

**THE GAZETTE OF INDIA EXTRAORDINARY PART-III SECTION-4 PUBLISHED BY
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(TO BE GAZETTED)

**INDIAN NURSING COUNCIL
8th Floor, NBCC Centre, Plot No. 2, Community Centre
Okhla Phase-1, New Delhi-110020**

New Dated, _____, 2021

NOTIFICATION

**INDIAN NURSING COUNCIL (POST BASIC DIPLOMA IN PUBLIC HEALTH NURSING),
REGULATIONS, 2020.**

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

1. Short Title and Commencement

- i. These Regulations may be called Indian Nursing Council (**Post Basic Diploma in Public Health Nursing**), **Regulations, 2020.**
- ii. These Regulations shall come into force on the date of notification of the same in the Official Gazette of India.

2. Definitions

In these Regulations, unless the context otherwise requires,

- i) 'the Council' means the Indian Nursing Council constituted under the Indian Nursing Council Act 1947 as amended time to time;
- ii) 'RN & RM' means a Registered Nurse and Registered Midwife (RN & RM) and denotes a nurse who has completed successfully, recognized Bachelor of Nursing (B.Sc. Nursing) or Diploma in General Nursing and Midwifery (GNM) course, as prescribed by the Council and is registered in a SNRC as Registered Nurse and Registered Midwife;
- iii) 'RANM' means a Registered Auxiliary Nurse Midwife and denotes an Auxiliary Nurse Midwife who has completed successfully, recognized Auxiliary Nurse Midwifery (ANM) course as prescribed by the Council and is registered in a SNRC as Registered Auxiliary Nurse Midwife;
- iv) 'RLHV' means a Registered Lady Health Visitor and denotes a Lady Health Visitor who has completed successfully, recognized Lady Health Visitor course (LHV) as prescribed by the Council and is registered in a SNRC as Registered Lady Health Visitor;

3. INTRODUCTION

India is a vast country with a huge population. Though, there is a recent shift from the villages to cities and towns, most of the people of India still live in the rural areas. Health Sub Centers and Primary Health Centers are the primary focal point of delivery of health care services of the community. The health care of the rural and urban masses rest on the shoulders of

the ANM (MPHWs), LHV and the Public Health Nurses (PHNs). They are the liaison between the community health system and institutional health care system. These health work forces are expected to provide a wide range of important comprehensive health services to the community.

Provision of Comprehensive Primary Health Care (CPHC) is the main focus of the National Health Policy, 2017, pertaining to primary health care, through establishment of Health and Wellness Centers (HWCs). The Ministry of Health and Family Welfare (MoH&FW), Government of India envisages competent nursing personnel to be placed at these centers as well as in Primary Health Centers to organize and provide health care.

MoH&FW and the Council have examined the career path for in-service cadre of nursing personnel working in the public health department. Under the National Health Mission (NHM), task shifting is recommended to the cadre of service providers. The Council has committed itself to develop a structured career path for ANMs, LHVs and GNMs. It was recommended that the LHVs with four years of service and an additional one year of training will be eligible to become Block Public Health Nurses.

In view of improving the standards of Public Health Nursing, the Council has prepared this syllabus for promotional training for LHVs/ GNMs. It is envisioned that this would help in the development of a competent nursing workforce in the community for universal access to good quality health care services and thereby enabling our country to attain the sustainable development goals.

4. PHILOSOPHY

The Council believes that the LHVs and GNMs need to be further trained to become the Block PHNs to function in various emerging public health areas of practice and the training should be competency based. This one year of additional training programme would prepare the LHVs with skills and knowledge to deliver competent, intelligent and appropriate care to individuals, families and communities in the block level .

5. CURRICULAR FRAMEWORK

The Post Basic Diploma in Public Health Nursing (DPHN) is a one year training program and its curriculum is conceptualized encompassing foundational short courses and major specialty courses for public health nursing and management.

The foundations to public health nursing such as applied microbiology and pathology, Nutrition and food safety, Information, Education and Communication including individual and family education and counselling. The major specialty courses are organized under Community Health Nursing – I and Community Health Nursing – II.

Community Health Nursing – I comprises of introduction to community health nursing, organization of public health care delivery system, Comprehensive primary health care services, Epidemiology, Health Information System (HIMS) and National Health programs.

Community Health Nursing - II comprises of Reproductive Child Health including Adolescent health (RMNCH +A), Population dynamics and control, Specialized role of public health nurses: Geriatric Health care, Palliative care, Oncology nursing, Rehabilitation nursing, School health nursing , Occupational health nursing, Quality Assurance in Community health nursing practice, Emergency and disaster management, Community health nursing administration: Management and supervision, leadership and resource management are the short courses that aim to provide the trainees with the knowledge, attitude and competencies essential to function as accountable, safe and competent public health nurses.

6. AIM

This program aims to prepare LHVs to function in the capacity of Public health nurses enabling them to provide comprehensive health care to individuals, families and communities at the block level. It further aims to equip themselves as public health nurses in the Primary Health Care centers and Health Wellness Centers. This additional training program also prepares them to be efficient managers at the middle level as well as at the district level in monitoring and supervising the activities of MPHWs, and Lady Health Visitors, in the efficient implementation of national health programs and policies, collect, analyze, manage and utilize public health data and to promote harmony and efficiency within the health team to improve the quality of health care.

7. COMPETENCIES

On completion of the program, the trainees (Block Public Health Nurse) will be able to:

- i. Apply basic sciences in the assessment, diagnosis and treatment of the physiological, physical, psychological, social and spiritual problems of individuals and their families with various communicable and non - communicable diseases.
- ii. Relate the influence of environmental factors and sanitation on health and disease
- iii. Identify the importance of food safety in prevention of food borne diseases
- iv. Provide health education/counseling to individuals and families applying the principles and techniques of behavior change appropriate to community settings
- v. Communicate effectively with individuals, families and professional colleagues fostering mutual respect and shared decision making to enhance health outcomes.
- vi. Use epidemiological approach in community diagnosis
- vii. Provide reproductive maternal newborn and child health care including adolescent care.
- viii. Demonstrate specialized practice competencies/skills relevant in providing community based care to patients with diseases and disorders.
- ix. Demonstrate skills in implementing various national health programs in the community.

- x. Participate actively in the special roles such as school health nurse, occupational health nurse, disaster nurse,
- xi. Understand the role of a block public health nurse in health information management and manages public health data effectively
- xii. Demonstrate understanding of leadership and resource management strategies and use them in public health care settings promoting collaborative and effective teamwork
- xiii. Demonstrate skill in managing the sub center, primary health center/ community health center/first referral units, health wellness centers.
- xiv. Demonstrate skills in the supervision of other health workers and members of health team in the field practice area.
- xv. Conduct special clinics and organize special programs in the community as per the emerging need.

8. SCOPE OF PRACTICE

On completion of the program and certification, the Lady Health Visitors should be employed in the public health system as a public health nurse in the block level.

9. Guidelines for Implementation of Promotional Training Program for Lady Health Visitors

1. The program can be offered at

Govt. School of Nursing / Public Health Oriented Training Centre

2. Faculty:

a. Qualification and experience of Teachers

(i)	Principal	M.Sc. Nursing in Community Health Nursing with 3 years of teaching experience or B.Sc. Nursing (Basic) / Post Basic with 5 years of teaching experience in Community Health Nursing Specialty.
(iii)	Tutor / Public Health Nurse	B.Sc. Nursing (Basic/Post Basic) with 2 years of professional experience in Community Health Nursing Specialty.

With an intake of 30 students:

Teaching Faculty	No. Required
Principal	1
Tutor / Public Health Nurse	2
Total	3

- b. Full time teaching faculty in the ratio of 1:10
- c. Guest faculty: multi-disciplinary in relation to the subjects/ courses.

3. Budget:

- a. There should be separate budgetary provision for staff salary, honorariums for guest faculty and part time teachers, clerical assistance, library and contingency expenditure for the program in the overall budget of the institution.

4. Physical and learning resources:

- a. Class room / conference room - 1
- b. Community Health Nursing Skill lab for simulated learning at the institute
- c. Library and computer with internet facility
- d. Teaching aids:
 - i. OHP
 - ii. LCD projector with laptop
 - iii. Manikins and simulators for learning
- e. Office:
 - i. Services of DEO and MTS
 - ii. Computer with printer, Xerox machine
 - iii. Telephone facilities.

5. Clinical facilities:

- a. The institution should have adopted at least 30,000 rural population and 20,000 urban population,
- b. Permission to utilize the Government Primary Health Centers / Community Health Centers and Sub Centers.
- c. Residential facilities at the PHC/CHC.

6. Admission Terms and Conditions:

- a. A candidate should have
 - i. Undergone the LHV course with minimum of four years of service experience.
 - ii. RN & RM or equivalent with 5 years' service experience
 - iii. Age Limit: Should be less than 50 years.
 - iv. Be Physically fit
- b. Selection should be made based on the seniority-cum-merit.
- c. Number of seats 20 – 30 as per the availability of community field practice area

7. Salary / stipend:

- a. In-service candidates will get their regular salary

10. EXAMINATION GUIDELINES

Examinations would be conducted by the examination board or university.

1. Eligibility for appearing in the exam:

- a. Attendance: theory and practical – 100%

- b. Internal examination: not less than 50% in theory and practical.

2. Scheme of examination: Theory

Courses	Internal Assessment Marks	External Assessment Marks	Total Marks	Duration of Exam
Theory				
Paper I – Foundations to Public Health Nursing practice	25	75	100	2 hours
Paper II – Community Health Nursing I	25	75	100	2 hours
Paper III – Community Health Nursing II	50	100	150	3 hours
Practicum				
Community Health Nursing	50	100	150	
Grand Total	150	350	500	

- For each subject the marks required for qualifying shall be 50% in Theory and Practical separately in each semester. 80% of the total marks should be termed as distinction.
 - Marks be given for internal assessment, for Theory & Practical.
 - Internal assessment should be done by tests, assignment throughout the session.
 - Practical Internal assessment should be based on Clinical experience, field Experience.
 - Students must secure minimum 50% marks in the Theory Paper (external) to pass and 50% marks in the Practical exam (external)
- A candidate has to pass in theory and practical exam separately in each of the paper.
- If a candidate fails in either theory or practical paper he/she has to re-appear for both the papers (Theory and Practical) along with next batch.
- A candidate who fails to pass in 3 attempts will be discontinued from the course i.e. a candidate will get an opportunity to pass the semester examination in 3 attempts including first attempt.
- The course is compulsorily a residential program.
- 80% attendance in theory and 100% in practical & field training is compulsory for eligibility to appear for the examination.

3. Practical examination:

- a. OSCE:- Objective Structured Clinical Examination type of examination should be followed for 50% of the marks alongside viva in the internal and final examination
- b. Maximum number of students per day : 10 students
- c. Examination should be held in the clinical area only.

- d. The team of practical examiners would include one internal and one external examiner Teachers of the Post Basic Diploma in Nursing program is preferred.
4. **Standard of passing:**
- The candidate should obtain at least 50% marks separately in internal assessment and external examination in each of the theory and practical papers.
 - Less than 60% is second division
 - 60 % to 75 % is first division
 - More than 75% is distinction.
 - Students will be given opportunity of maximum 3 attempts for passing.
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11. CERTIFICATION

- Title :** Post Basic Diploma in Public Health Nursing
- A diploma is awarded on the successful completion of the prescribed study program which will state that:
 - Candidate has completed the prescribed course of study
 - Candidate has completed 100% requirements of the clinical experience.
 - Candidate has passed the prescribed examination.
 - Any type of leave taken by the candidate during the course period should be compensated before the completion of the course for the award of the Diploma.

12. PROGRAM STRUCTURE:

1. Course of Instruction:

S.No.	Courses	Theory	Lab / Skill Lab Hours	Clinical Experience
I	Foundations to Public Health Nursing Practice <ul style="list-style-type: none"> • Applied microbiology and pathology • Information Communication and Education including counselling • Nutrition, nutritional assessment and food safety • Environmental Health and sanitation 	40	--	270 hrs (6 weeks)
II	Community Health Nursing I <ul style="list-style-type: none"> • Organization of public health care services at various levels • Comprehensive primary health care services • Reproductive Child Health including Adolescent health (RMNCH+A) 	50	10	40 +720 hrs (1+ 16 weeks)

	<ul style="list-style-type: none"> • Population dynamics and control • Child and Adolescent health • Epidemiology • Health Information and Management System including Vital statistics 			
III	Community Health Nursing II <ul style="list-style-type: none"> • Specialized role of public health nurses: Geriatric Health care, Palliative care, Oncology nursing, Rehabilitation nursing, School health, Occupational health <ul style="list-style-type: none"> • Emergency and disaster management • Quality Assurance in Community health nursing practice • Community health nursing administration • Leadership and supervision 	110	30	40 + 720 hrs (1+16 weeks)
	Total hours	200 hours	40 weeks	1730 hours (38wks)

Course break-up:-

Total weeks in a year = 52 weeks

Vacation

(AL+CL+SL+ public holidays) = 6 weeks

Exam preparation and examination = 2 weeks

Theory and practical experience = 44 weeks

Implementation of curriculum:-

Block classes 2wks x 40hrs = 80hrs

Residency of 42wks x 45hrs/week =1890hrs

Total: 1970 hours

- Block classes (Theory and skill lab experience = 2 weeks X 40 hours/week (80hours)
(Theory=74hrs, skill lab=6, total=80hrs)
- Clinical practice including theory and skill lab = 42 weeks X 45 hours/week (1890 hours)

Theory=126 hrs, skill lab=34hrs, Clinical= 1730

Theory=200hrs, Skill lab= 40hrs, Clinical=1730 hrs (10%:90%)

i. Field experience:

- a. Field experience should start after 70% of the theory is completed.
- b. Students should be posted in the Community Health Center / Block PHC / PHC for residential posting.
- c. Students should be posted for 8 hour duty during the day.

ii. Procedure log book

- a. The student should maintain a daily diary to record the activities carried out during the field experience.
- b. A log book with the essential competencies to be acquired should be maintained and completed before appearing for the examination.

iii. Community Field Practice

Community Residency experience (A minimum of 45 hrs/ week is prescribed, however, it is flexible with different shifts and OFF followed by on call duty every week or fortnight)

Placements

The students will be posted to the under mentioned clinical area during their training period.

S. No	Field Practice Area	Weeks
1	Health Sub Center	10
2	Primary Health Center	8
3	Community Health center / First Referral Unit	6
4.	Community Field visits / Home visits	12
5.	Field Visits	04
6.	Community Research Project	02
	TOTAL	42

A small group research project can be conducted applying the steps of problem solving approach and written report to be submitted.

iv. Teaching Methods

Theoretical, skill lab & Community teaching can be done in the following methods and integrated during clinical posting

- Clinical Conference
- Case presentation
- Case study report

- Faculty lecture & Discussion
- Demonstration & skill training in skill lab
- Directed reading/Self study
- Role plays
- Symposium/group presentation
- Group project
- Clinical assignments
- Debates
- Quizzes
- Surveys
- Field visit reports
- Educational visits

Method of assessment

- Written test
- Practical test
- OSPEs
- Written assignments
- Project
- Case studies/care plans/ presentation
- Performance evaluation
- Completion of procedural competencies and requirements

COURSE DESCRIPTION

FOUNDATIONS TO PUBLIC HEALTH NURSING PRACTICE:

APPLIED MICRIBIOLOGY AND PATHOLOGY, NUTRITION AND FOOD SAFETY, INFORMATION EDUCATION AND COMMUNICATION INCLUDING COUNSELING

Total Theory hours: 40

Course description: This course is designed to help the trainees to apply microbiology and pathology in the care of individuals, families and community, to develop an understanding about information, education and communication including counseling, to perform nutritional assessment, and nutrition education including food safety.

Unit	Time (hrs)	Learning Outcomes	Content	Teaching Learning activities	/ Assessment methods

I	10	Describe common microbiological investigations, interpret their results and practice and maintain good infection control measures and waste management and prevent health care acquired infections	Applied Microbiology and Pathology <ul style="list-style-type: none"> ▪ Classification of microbes, role of bacteria, viruses, fungi, parasites in causing disease ▪ Common microbiological investigations and their interpretations Blood – complete picture, cultures and sensitivities, smear for MP, MF Urine - Analysis Sputum - cultures and sensitivities Skin smear, vaginal smear, visual inspection with acetic acid(VIA), PAP smear ▪ Collection, treatment of various specimens, and preparation of them for Examination <ul style="list-style-type: none"> ○ Infection control ○ Biomedical waste management (Use Biomedical Waste management Guidelines by Government of India)	Lecture cum Discussion. Explain using slides, films, staining and fixation of slides. Demonstration on collection of various specimen Demonstration on use of PPE and Infection Prevention Practices	Essay Type Short Answers and MCQ.
II	7	Relate the influence of environmental factors and sanitation on health and disease and plays an active role in the control of environmental pollution	Environmental Health and Sanitation <ul style="list-style-type: none"> • Environmental pollution: Introduction -Causes, effects and control measures of: <ul style="list-style-type: none"> • Air pollution • Water pollution • Soil pollution • Marine pollution • Noise pollution • Thermal pollution • Nuclear hazards 	Visits to water supply & purification sites Visit to Sewage disposal and treatment sites, and waste disposal sites Milk plants, slaughter house	Short answers Field visit reports
III	10		Nutrition, nutritional assessment nutrition education and food safety <ul style="list-style-type: none"> • Introduction to nutrition and nutrition assessment <ul style="list-style-type: none"> ▪ Concept of nutrition 	Lecture cum discussion Demonstration /Practice in Nutrition Lab	Short answers Objective types and essay. Evaluation of nutrition

			<ul style="list-style-type: none"> ▪ Types of nutrients ▪ Meal planning ▪ General dietary advice ▪ Nutritional assessment ▪ Nutritional education ▪ National nutritional programs • Nutrition during pregnancy and lactation • Nutrition for infant, child, adolescent and elderly • Nutritional deficiency disorders <ul style="list-style-type: none"> ▪ Protein Energy malnutrition ▪ Childhood obesity ▪ Vitamin deficiency diseases ▪ Mineral deficiencies ▪ National nutritional policies and programs in India • Food borne diseases and food safety 		<p>assessment.</p> <p>Evaluation of nutrition diet preparation</p>
IV	8	<p>Communicate effectively with individuals, families and professional colleagues fostering mutual respect and shared decision making to enhance health outcomes.</p>	<p>Information, Education and Communication</p> <ul style="list-style-type: none"> • Use of data and information for communication and advocacy • Communication definition • Communication channels • Principles of communication • Use of communication • Channels and Techniques of communication • Culturally sensitive communication • Team communication • Information technology • Application of digital health <p>Behavior Change Communication</p> <ul style="list-style-type: none"> • Introduction to Behavior Change Communication <p>Behavior change</p> <ul style="list-style-type: none"> • approaches • Health and Human Behavior • Introduction to Behavior change 	<p>Lecture, discussion</p> <p>Exercises, -</p> <p>Sharpening Communication skills</p> <p>Group activities</p> <p>Role play</p>	<p>Digital records</p> <p>Role play</p>

			<p>models</p> <ul style="list-style-type: none"> • IEC to BCC to SBCC: An Evolution <p>USE SBCC Module</p>		
V	5	<p>Educate and counsel individuals and families</p> <p>Counsel individuals and families</p>	<p>Individual and Family education</p> <ul style="list-style-type: none"> • Principles of teaching and learning • Principles of health education • Assessment of informational needs and education • Developing health education materials • Mass health education and use of mass media and folk media <p>Counseling</p> <ul style="list-style-type: none"> • Counseling techniques • Individual and family counseling • Situation specific counselling – Infertility couple, HIV counseling Family planning counseling, bereavement counseling etc. 	<p>Peer teaching Role play Preparation of IEC materials Visit District Field Publicity Office</p> <p>Module - counselling skills, family planning Counseling sessions</p>	<p>Conduct individual and group health education programme</p> <p>Role play</p>

COMMUNITY HEALTH NURSING - I

Theory: 50 hours + 10 Lab Hours

Course description: This course is designed to help the trainees to develop an understanding and in-depth knowledge regarding primary health care, community health nursing practice and application of epidemiology. It also helps them to participate effectively in the implementation of National Health Programs.

UNIT	HOURS	LEARNING OUTCOMES	CONTENT	TEACHING/ LEARNING ACTIVITIES	ASSESSMENT METHODS
I	10	Describe the health care delivery system in India and play their role in the delivery of health care services	Organization of health care services at various levels <ul style="list-style-type: none"> • Urban, rural, tribal health • Health care services – National, State, District, CHC, PHC, Health center • Functions, staffing, lay out, drugs, equipment and supplies 	Lecture, Discussion, Visits	Essay, short answers and MCQ.
II	10	Discuss the comprehensive primary health care and its components	Comprehensive Primary Health Care <ul style="list-style-type: none"> • Primary health care • Components • Primary health care services 		
III	10	Describe epidemiological approach in studying the community health problems of a community	Epidemiology <ul style="list-style-type: none"> • Introduction to epidemiology • The epidemiological approach and measures in epidemiology • Epidemiological methods • Concepts of disease occurrence • Disease epidemic • Introduction to investigating an outbreak 	Lecture cum discussion.	Essay, short answers and MCQ.

IV	10	Explain about vital statistics and health indicators	Vital statistics <ul style="list-style-type: none"> • Morbidity indicators • Mortality indicators • Methods of collecting vital statistics • Data presentation, basic statistical tests and its application • Recording and reporting vital events • Digital recording 	Lecture & Discussion	Essay, short answers and MCQ.
V	20	Describe the national health programs and perform her role in all the national health programs	Communicable Diseases and Non Communicable Disease Management under the National Health Programs <ul style="list-style-type: none"> ▪ Goals, objectives, purposes, organization, man power, sources, activities, roles and responsibilities of Nurse Practitioner in Primary Health Care ▪ Magnitude of health problems of India ▪ National health programs <ul style="list-style-type: none"> - National vector borne disease control program <ul style="list-style-type: none"> * Malaria * Filariasis * Dengue Fever/DHF * Japanese Encephalitis * Kala-azar * Chikungunya Fever - National Leprosy eradication program - RNTCP (National TB Control Program) - National AIDS control 	Lecture cum discussion Seminar Supervised practice in CHC,PHC, HSC	Essay, short answers and MCQ. Assessment of visit report Assessment of clinical performance with performance rating scale.

			<ul style="list-style-type: none"> program ▪ National program for control of blindness ▪ Iodine deficiency disorders program ▪ Universal Immunization Program ▪ National Health Mission ▪ Reproductive Child Health Program including Adolescent Health (RMNCH+A) ▪ National Program for prevention and control of cancer, diabetes, cardiovascular diseases and stroke ▪ National Mental Health Program ▪ National Program for control and treatment of occupation diseases ▪ National Family Welfare Program ▪ National water supply and sanitation Program • Minimum Needs Program 		
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COMMUNITY HEALTH NURSING - II

Theory: 110 hours + 30 Lab Hours

Course description: This course is designed to help the trainees to develop knowledge and competencies required for management of common conditions and emergencies including first aid and health center management. It also helps them to develop competencies in implementation of Reproductive child health and adolescent health programs including family welfare program. It enables them to take up specialized roles of public health nurses at the block level.

UNIT	TIME	LEARNING OUTCOMES	CONTENT	TEACHING/LEARNING ACTIVITIES	ASSESSMENT METHODS
I	20	Explain their role in identifying, primary management and referral of clients with common disorders/	Management of common conditions and emergencies including first aid <ul style="list-style-type: none"> • Standing orders: Definition, uses Identification, primary care management and referral of :	Lecture, Discussion, Demonstration Role play Suggested field visits Field practice	Field visit reports Perform assessment of clients with common conditions

		conditions and emergencies including first aid	<ul style="list-style-type: none"> • Abdominal pain, helminthiasis, diarrhea, dysentery,, dehydration, vomiting, constipation • Respiratory infections, measles, bronchial as • Anemia • Urinary tract infections • Oral health problems • Local infections of eye, ear, nose and throat <p>First aid in emergency conditions</p> <ul style="list-style-type: none"> • High fever, low blood sugar, minor injuries, fractures, • Emergency conditions including fainting, bleeding, shock, bites, burns, choking, seizures, • Road Traffic Accidents (RTAs) • Operational guidelines on trauma care facility on national highways. 		and provide referral OSCE assessment Short answers Essay type
II A	30	Develop an understanding and competencies to provide RCH services to mothers and children	<p>Reproductive Child Health & Family Planning</p> <ul style="list-style-type: none"> ▪ Normal Pregnancy, Management of problems during pregnancy ▪ Normal labor, Management of problems during labor ▪ Management of Prolonged and obstructed labour ▪ Essential new born care ▪ Post-partum Complication Management ▪ Family Planning Methods ▪ Family Planning Counselling ▪ Screening for Breast and Cervical Cancer <p>Sexually Transmitted Infections</p> <ul style="list-style-type: none"> ▪ Overview of sexually 	Supervised clinical practice in antenatal OPD infertility clinics/ reproductive medicine, Family Planning and postpartum clinic / PPTC centre and Labour Room, NICU, Obstetric / Gynae OPD and ward / RTI Clinic / Lecture cum discussion	Essay, short answers and MCQ. Assessment of clinical performance with rating scale. Assessment of skills with check list
					Self-directed

II B	25		<p>transmitted infections, clinical manifestations, diagnosis and management</p> <p>Child Health (USE IMNCI Module)</p> <ul style="list-style-type: none"> ▪ Newborn care <ul style="list-style-type: none"> - Immediate newborn care - Neonatal assessment & screening - Kangaroo care - Breast feeding ▪ Management of high risk newborn <ul style="list-style-type: none"> ○ Low birth weight ○ Lethargic babies ○ Neonatal jaundice ○ Congenital anomalies ○ Respiratory distress syndrome in newborn ○ Use Facility Based Newborn Care Module ▪ Immunization ▪ Common Surgical Problems in Neonates ▪ Common Childhood Infections <ul style="list-style-type: none"> • Vitamin Deficiencies <p>Adolescent Health</p> <p>Adolescent health problems Risky behaviors Life skill education Adolescent counseling</p>	<p>learning</p> <p>Supervised clinical practice in Gynecology OPD, ward/RTI clinic</p> <p>Lecture cum discussion</p> <p>Demonstration of common paediatric procedures</p> <p>Supervised clinical practice in Paediatric OPD, ward ,Under five clinic, Immunization clinic ,Pulse Polio Program, Nutrition Centers / ICDS</p> <p>Field visit to Anganwadi, child guidance clinic clinical practice/field Paediatric OPD / Ward Under five clinic / Immunization Clinic / Pulse Polio Program, Nutrition Centers</p>	<p>Essay, short answers and MCQ.</p> <p>Assess clinical performance with rating scale</p> <p>Assess each skill with checklist</p> <p>OSCE/OSPE</p> <p>Evaluation of case study</p>
III	20	Develop an understanding and	Specialized role of community health nurses		

		in depth knowledge about the role of community health nurses in various specialized areas	<ul style="list-style-type: none"> • Geriatric Health care, • Palliative care • Oncology nursing • Rehabilitation nursing, • School health nursing • Occupational health nursing 		
IV	5	Describe the role of community health nurse in the promotion of mental health	Community Mental Health& Counselling <ul style="list-style-type: none"> ▪ Depressive disorders ▪ Substance abuse ▪ Dementia Adolescent Counselling National Mental Health Program	Lecture discussion Case discussion Clinical practice	Essay type Short answers Assessment of patient management problems
V	5	Discuss the role of nurse in disaster management	Disaster management: <ul style="list-style-type: none"> • Natural and man-made disaster • Disaster cycle • Community awareness, disaster preparedness and management • Management of epidemics • Safety and security • Counselling 		
VI	5	Discuss quality assurance in community health nursing	Quality Assurance in community health nursing practice Standards of practice: <ul style="list-style-type: none"> • Overview of standards of nursing practice • Indian public health standards • Quality assurance program 		
VII	5	Describe and apply problem solving approach in the public health nursing field practice	Use of problem solving approach <ul style="list-style-type: none"> • Problem solving process and approach • Steps and methods of solving problems in the public health practice area 	Lecture Discussion	Do a simple group project using problem solving approach
VIII	20	Gain an understanding of principles of public health management, supervision and administration of	Management including Health Center Management <ul style="list-style-type: none"> • Management • Definition, Principles, elements • Health center management • Maintenance of stock 	Lecture cum discussion Seminar Skill training	Essay, short answers and MCQ. Assessment of problem solving

		primary health centre	<ul style="list-style-type: none"> • Procurement of equipment, supplies, medicine and vaccines • Intersectoral co-ordination • Management/Health information evaluation system in primary health care • Documentation <ul style="list-style-type: none"> ○ Incidental report ○ Drafting, noting ○ Charting ○ Reports • Writing unit report, Performance appraisal, weekly/monthly and annual • reports of the area, sentinel reports, death reports/birth report/ vaccination reports, reports of ADRS, notifiable disease reports, reports of family planning activities, Guidance, Staff assignment, Material management • Maintenance of Records and Reports of peripheral and health Centre • Supervision • Aims, objective, principles • Qualities, responsibilities of supervisor • Methods of supervision and techniques • Practice standards policies, procedures and protocols • Quality assurance program • Duties, responsibilities of various health personnel of the health team • Staff development • In- service education, Continuing nursing education 	<p>Role play-soft skills, team management</p> <p>Written assignments</p> <p>Preceptor ship</p> <p>Mentorship</p>	<p>exercises</p> <p>Assessment of the assignments</p>
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			<ul style="list-style-type: none"> • Professional trends, Code of Ethics and conduct • Professional organization • Human resource management • Soft skills • Team management • Professional, ethical and legal issues • Rights of clients (Consumer Protection Act, Medico-Legal cases) • Health care policies and public policies. • Health economics and cost-effective health care • Ethics and cost-effective health care • Role development of the nurse practitioner in Primary health care (implement the role development of the advanced practice nurse • Including teacher, advocate, clinician, consultant, collaborator and manager of • systems) • Interdisciplinary collaboration and the Nurse Practitioner in Primary Health Care 		
IX	5	Demonstrate understanding of leadership and supervision and use them in public health settings promoting collaborative and effective teamwork.	Leadership and Supervision <ul style="list-style-type: none"> • Leadership • Supervision • Types of leadership and supervision • Challenges • Leadership and supervision at various levels • Community health team and team building • Working as interdisciplinary team member 	Lecture Role play Case studies	Short notes Essay

13. LIST OF PRACTICAL ACTIVITIES

- Patient Care Assignments
- Writing of Nursing care plan for assigned clients across the lifespan
- Writing case studies
- Case presentations
- Writing observation reports
- Writing field visit reports
- Planned health teaching
 - Individual
 - Group
- Project
- Bedside rounds/clinics
- Sub center and Primary Health Centre Management plan – Designing
- Supervision techniques – Writing unit report, Performance appraisal, weekly/monthly and annual reports of the area, sentinel reports, death reports/birth report/vaccination reports, reports of ADRS, notifiable disease reports, reports of family planning activities
 - Guidance, Staff assignment, Material management
- Maintenance of Records and Reports of peripheral and health center

14. List of Competencies

I. Collection of various specimens and their interpretations

- Blood
 - CBC
 - Hb estimation
 - Smear for MP, MF
- Urine Analysis
- Sputum smear for AFB
- Skin smear
- Vaginal smear
 - VIA
 - PAP smear
- History taking
- Perform general health assessment
- Assessment of
 - Respiratory system
 - Cardiovascular system
 - Abdomen
 - Breast
 - Adult Health Assessment
 - Neonatal (Normal & High-risk)
 - Paediatric
 - Geriatric
 - Mental Health

II. Haemogram

- Assessment of nutritional status
- Identification of nutritional deficiencies
- Investigating an out break

- Blood sugar estimation and interpretation of result
- Plotting and interpretation of Partograph
- Vaginal examination
- Speculum examination
- Conduct Normal deliveries
- AMTSL
- PPH Management
- Episiotomy and suturing
- ENBC
- FP counselling
- IUCD/PPIUCD insertion
- Assessment of Growth and development
 - Newborn
 - Infants
 - Toddler
 - Preschooler
 - School age
 - Adolescent
- Immunization
- NBR
- CPR Child
- Mental status Examination
- Administer vaccines and medications
- Efficient and effective management and supervision of PHC
- Writing various reports
- Report of field visits: DH, CHC and PHC
- Preparation of job description for different health personnel
- Preparation of drug requirement (based on calculations) for CHC
- Planned health teaching for individual and group
- Health talk using appropriate AV aids.
- Preparation of IEC materials.
- Prepare policies/protocol based on quality assurance model (In any one unit)
- Fiscal management (Prepare a budget)
- Plan and conduct nursing staff development program.
- Indenting and inventory control.
- Group work/Mock drill on disaster management.
- Performance appraisal of nursing personnel.
- Formulate Job description for nurses.
- Develop duty roster for nurses.
- Prepare an organogram.
- Prepare physical layout of a hospital.
- Observation and functioning of modified plan of operation in NMEP at PHC.
- Observational visit to RCH and immunization clinic
- Observation of anti-larval operation and vector control measures.
- Participation in review meetings.
- Insertion and removal of Copper T

- Breast Self- Examination

III. Assessment of Growth and development

- School age children- 2
- Adolescent -2

IV. Give care to assigned pediatric patients

- Case History
- Pediatric IP-10
- Pediatric OP -15

Participatory report of Immunization as per national schedule.

Case history

- Obstetrics(PHC,CHC,HSC)-10
- Obstetric high risk(Tertiary/secondary level)-10
- Gynaecology (CHC,PHC,HSC) -5
- Nutritional Assessments for Antenatal and postnatal women, under five children, adolescent boys and girls, adult men and women, geriatrics.
- Preparation of nutritional diet for different age groups

**Dr. T. DILEEP KUMAR, President
INDIAN NURSING COUNCIL**