot B. 2) Parmar Ami N. 3) patel Inalisha D. 4) patel Jahynvi S. 5) Patel Jimita M. 6)Patel Riddhi D.

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Annex 3

MENTAL HEALTH NURSING

Clinical Presentation Format	Case Study Format
1. History collection 2. Mental status examination 3. Physical examination 4. Neurological examination 5. Investigations 6. Description of disease condition 6.1. Definition 6.2. Etiological factors 6.3. Psycho pathology 6.4. Clinical manifestation • In general/in book • In patient 6.5. Prognosis 6.6. Management ➢ Pharmaco therapy and somatic therapy ➢ Psychosocial approaches 6.7. Nursing management a. General approaches b. Nursing approaches/Care plan 6.8. Rehabilitation 6.9. Bibliography a. Book reference b. Research article 7. A.V Aids	1. History collection 2. Mental status examination 3. Physical examination 4. Neurological examination 5. Investigations 6. Description of disease condition 6.1. Definition 6.2. Etiological factors 6.3. Psycho pathology 6.4. Clinical manifestation • In general/in book • In patient 6.5. Prognosis 6.6. Management ➢ Pharmaco therapy and somatic therapy ➢ Psychosocial approaches 6.7. Nursing management a. Nursing approaches/Care plan b. Theory application 6.8. Rehabilitation 7. Bibliography a. Book reference b. Research article

Note: Nursing diagnosis should be completely psychiatric related.

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CHN
Community

CASE STUDY/ PRESENTATION FORMAT

I. Identification Data

Patient name :
Age :
Sex :
Date of admission :
I.P.No. :
Ward :
Diagnosis :
Marital status :
Income :
Occupation :
Name & day of Surgery :
Date of care started :
Address :

II. Chief complains: patient is complaining about headache and nausea

III. History of present illness: patient came with the complain of

IV. Past medical history: hypertension

V. Past surgical history: appendectomy

VI. Personal history (habits): tobacco, smoking

VII. Socioeconomic history:

VIII. Family History:

- ***Family characteristics***

Sl.No.	Name of family member	Age	Sex	Relation with HOF	Education	Occupation	Health status

- **Family tree:** two generation

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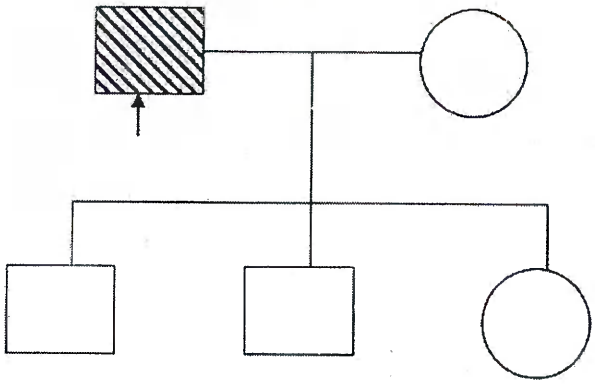
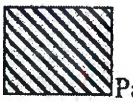


INDEX

Male

Female



Patient

IX. **Vital signs**

X.

Vital signs	On admission Date_____	Day-1st Date___	Day-2nd Date____	Day-3rd Date____	Day-4th Date___	Day-5th Date___
Temperature						
Pulse						
Respiration						
Blood pressure						

XI. **Physical examination**

- Date/ Time
- Height/ weight
- Orientation
- General appearance
- BMI

- Head to toe examination.
- Systemic examination.

XII. **Investigations**

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Test name	Patient value	Normal value	Remarks
On admission, Date_____			
Hematology **Biochemistry** **Microbiology** **Serology** **Urine examination** ***Macroscopic*** ***Microscopic*** **L.F.T.** **Thyroid test** **Chest X-ray** **Others, if any mention_____**	Hb- 11gm/dl	12-14gm/dl	Decreased
Day 1st ,Date_____			
Day 2nd ,Date_____			
Day 3rd ,Date_____			
Day 4th t ,Date_____			
Day 5th ,Date_____			

XIII. Medications

Drugs	Dose	Route	Frequency	Actions	Indications	Nurses responsibility
On admission , date_____						

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Day 2nd , date_____						
Day 3rd,date_____						
Day 4th , date_____						
Day 5th , date_____						

XIV. Anatomy and Physiology

XV. Disease condition

Definition

Etiology and risk factors

Book picture	Patient picture
Smoking, tobacco	smoking

Pathophysiology

Book picture	Patient picture

Clinical features

Book picture	Patient picture
Nausea, vomiting, anorexia, fever	Vomiting and fever

Diagnosis

Book picture	Patient picture
CT scane, MRI, Biopsy, ECG	MRI, Biopsy

Management

Book picture	Patient picture
Nursing, medical and surgical	Write detailed treatment given to

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management	your patient according to this three categories

XVI. Nursing management

Needs and problems (Day 1st, Date_____)

Problems	Needs
Abdominal pain	Pain killers
fever	tepid sponging
unable to walk without support	Provide assistance

List of nursing diagnosis

1. Refer NANDA nursing diagnosis
2.
3.
4.
5.

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NURSING CARE PLAN (Day 1st care plan, Date_____)

Nursing Assessment	Nursing diagnosis	Goals/ EOC	planning	Implementations	Rationale	Evaluation

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MANIKAKA TOPAWALA INSTITUTE OF NURSING,

CHARUSAT, Changa.

MIDWIFERY AND OBSTETRICAL NURSING

CASE STUDY FORMAT

I. BASELINE DATA:

A. Name:
B. Age:
C. IP no:
D. Address:
E. Religion:
F. Education:
G. Occupation:
H. Date & time of admission:
I. Obstetrical score:
J. Period of gestation:
K. LMP:
L. EDD:

II. PRESENT OBSTETRICAL HISTORY:

III. PAST OBSTETRICAL HISTORY:

Sr. no.	Year	Period of gestation	Mode of delivery	Condition of baby at birth		Condition of mother	Remarks
				Sex	Health status		

IV. PAST MEDICAL/SURGICAL HISTORY:

V. MENSTRUAL HISTORY:

A. Age of menarche:
B. Cycle:
C. Flow:
D. Duration:
E. Any accompanying ailments:

VI. FAMILY HISTORY(3 generation family genogram/tree with any important specification):

VII. SOCIO-ECONOMIC HISTORY:

VIII. MARITAL HISTORY:

A. Age at marriage:
B. Duration of married life:
C. Use of any contraceptive techniques:

IX. PERSONAL HISTORY:

A. Built:
B. Nutrition:
C. Rest & sleep:

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D. Elimination pattern:
E. Bad habits:

X. ANTENATAL EXAMINATION:

A. *Physical examination:*

- ***General examination:***
  - Nourishment:
  - Body built:
  - Posture:
  - Appearance:
  - Activities:
  - Height:
  - Weight:
- ***Mental status:***
  - Level of consciousness:
- ***Vital signs:***
  - Temperature:
  - Pulse:
  - Respiration:
  - Blood Pressure:
- ***Skin condition:***
  - Colour:
  - Moisture:
  - Texture:
  - Edema:
  - Any skin changes:
  - Any abrasions/cuts:
- ***Hair & scalp:***
  - Colour:
  - Distribution:
  - Any dandruff:
  - Pediculosis/knits:
  - Any abnormalities:
- ***Face:*** abrasions/scars/edema/etc.
- ***Eyes:***
  - Eye lids:
  - Eye lashes:
  - Pupils:
  - Sclera:
  - Conjunctiva:
  - Any discharges/edema/infection:
  - Vision:
- ***Ears:***
  - External ear:

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D. Elimination pattern:
E. Bad habits:

X. ANTENATAL EXAMINATION:

A. *Physical examination:*

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  - Appearance:
  - Activities:
  - Height:
  - Weight:
- ***Mental status:***
  - Level of consciousness:
- ***Vital signs:***
  - Temperature:
  - Pulse:
  - Respiration:
  - Blood Pressure:
- ***Skin condition:***
  - Colour:
  - Moisture:
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  - Eye lashes:
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  - Sclera:
  - Conjunctiva:
  - Any discharges/edema/infection:
  - Vision:
- ***Ears:***
  - External ear:

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- Linea nigra:
- Stria gravidarum:
- Umbilicus:

- Palpation:
  - Fundal palpation:
  - Lateral pa;pation:
    - Right lateral palpation:
    - Left lateral palpation:
  - Pelvic palpation:
    - Pelvic grip I:
    - Pelvic grip II:
- Auscultation:
  - Fetal heart sound:
  - Fetal heart rate:
- Inferences:
  - Lie:
  - Position:
  - Attitude:
  - Presentation:

- ***Extremities:***
  - Pulse:
  - Edema:
  - Range of motion:
  - Capillary refilling:
  - Any deformity:
- ***Back:***
  - Posture:
  - Bed sore:
  - Any deformity:

XI. DISEASE CONDITION: (BOOK PICTURE AND PATIENT PICTURE)

XII. INVESTIGATIONS:

XIII. TREATMENT & MEDICATION:

XIV. LIST OF NURSING DIAGNOSIS ACCORDING TO PRIORITY:

XV. NURSING CARE PLAN:

XVI. HEALTH EDUCATION:

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- Hearing:
- Any discharges/infection:
- Cerumen:

♣ ***Mouth:***

- Lips:
- Buccal mucosa:
- Tongue:
- Teeth: dental carries:
- Gums:
- Any abnormalities:

♣ ***Nose:***

- Shape:
- Deviated nasal septum:
- Nasal polyp:
- Discharges:
- Epistaxis:

♣ ***Neck:***

- Shape:
- Lymph nodes:
- Thyroid gland:
- Range of motion:

♣ ***Chest:***

- Heart sounds:
- Air entry:
- Respiration:
- Any abnormalities:

♣ ***Breast:***

- <u>Inspection:</u>
  Size:
  Primary areola:
  Secondary areola:
  Nipples:
  Montogomerry's tubercle:
  Dilated veins:
- <u>Palpation:</u>
  - Any masses:
  - Breast engorgement:
  - Colostrum:

♣ ***Abdomen:***

Abdominal girth:
Fundal height:

- <u>Inspection:</u>
  - Size:
  - Shape:

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CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY [CHARUSAT]

Manikaka Topawala Institute of Nursing

Year: 6th Semester B.Sc Nursing/ 3rd year GNM

CHILD HEALTH NURSING

PROFORMA FOR CASE STUDY

I] Identification data of the baby

Name:
Age:
Sex:
Religion:
Marital status
Occupation
Source of health care,
Date of admission,
Provisional Diagnosis:
Final diagnosis:
Date of surgery if any.

II] Chief complaints

Describe the complaints with which the child has been admitted to the ward.

III] History of Illness

i) History of present illness – onset, symptoms, duration, precipitating/aggregating factors
ii) History of past illness – Illnesses, hospitalizations, surgeries, allergies.
iii) Family history – Family tree, family history of illness, risk factors, congenital problems, psychological problems.

IV] Socio-economic status of the family:

Monthly income, expenditure on health, food, education

V] Child's Personal data:

1. Obstetrical history of mother
2. Prenatal & natal history
3. Growth & Development (compare with normal)
4. Immunization status (table format)
5. Dietary pattern including weaning
6. Nutritional status
7. Play habits
8. Toilet training habits
9. Sleep pattern
10. Schooling

VI] Case comparison should include

1. **Physical Examination of Patient**
   Clinical features present in the book present in the patient
2. **Investigations:**-Date Investigation done Result Normal value Inference
3. **Management - Medical / Surgical**
   Medical Management should include Following items

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CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY[CHARUSAT]

Faculty of Medical Sciences

MANIKAKA TOPAWALA INSTITUTE OF NURSING

Report of Students' Feedback on Curriculum-Action planned and Action taken

Date of event : **29/09/2017**

Date of Submission : **04/10/2017**

Submitted By

Name :Ms. Rameshwari Zala

Designation : Assistant Professor

Department : Nursing

Email : rameshwarisolanki.nur@charusat.ac.in

Endorsed by

Principal 04/10/17

PRINCIPAL

Seal and Signature

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Manikaka Topawala Institute of Nursing
Faculty of Medical Sciences
Charotar University of Science and Technology (CHARUSAT)
Accredited grade "A" by NAAC
Report on Action taken for Students' Feedback on Curriculum Year 2017-18

Manikaka Topawala Institute of Nursing, a constituent of Charotar University of Science and Technology undertook a survey to determine whether or not the curriculum is producing the intended results and meeting the objectives that it has set forth for the nursing program.

The feedback was collected from total 62 students of Manikaka Topawala Institute of Nursing. Total 20 questionnaire based on the curriculum content, its balance between theory and practical, its delivery, communication skills, skills oriented training, problem based learning, dealing with real time health care problems in current context, bring awareness related to Psychological, Social, legal and cultural issues while Providing Nursing Care, academic growth, career oriented, inculcating research and innovations in nursing profession, evaluation methods, meeting need of statutory bodies, and space for extra curricular activities were rated by students. The students believed that the curriculum adequately sensitized them about teamwork. The feedback also provides an insight that the curriculum was good enough to enhance creativity and critical thinking and also satisfactorily helped them in maintaining interpersonal relations with colleagues and seniors. also helped the students mould themselves according to the needs of the organization and also meets the need of statutory body requirements. By and large the design and review of the curriculum followed at Manikaka Topawala Institute of Nursing was very good and the students of MTIN were satisfied with existing syllabus. The curriculum was very good in all aspects.

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Action Taken Report; -

The B.sc Nursing students appreciated the existing pattern of curriculum. Some of the feedback points received, which are individually understood, and action taken in below mentioned format.

S.No.	Feedback received	Action Taken
1	Students suggested that some activities should plan for student's personality development.	As per students' suggestions for personality development, a course of soft skill training is offered to students during their 8th semester B.Sc. Nursing. Annexure-I
2	In depth step wise procedure training during lab hours should be increased.	For in depth step wise training of procedure OSCE (Objective Structured clinical Examination) method was used while demonstration and evaluation each procedure. Annexure-II

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Date : 08/07/2021

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY
MANIKAKA TOPAWALA INSTITUTE OF NURSING
BACHELOR OF SCIENCE IN NURSING
Syllabus Details
Effective Year 2017-18

Program : BSC. Nursing
Semester : 8
Total Subjects : 8
Total Regular Subjects : 7
Total Elective Subjects : 1

Group Name : Regular

Course Code	Course Title	Teaching Scheme					Examination Scheme						
		CREDIT				TOTAL HOURS	TH		PR		PRJ		TOTAL
		TH	PR	PRJ	TOTAL		Internal	External	Internal	External	Internal	Externa	
NR404.01	MIDWIFERY AND OBSTETRICAL NURSING-I		4.50		4.50	9.00	-	-	25/50	25/50	-	-	100
NR405	COMMUNITY HEALTH NURSING-III		4.00		4.00	8.00	-	-	25/50	25/50	-	-	100
NR406.01	MEDICAL SURGICAL NURSING(ADULT AND GERIATRIC)		8.50		8.50	17.00	-	-	25/50	25/50	-	-	100
NR407	CHILD HEALTH		3.00		3.00	6.00	-	-	25/50	25/50	-	-	100
NR408	MENTAL HEALTH		2.00		2.00	4.00	-	-	25/50	25/50	-	-	100
NR409	RESEARCH PROJECT		1.00		1.00	2.00	-	-	25/50	25/50	-	-	100
CS410	SOFT SKILLS TRAINING		1.00		1.00	2.00	-	-	25/50	25/50	-	-	100
					24.00	48.00							700

Group Name : Elective-I

Course Code	Course Title	Teaching Scheme					Examination Scheme						
		CREDIT				TOTAL HOURS	TH		PR		PRJ		TOTAL
		TH	PR	PRJ	TOTAL		Internal	External	Internal	External	Internal	Externa	
HS125.01 G	SOCIETY, GOVERNANCE AND INTERNATIONAL STUDIES	2.00			2.00	2.00	15/30	35/70	-	-	-	-	100
HS130 G	LAW AND JUSTICE	2.00			2.00	2.00	0/30	28/70	-	-	-	-	100
HS134 G	CONTRIBUTOR PERSONALITY DEVELOPMENT		2.00		2.00	2.00	-	-	15/30	35/70	-	-	100

Total Credit for Regular Subjects	:	24.00
Total Credit for Elective Subjects	:	2.00
Total Credit	:	26.00

Examination Grade Range & Value

Grade	Grade Points	From Marks	To Marks
AA	10.00	80	100
AB	9.00	75	79
BB	8.00	70	74
BC	7.00	65	69
CC	6.00	60	64
CD	5.00	55	59
DD	4.00	50	54
FF	0.00	0	49

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PROCEDURE CHECKLIST
Caring for a Patient on a Mechanical Ventilator

Check (✓) Yes or No

PROCEDURE STEPS	Yes	No	COMMENTS
1. Lists the steps in preparing for intubation: a. Notifies physician and respiratory therapist. b. Assembles the necessary equipment.			
2. Identifies the indications for mechanical ventilation			
3. Prepares a resuscitation bag: Attaches a flow meter to one of the oxygen sources; attaches an adapter to the flow meter; and connects the oxygen tubing to the adapter.			
4. Verifies ventilator settings with the physician's order.			
5. Checks the ventilator alarm limits. Makes sure they are set appropriately.			
6. Attaches the ventilator tubing to the endotracheal or tracheostomy tube.			
7. Places the ventilator tubing in the securing device.			
8. Prepares the suction equipment (Performing Tracheostomy or Endotracheal Suctioning).			
9. Checks the ventilator tubing frequently for condensation.			
10. Drains the fluid into a collection device or briefly disconnects the patient from the ventilator and empties the tubing into a waste receptacle, according to agency policy.			
11. Never drains the fluid into the humidifier.			
12. Checks ventilator settings regularly.			
13. Provides the patient with an alternate form of communication, such as a letter board or white board.			

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14. Repositions regularly, being careful not to pull on the ventilator tubing.			
15. Provides frequent oral care, moistens the lips with a cool, damp cloth and water-based lubricant.			
16. Ensures that the call light is always within reach and answers call light and ventilator alarms promptly.			
17. Emergency equipment available in patient room: ambu bag, mask, appropriate size suction catheter and no outdated equipment.			

TOTAL 17 MARKS (IF IT IS "YES" =1 MARK, IF IT IS "NO" =0 MARK)

Below expectations:1-7
Meets expectations:8-12
Above expectations:13 AND ABOVE

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Skill Station: Essential Newborn Care for a normal crying baby
Situation: A full term newborn baby is just born. The baby is crying and looks pink. Demonstrate the immediate essential care you will provide for the baby.
Observation: Observe if the participant is performing the following steps of essential newborn care in their correct sequence (as necessary) and technique.

Score "1" for each point conducted correctly or mark "0" if the task is not done or incorrectly done and calculate the score.

Sr.No	STEP / TASK	Score 1 / 0	Remarks
1.	Calls out the time of birth and ensures that it is recorded		
2.	Delivers the baby onto a warm, clean towel and keeps on the mothers abdomen		
3.	Immediately dries the baby with same warm clean towel		
4.	Removes the wet towel and places NB skin to skin & covers the baby in another warm dry towel		
5.	Assesses the baby's breathing Note : if baby is not breathing / difficulty in breathing initiate resuscitation		
6.	Clamps and cuts the umbilical cord and checks for any oozing of blood.		
7.	Leaves the baby in between the mothers breast to initiate skin to skin contact		
8.	Provides breastfeeding support and ensures good positioning and attachment		
9.	Wipes both the eyes separately with sterile gauze from medial to lateral side.		
10.	Examines the baby. (Labelling,Checks for any major congenital malformation, temperature, breathing, cord stump, vaccination taken,		
11.	Covers the baby's head with a cap and covers the mother and Baby with a warm cloth/sheet.		
12.	Gives care prior to discharge (bathing. Maintain breastfeeding, danger signs for infection)		

Pass Score = 09/11
Obtained Score =

Pass- Yes No

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B.Sc NURSING DEGREE PROGRAMME – III YEAR

MENTAL HEALTH NURSING

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 1– EXAMINATION- ACUTE PSYCHOSIS

ARTIFACT/PRELIMINARY REQUISITES/EQUIPMENTS

Simulation	Examiner	Examinee
• Instruction and Scenario printout	• Examiner instruction sheet printout • Evaluation scoring sheet printout • Table – 1 • Chair – 1 • Writing pad – 1 • Pen • Eraser • Pencil • Gong bell	• Simulation client • Informant • student response sheet • Drop box

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B.Sc NURSING DEGREE PROGRAMME – III YEAR

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OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 1– EXAMINATION- ACUTE PSYCHOSIS

ANSWER KEY

1. **Symptoms**

- Delusion
- Auditory hallucination
- Mood disturbance

2. **Diagnosis**

- Acute psychosis

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MENTAL HEALTH NURSING

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 1– EXAMINATION- ACUTE PSYCHOSIS

INSTRUCTION TO THE SIMULATED PATIENT

Your role: simulated client, named Ms. X aged 25 years.

Demographic data

- Name: Ms. X
- Age: 25 years
- Educational qualification: B Sc English
- Marital status: Married
- Occupation: Teacher
- Religion: Hindu
- Family income: Rs.20,000/ month

Information to the simulated client to verbalize about his history.

- You are playing the role of 25 years old having the complaints of false belief, hearing voices when you are alone and showing mood disturbances for one month.

- You will be answering the questions asked by the nurse related to your complaints mentioned above.

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B.Sc NURSING DEGREE PROGRAMME – III YEAR

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OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 1– EXAMINATION- ACUTE PSYCHOSIS

INSTRUCTION TO THE EXAMINEE

- Read the scenario and respond appropriately.
- Drop the response sheet in drop box

SCENARIO

Mr. X aged 25 years old having the complaints of false belief, hearing voices when he is alone and showing mood disturbances for one month. Identify the symptoms and diagnosis.

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OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 1– EXAMINATION- ACUTE PSYCHOSIS

RESPONSE SHEET

Registration Number: _____ Date: _____

Documentation:

Signature of the Examinee

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B.Sc NURSING DEGREE PROGRAMME – III YEAR

MENTAL HEALTH NURSING

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 2 – ASSESSMENT- SUICIDAL IDEAS

INSTRUCTION FOR THE EXAMINER

Objectives:

At the end of the simulation, the examinee will be able to

- Assess and identifies the warning signs of suicidal ideas of the client

Instructions: Instructions:

- Check whether the examinee examines the client appropriately.
- Give 1 mark for the correct answer and 0 mark for the wrong answer

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B.Sc NURSING DEGREE PROGRAMME – III YEAR

MENTAL HEALTH NURSING

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 2– ASSESSMENT- SUICIDAL IDEAS

SCORING SHEET

Interpretation	Score	Registration Number									
Greet and welcome the client with warmth	1										
The examiner identify the warning signs of suicidal ideas											
a) Behavioral clues : Sudden changes in mood , sadness	2										
b) Verbal clues : I want to die and end my life	2										
c) Situational clues : Client got divorce recently	2										
d) Nonverbal clues : Lack of interest in personal appearance, family and social activities	2										
The examinee documents the inference regarding the clients signs and symptoms	1										
Total	/10										

Signature of the Examiner

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B.Sc NURSING DEGREE PROGRAMME – III YEAR

MENTAL HEALTH NURSING

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 2– ASSESSMENT- SUICIDAL IDEAS

ARTIFACT/PRELIMINARY REQUISITES/EQUIPMENTS

Simulation	Examiner	Examinee
• Instruction and Scenario printout	• Examiner instruction sheet printout • Evaluation scoring sheet printout • Table – 1 • Chair – 1 • Writing pad – 1 • Pen • Eraser • Pencil • Gong bell	• Simulation client • Informant • student response sheet • Drop box

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B.Sc NURSING DEGREE PROGRAMME – III YEAR

MENTAL HEALTH NURSING

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 2– ASSESSMENT- SUICIDAL IDEAS

ANSWER KEY

1. **Warning signs of suicidal ideas**

- **Behavioral clues**: Sudden changes in mood, sadness
- **Verbal clues:** I want to die and end my life
- **Situational clues**: Client got divorce recently
- **Nonverbal clues**: Lack of interest in personal appearance, family and social activities

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MENTAL HEALTH NURSING

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 2– ASSESSMENT- SUICIDAL IDEAS

INSTRUCTION TO THE SIMULATED PATIENT

Your role: simulated client, named Ms. X aged 30 years.

Demographic data

- Name: Ms. X
- Age: 30 years
- Educational qualification: B Sc Botany
- Marital status: Married
- Occupation: Teacher
- Religion: Hindu
- Family income: Rs.25,000/ month

Information to the simulated client to verbalize about his history.

- . You are playing the role of 30 years old, divorcee having the complaints of suicidal ideas, sudden changes in mood, passing negative comments to her parents about future, feeling of extreme sadness, hopelessness and lack of interest in personal appearance, friends and social activities and she says repeatedly that I want to die, end my life

- You will be answering the questions asked by the nurse related to your complaints mentioned above.

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B.Sc NURSING DEGREE PROGRAMME – III YEAR

MENTAL HEALTH NURSING

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 2– ASSESSMENT- SUICIDAL IDEAS

INSTRUCTION TO THE EXAMINEE

- Read the scenario and respond appropriately.
- Drop the response sheet in drop box

SCENARIO

Mr. X aged 30 years old, divorce having the complaints of suicidal ideas, sudden changes in mood, passing negative comments to her parents about future, feeling of extreme sadness, hopelessness and lack of interest in personal appearance, friends and social activities and she says repeatedly that I want to die, end my life. Assess the warning signs or clues of suicidal ideas.

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B.Sc NURSING DEGREE PROGRAMME – III YEAR

MENTAL HEALTH NURSING

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 2– ASSESSMENT- SUICIDAL IDEAS

RESPONSE SHEET

Registration Number: _____ Date: _____

Documentation:

Signature of the Examinee

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CHARUSAT CAMPUS, CHANGA

B.Sc NURSING DEGREE PROGRAMME – III YEAR

MENTAL HEALTH NURSING

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 3- COGNITIVE SKILL - HISTRIONIC PERSONALITY DISORDER

INSTRUCTION FOR THE EXAMINER

Objectives:

At the end of the assessment, the examinee will be able to

- Identify the symptoms and decide appropriate management for the client by using critical thinking skill.

Instructions:

- Check the content of the examinee documents
- Score "2" for each correct answer
- Score "0" for wrong answer

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B.Sc NURSING DEGREE PROGRAMME – III YEAR

MENTAL HEALTH NURSING

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 3- COGNITIVE SKILL - HISTRIONIC PERSONALITY DISORDER

SCORING SHEET

Interpretation	Score	Registration Number									
Histrionic personality disorder	2										
1) Traumatic emotionality 2) Constance seeking of reassurance Others : self-centered , poor tolerance	2										
Nursing management. 1) Establish and maintain therapeutic nurse client relationship	2										
2) Provide immediate positive feedback	2										
3) Provide safe and calm environment Others : Promote effective communication strategies	2										
Total	**/10**										

Signature of the Examiner

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B.Sc NURSING DEGREE PROGRAMME – III YEAR

MENTAL HEALTH NURSING

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 3- COGNITIVE SKILL - HISTRIONIC PERSONALITY DISORDER

ARTIFACT/PRELIMINARY REQUISITES/EQUIPMENTS

Simulation	Examiner	Examinee
• Instruction and Scenario printout	• Examiner instruction sheet printout • Evaluation scoring sheet printout • Table – 1 • Chair – 1 • Writing pad – 1 • Pen • Eraser • Pencil • Gong bell	• student response sheet • Drop box

Certified By:

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B.Sc NURSING DEGREE PROGRAMME – III YEAR

MENTAL HEALTH NURSING

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 3- COGNITIVE SKILL - HISTRIONIC PERSONALITY DISORDER

ANSWER KEY

Condition: Histrionic personality disorder

Symptoms

- Traumatic emotionality
- Constance seeking of reassurance
- Others: self-centered

Nursing management

- Establish, poor tolerance
- and maintain therapeutic nurse client relationship
- Provide immediate positive feedback.
- Provide safe and calm environment
- Others: Promote effective communication strategies

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B.Sc NURSING DEGREE PROGRAMME – III YEAR

MENTAL HEALTH NURSING

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 3- COGNITIVE SKILL - HISTRIONIC PERSONALITY DISORDER

INSTRUCTION TO THE EXAMINEE

- Read the scenario and answer the questions given below appropriately.
- Drop the response sheet in drop box

SCENARIO

Ms. X aged 25 years admitted in female ward with complaints of excessive emotionality and attention seeking, excessive concern about her physical appearance, self-centeredness, and shown very poor tolerance of frustration & delayed gratifications and exhibits suicidal attempts frequently.

Answer the following questions:

1. Identify the condition
2. List out any 2 symptoms
3. Write any 3 nursing management.

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B.Sc NURSING DEGREE PROGRAMME – III YEAR

MENTAL HEALTH NURSING

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 3- COGNITIVE SKILL - HISTRIONIC PERSONALITY DISORDER

RESPONSE SHEET

Registration Number: _____ Date: _____

Documentation:

Signature of the Examinee

Certified By:

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B.SC NURSING DEGREE PROGRAMME – III YEAR

MENTAL HEALTH NURSING

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 4 - PROCEDURE - BIPOLAR AFFECTIVE DISORDER
INSTRUCTION FOR THE EXAMINER

Objectives:

At the end of the video show, the examinee will be able to

- Observes and documents carefully the response about the video show

Instructions:

- Check the content of the examinee documents
- Score "2" for each correct answer
- Score "0" for wrong answer

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Antenatal assessment

Scenario:

Mrs. Meena is a 26-year-old, gravid 3, para 2 with previous normal vaginal deliveries. She has been healthy in this pregnancy and has no major medical problems overall. She has had 2 previous antenatal care visits in this pregnancy without problem. She comes today for another routine visit.

You have already conducted the history and have found nothing abnormal. Previously she has had a normal complete physical exam. Now you will conduct the antenatal assessment with attention to the goals for 32 –week pregnancy.

Station profile:

- MCH laboratory
- Mannequin
- Provide privacy
- Provide good source of light
- Articles: Bed linen, Vital signs tray, Measuring tap & scale, Weighing machine, Fetoscope/ stethoscope, Cotton swab, Paper bag, Watch

Instructions for students:

- The OSCE checklist contains the main parts of the procedure
- For each part of the exam done correctly one point will be assigned
- A full exam should be completed within 15 minutes
- The testing area of the clinical skills evaluation center consists of examination rooms equipped with standard examination tables, commonly used diagnostic instruments
- Rooms are equipped with cameras. Recordings are used for quality assurance and are not intended to provide a mechanism for review.
- Each student has a scheduled time and assigned rooms to follow
    - Your first station is marked in the first column of the Time Calling Schedule
    - You are to follow the station progression as indicated on the OSCE Schedule
    - Please alert your coordinator if you have any questions or not sure where your room is located
- Mobile phones are not allowed during examination.
- You will complete a patient note after each patient at a documentation station. Sign into the documentation screen with your ID number
- You may or may not be provided scheduled breaks
- During a break, you are allowed to go to the restroom or get a drink one at a time, but you will need to leave your clipboard containing all of your information.
- When you hear the announcement that time is up, immediately leave the station.

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- The 10 minute timer for documentation will begin when the 15 minute patient encounter is over; you are responsible for tracking your own time via the timer.
- Please DO NOT discuss any of the OSCE during or after the exam.

Instructions for evaluator:

- Prior to giving the exam familiarize yourself with the OSCE checklist
- Instruct student to:
  - Perform a complete procedure
  - Verbalize impressions during exam
- Evaluate the students performance according to the checklist
  - Only assign a score if the exam has been done correctly
  - Do not interfere with student's exam during test
  - Please add up points and assign total test score to student
  - Provide feedback to student about performance

Scoring and marking form:

Observe if the participant is performing the following steps of antenatal assessment in their correct sequence (as necessary) and technique.

Score "1" for each point conducted correctly or mark "0" if the task is not done or incorrectly done and calculate the score.

Sr. No.	Steps/ tasks	Score 0/1	Remark
1.	Preparation and arrangement of the articles		
2.	Verbal consent from patient		
3.	Privacy and position		
4.	Wash the hands and communicate with patient		
5.	General examination of patient		
6.	Mental status assessment		
7.	Assessment of vital signs		
8.	Assessment of skin, hair & scalp, face, eyes, ears, mouth, nose, Neck, chest		

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9.	Breast examination: Inspection & Palpation		
10.	Abdominal examination		
11.	Observes the abdomen for any scar, size and shape, contour		
12.	Measures the fundal height using ulnar border of left hand. Measures it in weeks as well as in cms.		
13.	Palpates the abdomen Fundal grip (to find out pole of the foetus at the fundus)		
14.	Lateral grip (to find out the side of fetal back)		
15.	Pelvic grips (to find out the fetal head engagement)		
16.	Places the foetoscope on the side where fetal back was felt.		
17.	Counts the FHR for 1 minute using watch with seconds hand		
18.	Examination of extremities, back and genitals		
19.	Explains findings to mother		
20.	After care of the procedure		
21.	Record findings		

Station material required:

1. WHO recommendations on antenatal care for a positive pregnancy experience. 2016. Available from: https://www.who.int/reproductivehealth/publications/maternal_perinatal_health/anc-positive-pregnancy-experience/en/

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CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY[CHARUSAT]

Faculty of Medical Sciences

MANIKAKA TOPAWALA INSTITUTE OF NURSING

Report of Teachers'Feedback on Curriculum-Action planned and Action taken

Date of event : 29/09/2017

Date of Submission : 04/10/2017

Submitted By

Name :Ms. Rameshwari Zala

Designation : Assistant Professor

Department : Nursing

Email : rameshwarisolanki.nur@charusat.ac.in

Endorsed by

Principal 04/10/17

Seal and Signature

Certified By:

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Manikaka Topawala Institute of Nursing
Faculty of Medical Sciences
Charotar University of Science and Technology (CHARUSAT)
Accredited grade "A" by NAAC

Report on Teachers' Feedback on Curriculum Year 2017-18

Manikaka of Nursing, a constituent of Charotar University of Science and Technology undertook a survey Topawala Institute to determine whether or not the curriculum is producing the intended results and meeting the objectives that it has set forth for the nursing program.

The feedback was collected from total 7 teachers of Manikaka Topawala Institute of Nursing. Total 15 questionnaire based on the curriculum content, its balance between theory and practical, clinical trainings, holistic development of the students, assessment methods, curriculum's ability to enhance creativity and critical thinking among students, building team efforts among students, satisfying the need of regulatory bodies as well as scope of research and innovations in nursing profession were rated by teachers of various cadres in nursing profession like clinical instructor, nursing tutor, assistant professor, and associate professor.

Sr No	Suggestions received	Action taken
1	Need to have rubrics in all evaluation of clinical skills.	To evaluate clinical skills of students OSCE-Objective structured clinical evaluation method was introduced in 1st semester M.Sc. Nursing all speciality like medical surgical nursing, obstetric and gynaecological nursing, paediatric nursing, psychiatric nursing, community health nursing from

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		20.11.2017 to 30.12.2017 Annexure-I
2	Post graduate students need to be engaged in more teaching practices to build self-confidence and teaching skills.	Second semester M. Sc. Nursing students was assigned topics for microteaching from 01.08.2017 to 31.08.2017 to build self-confidence and teaching skills. Annexure-II

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Annexure-I

Medical surgical nursing

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY
Manikaka Topawala institute of Nursing
Name of Procedure- Assessment of Diabetic foot

Name of Student -
ID no -
Semester/Year –
Date -

Sr. No	Procedure	Yes	No	Remark
1.	Introduce yourself to the patient			
2.	Gather the equipment's			
3.	Wash hands			
4.	Explain the examination to the patient			
5.	Position patient on bed at 45° Expose patients lower legs & feet			
6.	**Inspection:** Inspect legs & feets thoroughly, lifting legs up to see underneath & ensuring to look between toes **Colour** –pallor / cyanosis /erythema (e.g. cellulitis / ischaemia)			
	Skin-: Dryness / shiny skin / hair loss – Peripheral vascular disease / Eczema / haemosiderin staining – Venous disease			
	Hair- Atrophic changes as loss of hair			
	Nail Condition- Thick, too long, ingrown, or infected with fungal disease			
	Ulcers – Inspect between toes / heels / underneath legs			
	Venous ulcers – moderate to no pain – larger /shallow – associated with venous insufficiency / varicose veins **OR** . **Arterial ulcers** – very painful – deep punched out appearance – associated with diabetes mellitus / peripheral vascular disease **Swelling::**			
	Oedema – bilateral pitting oedema – e.g. venous insufficiency / heart failure			
	DVT – unilateral calf swelling +/- oedema – pain on palpation			
	Calluses – Comment if present, may indicate incorrectly fitting shoes			
	Venous filling – guttering of veins / reduced visibility suggests PVD			
7.	**Precipitating/Aggravating Factors:** Candidate should ask if: • Pain worsen at night or when hungry • Pain occurs after heavy or fatty meals • Pain related to menstruation			
8.	**Palpation:** Feel **Temperature** – cool (e.g. PVD) / hot (e.g. cellulitis)			

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	Feel Pulses: **Dorsalis pedis artery** – lateral to Ext Hal Long.tendon **Posterior tibial artery** – posterior & inferior to medial malleolus Absent peripheral pulses is suggestive of peripheral vascular disease			
9.	**Sensation:** **Monofilament** 1. Provide an example of monofilament sensation on the patients arm / sternum 2. With the patients eyes closed, place monofilament on the hallux & metatarsal heads (1/2/3/5) 3. Press firmly so that the filament bends 4. Hold the monofilament against the skin for 1-2 seconds – ask patient to say when he/she feel it Avoid testing on sites as calluses / scars, as the patient will have reduced sensation in these areas			
10.	**Vibration sensation** 1. Ask patient to close his/her eyes 2. Tap the 128hz tuning fork 3. Place onto patients sternum & confirm patient can feel it buzzing 4. Ask patient to tell you when he/she can feel it on his/her foot & to tell you when it stops buzzing 5. Place onto the distal phalanx of the great toe on each leg in turn 6. If sensation is impaired, continue to assess more proximally – • e.g. proximal phalanx et			
11.	**Other tests** If abnormalities in monofilament or vibration sensation are identified, consider carrying out these further tests. **Proprioception** 1. Hold the distal phalanx of the great toe by its sides 2. Demonstrate movement of the toe *"upwards"* & *"downwards"* to the patient (*whilst they watch)* 3. Then ask patient to close their eyes & state if you are moving the toe up or down 4. If the patient is unable to correctly identify direction of movement, move to a more proximal joint *(ankle > knee > hip)*			
12.	Summarization of findings			
13.	Wash the hand			

Comment

_____--

_____

Name & signature of supervisor

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Paediatric nursing

OSCE on Essential Newborn Care

Skill Station: Essential Newborn Care for a normal crying baby

Situation: A full term newborn baby is just born. The baby is crying and looks pink. Demonstrate the immediate essential care you will provide for the baby.

Observation: Observe if the participant is performing the following steps of essential newborn care in their correct sequence (as necessary) and technique.

Score "1" for each point conducted correctly or mark "0" if the task is not done or incorrectly done and calculate the score.

Sr.No	STEP / TASK	Score 1 / 0	Remarks
1.	Calls out the time of birth and ensures that it is recorded		
2.	Delivers the baby onto a warm, clean towel and keeps on the mothers abdomen		
3.	Immediately dries the baby with same warm clean towel		
4.	Removes the wet towel and places NB skin to skin & covers the baby in another warm dry towel		
5.	Assesses the baby's breathing Note : if baby is not breathing / difficulty in breathing initiate resuscitation		
6.	Clamps and cuts the umbilical cord and checks for any oozing of blood.		
7.	Leaves the baby in between the mothers breast to initiate skin to skin contact		
8.	Provides breastfeeding support and ensures good positioning and attachment		
9.	Wipes both the eyes separately with sterile gauze from medial to lateral side.		
10.	Examines the baby. (Labelling,Checks for any major congenital malformation, temperature, breathing, cord stump, vaccination taken,		
11.	Covers the baby's head with a cap and covers the mother and Baby with a warm cloth/sheet.		
12.	Gives care prior to discharge (bathing. Maintain breastfeeding.		

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Obstetric and gynaecological nursing

Antenatal assessment

Scenario:

Mrs. Meena is a 26-year-old, gravid 3, para 2 with previous normal vaginal deliveries. She has been healthy in this pregnancy and has no major medical problems overall. She has had 2 previous antenatal care visits in this pregnancy without problem. She comes today for another routine visit.

You have already conducted the history and have found nothing abnormal. Previously she has had a normal complete physical exam. Now you will conduct the antenatal assessment with attention to the goals for 32 –week pregnancy.

Station profile:

- MCH laboratory
- Mannequin
- Provide privacy
- Provide good source of light
- Articles: Bed linen, Vital signs tray, Measuring tap & scale, Weighing machine, Fetoscope/ stethoscope, Cotton swab, Paper bag, Watch

Instructions for students:

- The OSCE checklist contains the main parts of the procedure
- For each part of the exam done correctly one point will be assigned
- A full exam should be completed within 15 minutes
- The testing area of the clinical skills evaluation center consists of examination rooms equipped with standard examination tables, commonly used diagnostic instruments
- Rooms are equipped with cameras. Recordings are used for quality assurance and are not intended to provide a mechanism for review.
- Each student has a scheduled time and assigned rooms to follow
    - Your first station is marked in the first column of the Time Calling Schedule
    - You are to follow the station progression as indicated on the OSCE Schedule
    - Please alert your coordinator if you have any questions or not sure where your room is located
- Mobile phones are not allowed during examination.
- You will complete a patient note after each patient at a documentation station. Sign into the documentation screen with your ID number
- You may or may not be provided scheduled breaks
- During a break, you are allowed to go to the restroom or get a drink one at a time, but you will need to leave your clipboard containing all of your information.
- When you hear the announcement that time is up, immediately leave the station.
- The 10 minute timer for documentation will begin when the 15 minute patient encounter is over; you are responsible for tracking your own time via the timer.
- Please DO NOT discuss any of the OSCE during or after the exam.

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Instructions for evaluator:

- Prior to giving the exam familiarize yourself with the OSCE checklist
- Instruct student to:
  - Perform a complete procedure
  - Verbalize impressions during exam
- Evaluate the students performance according to the checklist
  - Only assign a score if the exam has been done correctly
  - Do not interfere with student's exam during test
  - Please add up points and assign total test score to student
  - Provide feedback to student about performance

Scoring and marking form:

Observe if the participant is performing the following steps of antenatal assessment in their correct sequence (as necessary) and technique.

Score "1" for each point conducted correctly or mark "0" if the task is not done or incorrectly done and calculate the score.

Sr. No.	Steps/ tasks	Score 0/1	Remark
1.	Preparation and arrangement of the articles		
2.	Verbal consent from patient		
3.	Privacy and position		
4.	Wash the hands and communicate with patient		
5.	General examination of patient		
6.	Mental status assessment		
7.	Assessment of vital signs		
8.	Assessment of skin, hair & scalp, face, eyes, ears, mouth, nose, Neck, chest		
9.	Breast examination: Inspection & Palpation		
10.	Abdominal examination		
11.	Observes the abdomen for any scar, size and shape, contour		
12.	Measures the fundal height using ulnar border of left hand. Measures it in weeks as well as in cms.		
13.	Palpates the abdomen Fundal grip (to find out pole of the foetus at the fundus)		
14.	Lateral grip (to find out the side of fetal back)		
15.	Pelvic grips (to find out the fetal head engagement)		
16.	Places the foetoscope on the side where fetal back was felt.		
17.	Counts the FHR for 1 minute using watch with seconds hand		
18.	Examination of extremities, back and genitals		

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19.	Explains findings to mother		
20.	After care of the procedure		
21.	Record findings		

Station material required:

1. WHO recommendations on antenatal care for a positive pregnancy experience. 2016. Available from: https://www.who.int/reproductivehealth/publications/maternal_perinatal_health/anc-positive-pregnancy-experience/en/

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STATION- 3

Examiner's Copy

Objective: The student will be able to identify and hallucination and implement nursing care.

Station: He is Mr……., aged …… years, is admitted with the diagnosis of Schizophrenia and having Hallucination.

1. Identify the type of Hallucination
2. Formulate the suitable nursing diagnosis related to Hallucination.
3. Implement any **three** nursing interventions for this problem

Observation:

The examiner checks if the student's answer is correct and gives the marks appropriately

S.NO	DETAILS	Max. Marks	Registration No and Marks Obtained									
			1	2	3	4	5	6	7	8	9	10
1.	Asks appropriate questions	1										
2	Identifies type of Hallucination (Auditory hallucination)	2										
3	Nursing diagnosis (Altered sensory perception)	1										
4	**Interventions (Any three)**											
5.	Encourage the patient to take medication as ordered.	1										
6.	Try to distract the client from the hallucination	1										
7.	Do not reinforce the hallucination. Say, "Even though I realize the voices are real to you, I do not hear any voices."	1										
8.	Explain that it is symptom of his illness.	1										
9	Encourage him to engeage in activities such as music.	1										
10	Encourage him to take part in group activities.	1										
	Total score	**10**										

Signature of the Examiner

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CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY
Manikaka Topawala institute of Nursing
Name of Procedure- Blood glucose monitoring

Name of Student -
ID no -
Semester/Year –
Date -

Sr. No	Procedure	Yes	No	Remark
1.	Gather all necessary equipment for the procedure:			
2.	Introduce yourself and explain the procedure to the patient.			
3.	Wash your hands and put on your gloves. Turn on the glucose monitor and ensure that it has been calibrated. If not, insert the calibration strip and allow it to calibrate.			
4.	Clean the tip of one of the patient's fingers with an alcohol wipe and allow it to dry			
5.	Prepare the test strip, ensuring that it is still in date. Load it into the glucose monitor.			
6.	Open the lancet carefully. Prick the side of the patient's finger with the lancet and squeeze the finger.			
7.	Wipe away the first drop of blood and squeeze the finger again to form another drop. Place this drop on the test strip so that it covers the strip entirely.			
8.	Give the patient a piece of cotton wool to stop the bleeding.			
9.	Safely dispose of the lancet, the test strip, and your gloves in the clinical waste bin.			
10.	Record the reading from the glucose monitor			

Comment

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Name & signature of supervisor

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CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY
Manikaka Topawala institute of Nursing
Name of Procedure- Diabetic foot Dressing

Name of Student -
ID no -
Semester/Year –
Date -

Sr. No	Procedure	Yes	No	Remark
1.	Gather all necessary equipment for the procedure:			
2.	Introduce yourself and explain the procedure to the patient.			
3.	Wear the gloves			
4.	Check the old dressing for drainage or odor.			
5.	Coil the dressing inside the glove or bag and discard.			
6.	Clean your hands (wash or use 60% alcohol-based hand gel).			
7.	Put on clean gloves.			
8.	Inspect the dressing for drainage or any foul odor.			
9.	Soak clean gauze or cloth in tap water or sterile cleaning solution.			
10.	Dab around the incision line, away from the center of the wound.			
11.	Use a cotton swab to remove any blood or crust that has formed.			
12.	Rinse the wound and carefully pat it dry with gauze			
13.	Use tweezers to lift the packing material out and cut off a length			
14.	Use a cotton swab to gently push the packing into the wound and tunneled areas.			
15.	Apply a dressing or bandage that extends at least 1 inch over the edges of the wound to cover.			
16.	Remove the gloves and clean your hands again.			

Comment

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Name & signature of supervisor

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Annexure-II

Manikaka Topawala Institute of Nursing
A Constituent of CHARUSAT
M.Sc. Nursing 2nd Semester- Academic Teaching learning plan
2016-17
Nursing Education-II

STUDENTS NAME	BORESA SEEMABEN	PATEL MEET	BHAVANI APEXA	CHRISTIAN SAGHI	[illegible]	[illegible]
Microteaching-I	Intelligence Test	Aptitude test	Curriculum determinants	Distance education	Techniques of counseling	Accreditation in nursing education programs
Microteaching-II	Psychiatric emergency	Psychiatric rehabilitation	Ischemic heart disease	Peripheral vascular disease	Osteoarthritis	Fibromyalgia
Panel discussion	World Alzheimer's day	World Immunization Day	World Alzheimer's day	World Immunization Day	World environment day,	National Safe Motherhood day,
Quiz	Review of Brain	Review of spinal cord	Disorders of blood	Integumentary disorder	Eye and e disorder	Disorders of reproductive system
Role play	De-addiction	Myths about mental illness	Palliative care	Healthy habits	Prevention of cardiac problems	Prevention of STD'S
Written Assignment	Competence based education	Outcome based education	Staff development program	Women's Education	Objective structured clinical examination- emerging trend in nursing profession	Clinical evaluation
Learning resource material	Herbal Medicine in mental health	Chiropractic Medicine	Myocardial Infraction	Stroke	End Stage Renal Disease	Hepatic coma

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Students Name	BHATT PARITA	HEMANGI	SNEHAKUMARI	GARAV PRIYANKA	TALPADA PRIYANKA	KOKLOTTAR SURBHI
Microteaching-I	Techniques of counseling	Self Evaluation	Peer Evaluation	Competencies & qualities of teacher	Roles & responsibilities of teacher	Continuing education programs
Microteaching-II	Maternal deprivation	Immunization	Nutritional education for children	Weaning	Antenatal examination	Family planning
Course plan Unit plan Selection & organization of learning outcomes Essay & short type questions Research articles related curriculum Curriculum evaluation	Anatomy and physiology For B.Sc.Nursing As per CHARUSAT syllabus	Pathology For B.Sc.Nursing As per CHARUSAT syllabus	Child health Nursing For B.Sc.Nursing As per CHARUSAT syllabus	Pharmacology For B.Sc.Nursing As per CHARUSAT syllabus	Communication and Educational technology For B.Sc.Nursing As per CHARUSAT syllabus	Community Health Nursing-I For B.Sc.Nursing As per CHARUSAT syllabus
Framing Philosophy Aims & objectives MRP + CRP Transcript preparation Credit system Time table Critical evaluation	B.Sc. Nursing III Year as per 2016-17 syllabus	B.Sc. Nursing IV Year as per 2016-17 syllabus	P.B.B.Sc. Nursing I Year as per INC syllabus	P.B. B.Sc. Nursing II Year as per INC syllabus	Post Basic diploma in oncology nursing as per INC syllabus	Post Basic diploma in orthopedic nursing as per INC syllabus
Field trip	Education institute	GNC	GNC	Education institute	GNC	Education institute
Panel discussion	World Alzheimer's day	World Immunization Day	World environment day,	National Safe Motherhood day,	World environment day,	National Safe Motherhood day,
Quiz	Parent child relationship	Personality development theories	Neonatal resuscitation	New born care	Health care delivery system in India	NITI aayog
Role play	Save girl child, ,	Immunization awareness	Parents role in child rearing	Planned parenting	Dowry system	Population explosion
Written Assignment	Nursing audit	Adult education	Brain storming	Kindergarden method	The Montessori method	The Dalton plan
Learning resource material	Norrie disease	Duane syndrome	Ependymoma	Kimura disease	Fatal infantile encephalomyopathy	Chagas disease

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Students Name	MAKWANA ANGELINA	PATEL EKTA	[illegible]	ROHIT DIVYA
Microteaching-I	Personality Test	Achievement test	Socio-economic status scale	Program planning
Microteaching-II	National & Rural health mission	Essential newborn care	Hormone Replacement Therapy	Population dynamics
Course plan Unit plan Selection & organization of learning outcomes Essay & short type questions Research articles related curriculum Curriculum evaluation	Sociology For B.Sc.Nursing As per CHARUSAT syllabus	Nursing Research & Statistics For B.Sc.Nursing As per CHARUSAT syllabus	Management of Nursing Services and Education For B.Sc. Nursing As per CHARUSAT syllabus	Midwifery and obstetrical nursing I For B.Sc. Nursing As per CHARUSAT syllabus
Framing Philosophy Aims & objectives MRP + CRP Transcript preparation Credit system Time table Critical evaluation	Post Basic diploma in Emergency and disaster nursing as per INC syllabus	Post Basic diploma in operation room nursing as per INC syllabus	Post Basic diploma in neonatal nursing as per INC syllabus	Post Basic diploma in Nurse practitioner in midwifery as per INC syllabus
Field trip	Ministry of health and family welfare,	GNC	Infertility clinic	Educational Institute
Panel discussion	World Alzheimer's day	World Immunization Day	World environment day,	National Safe Motherhood day,
Quiz	Stages of labor	Reflexes	Menopause	Newborn nutrition
Role play	Awareness on Transmission of HIV/STD's,	Safe mother hood	Antenatal exercise,	Postnatal exercise
Written Assignment	The Heuristic method	Concepts of teaching	Independent nurse practitioner	Emotional Intelligence
Learning resource material*	Fryns syndrome	Grave's disease	Kallmann syndrome	Meconium aspiration syndrome

***It is like in detail Lesson plan, student need to prepare maximum A.V aids.**

CBCS- Choice Based Credit System CRP- Clinical Rotation Plan MRP- Master Rotation Plan

Course coordinator

Class coordinator

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CHARUSAT CAMPUS, CHANGA

Minutes of 11th Adhoc Board of Studies Meeting

Programme: M.Sc & B.Sc Nursing
Criteria: Curriculum feedback
Agenda: 2 & 3

Date: 18th August, 2018
Time: 10:00 am
Venue: Conference Room, MTIN-CHARUSAT

The 11th Adhoc Board of Studies Meeting of Manikaka Topawala Institute of Nursing was held as per schedule.

Following members were present in the meeting:

- Dr. Anil Sharma, Chairperson, Principal, MTIN
- Mr. Vipin Vageriya, Assistant Professor, MTIN
- Mr. Deepak K., Assistant Professor, MTIN
- Mr. Siddaram Sarate, Assistant Professor, MTIN
- Ms. Anjali Tiwari, Assistant Professor, MTIN
- Dr. Pragna Dabhi, Registrar, Gujarat Nursing Council
- Dr. Dayalal patidar, Principal, Jyotiba College of Nursing, Mehsana
- Prof. Ravindra H N, Principal, Sumandeep College of Nursing, Vadodara

Following members were not present in the meeting due to their prior commitment:

- Prof. Niru Patel, External Member-Principal, Government College of Nursing, Daman.

The proceedings of the meeting are as under:

Sr.	Agenda	Discussion	Disposition
1.	Confirmation of the minutes of the last meeting.	The minutes were read. It was passed without any amendments.	The minutes were passed.
2.	Review teaching & examination scheme of B.Sc. Nursing Syllabus for academic year 2019-20.	The teaching & examination scheme of B.Sc. Nursing syllabus for the academic year 2019-20 as per CBCS were presented & specific discussions were made.	Members approved the presented teaching & examination scheme of B.Sc. Nursing Syllabus for academic year 2019-20.
3.	Review teaching & examination scheme of M.Sc. Nursing Syllabus for the academic year 2019-20.	The teaching & examination scheme of all semesters of M.Sc. Nursing syllabus as per CBCS were presented & specific discussions were made. The committee appreciated the inclusion of various elective courses for overall development of students.	Members approved the presented teaching & examination scheme of M.Sc. Nursing Syllabus for 2019-20.
4.	Critical review on question papers of B.Sc. Nursing and M.Sc.	The question paper of B.Sc. Nursing and M.Sc. Nursing was critically reviewed, and result analysis was presented. Members	Members approved the question paper pattern and result analysis and

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AEGIS : SHRI CHAROTAR MOTI SATTAVIS PATIDAR KELAVANI MANDAL

	Nursing and Result Analysis	were informed about exam paper pattern and available question bank. In depth discussion was done on an input given by a member regarding the legal liabilities that may arise if a student fails in elective course in final semester university examination. The committee chair defended that the Academic regulations very clearly states that a student has to compulsorily pass/clear the elective course before being eligible for getting the degree. This resolution was seconded by all the committee members. Members suggested that in order to maintain adequate anonymity, for end semester university examination of each course at least 2-3 sets of question papers should be derived and then randomly one question paper can be selected for the examination. The committee chair agreed to forward the same suggestion to the Examination Reforms committee. The committee suggested that for future if required then to develop software of questions of different types for the external examiners to select from it and prepare the question papers. The committee chair discussed that the each course coordinator maintains a question bank for their allotted course, which is also being used for developing question bank.	acknowledged the existence of question bank for each course.
5.	Examiner panel of UG & PG programmes of Nursing	Examiner penal presented to members with explanation that examiner panel will be prepared every academic year as per INC and CHARUSAT norms.	Penal finalized
6.	Pedagogy involvement in nursing program	In depth discussion was done on various pedagogical methods used by the institute for nursing education and practice. The committee appreciated the use of innovative methods and suggested to continue the same.	Pedagogy methods approved.

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7.	Any other item with the permission of the Chairman	There were no item presented.	-

Since there were no more discussions, meeting adjourned with the thanks from the chair.

Dated: 18.08.2018

Dr. Anil Sharma
Principal,
Manikaka Topawala Institute of Nursing.

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