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 : **29.03.2016**

Submitted By

Name : Mr. Deepak K

Designation : Assistant Professor

Department : Alumni Association

Email : deepak.nur@charusat.ac.in

Endorsed by

MANIKAKA TOPAWALA INSTITUTE OF NURSING CHARUSAT CAMPUS CHANGA

29/03/16

Principal

Seal and Signature

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

(b) Action taken report

Following actions were initiated based on alumni feedback on curriculum

Sr.No.	Feedback	Action taken
1.	Suggested to post students in specialized hospital,	As per the suggestion M.Sc. Nursing 2nd year Paediatric nursing students were posted at Kashiben Gordhandas Patel Children Hospital, Vadodara, Medical surgical Nursing students were posted at Shree Krishna Hospital Karamsad and Mental Health Nursing were posted at Gujarat Institute of Psychological Sciences and de-addiction centre hospital Vadodara from 28.02.2015 to 13.02.2016 (Annexure I)
2.	Enhance Health Promotion activity during clinical postings	As per the suggestion following activities were organized Rally on World TB Day on 22nd and 25th March 2016 at Civil hospital, Nadiad & CHARUSAT campus, Changa by GNM I,II and III Year (Annexure II)

3rd sem - ANNEXURE-I

MANIKAKA TOPAWALA INSTITUTE OF NURSING

(A Constituent of Charotar University of Science and Technology)

Education Campus, CHANGA - 388 421. Ta. Petlad, Dist. Anand, Gujarat, INDIA.
Phone : +91-2697-247500, 248133, Fax : +91-2697-247100
Email : cinc@charusat.ac.in

Ref: CHN/ADM/NUR/15/12/638 Date: 8th December, 2015

To,
Medical Superintendent
KGPC Hospital,
Vadodara

Subject: - Permission for posting of 2nd year M.Sc. Nursing student.

Dear Sir/ Madam,

We Manikaka Topawala Institute of Nursing is requesting you to permit our 2nd year M.Sc. Nursing students of Child Health (Pediatric) Nursing specialty at your hospital for the clinical experience as per the nursing curriculum planning. The period of clinical training will be from 28/12/2015 to 13/02/2016 for 7 weeks. There is 4 students and requested to have specialized experience at Child Health Unit.

We request your good self to permit our students for clinical postings at your hospital.

Will be looking forward to your kind cooperation and approval

Thanking you.

Yours Faithfully

Principal

Received on 28/12
@ 9.53 AM.

Manikaka Topawala Institute of Nursing

Clinical posting of 3rd semester/2nd year M.Sc. Nursing Students

	NICU	PICU	OT	SURGICAL WARD
28 Dec-2 Jan	14MNPN001	14MNPN002	14MNPN003	14MNPN004
4-9 Jan-16	14MNPN002	14MNPN003	14MNPN004	14MNPN001
11-16 Jan-16	14MNPN003	14MNPN004	14MNPN001	14MNPN002
18-23 Jan-16	14MNPN004	14MNPN001	14MNPN002	14MNPN003
25-30 Jan-16	14MNPN001	14MNPN002	14MNPN003	14MNPN004
1-6 Feb-16	14MNPN002	14MNPN003	14MNPN004	14MNPN001
8-13 Feb-16	14MNPN003	14MNPN004	14MNPN001	14MNPN002

ID NO	Name of Student
14MNPN001	Bhatia Sanjanaben S.
14MNPN002	Bhatt Khushbu Vijaykumar
14MNPN003	Patel Ankitaben Nareshbhai
14MNPN004	Patel Tanvi Kanaiyalal

Course coordinator

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Phone : +91-2697-247500, 248133, Fax : +91-2697-247100
Email : cinc@charusat.ac.in

Ref: CHN/ADM/NUR/15/12/639

Date: 8th December, 2015

To,

Nursing Superintendent

Shree Krishna Hospital,

Karamsad

Subject: - Permission for posting of 2nd year M.Sc. Nursing student.

Dear Sir/ Madam,

We Manikaka Topawala Institute of Nursing is requesting you to permit our 2nd year M.Sc. Nursing students of Medical Surgical Nursing specialty at your hospital for the clinical experience as per the nursing curriculum planning. The period of clinical training will be from 28/12/2015 to 13/02/2016 for 7 weeks. There is 3 students and requested to have specialized experience at Medical Surgical Nursing Unit.

We request your good self to permit our students for clinical postings at your hospital.

Will be looking forward to your kind cooperation and approval

Thanking you.

Yours Faithfully

Principal

Manikaka Topawala Institute of Nursing
A Constituent of CHARUSAT

Clinical Rotation Plan of 2nd Year M.Sc. (N) Medical-Surgical Nursing
From 28th December, 2015 to 13th February, 2016
At
Shree Krishna Hospital, Karamsad

Students List:

Sr. No.	Student ID	Name of The Student
1.	14MNMS001	CHRISTIAN TWARA SHASHIKANTBHAI
2.	14MNMS002	SONI PRACHI ASHOKBHAI
3.	14MNMS003	BHATT ANJALI UPENDRABHAI

Clinical Rotation Plan:

Unit / Rotation	Casualty	Diagnostic labs including cath lab.	OPD (Cardiac)	CCU
28.12.2015 To 06.01.2016	14MNMS001	14MNMS002	14MNMS003	--
07.01.2016 To 19.01.2016	14MNMS003	14MNMS001	14MNMS002	--
20.01.2016 To 30.01.2016	14MNMS002	14MNMS003	14MNMS001	--
01.02.2016 To 13.02.2016	--	--	--	14MNMS001 14MNMS002 14MNMS003

Class Coordinator

MANIKAKA TOPAWALA INSTITUTE OF NURSING

CHARUSAT Campus, Changa

Clinical Rotation Plan

HOSPITAL: Gujarat Institute of Psychological sciences & Research center DATE: 28/12/2015 - 13/02/2016

WARD / DATE	28.12.2015 to 06.01.2016	07.01.2016 to 16.01.2016	18.01.2016 to 23.01.2016	25.01.2016 to 30.01.2016	01.02.2016 to 06.02.2016	08.02.2016 to 13.02.2016
Ms. Brijitha Makawana	Male ward	Female ward	Psychometric assessment lab	OPD	ECT	Special ward

Note:

- Holiday: 16th and 26th January 2016

Course coordinator

[redacted]

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Phone : +91-2697-247500, 248133, Fax : +91-2697-247100
Email : cinc@charusat.ac.in

Ref: CHN/ADM/NUR/15/12/637

Date: 8th December, 2015

To,

The Director,

GIPS

Satellite,

Ahmedabad

Subject: - Permission for posting of 2nd year M.Sc. Nursing student.

Dear Sir/ Madam,

We Manikaka Topawala Institute of Nursing is requesting you to permit our 2nd year M.Sc. Nursing students of Mental Health (Psychiatry) Nursing specialty at your hospital for the clinical experience as per the nursing curriculum planning. The period of clinical training will be from 28/12/2015 to 13/02/2016 for 7 weeks. There is1 student and requested to have specialized experience at Psychiatry Unit.

We request your good self to permit our students for clinical postings at your hospital.

Will be looking forward to your kind cooperation and approval

Thanking you.

Yours Faithfully

Principal

ANNEXURE III

MTIN
Manikaka Topawala
Institute of Nursing

MANIKAKA TOPAWALA INSTITUE OF NURSING

A CONSTITUENT OF CHAROTAR UNVERSITY OF SCIENCE AND TECHNOLOGY (CHARUSAT)

EVENT / ACTIVITY

World Tuberculosis Day Celebration - 2016

Rally on
World Tuberculosis Day

on
22nd March 2016 & 25th March 2016

at
District Tuberculosis Centre
Nadiad & Changa.

Report submitted on: 28/03/16

MANIKAKA TOPAWALA INSTITUTE OF NURSING

A CONSTITUENT OF CHARUSAT

Index of Extension Activity

Sr. No.	Content
1.	Report of activity
2.	Budget letter & expenditure
3.	Feedback form and analysis report
4.	Photographs
5.	Content
6.	Appreciation letter
7.	Filled feedback forms

Report of Rally on: World Tuberculosis Day celebration at District Tuberculosis Centre, Nadiad

The students of General Nursing and Midwifery course of Manikaka Topawala Institute of Nursing, a constituent of CHARUSAT University Changa, organized rally on World TB day with the theme "**UNITE TO END TB:2016** at District Tuberculosis Centre at Nadiad on 22/03/2016 from 8.00Am Onwards.

Students had prepared various posters on TB disease that was based on bringing general awareness to public in their local language. They were collectively guided by the Clinical Instructors as well as the District TB officer Dr. Fulmali & their Team for organizing such event.

The event was inaugurated by the Chief District Health Officer Dr. A. S. Sanghvi & District development officer PRAVEENA D. K. (I.A.S) & the District Tuberculosis officer Dr. Fulmali.



The objectives of this event as follows:-

Central Objectives: At The End of This event the targeted population will gain adequate knowledge regarding Tuberculosis and its preventive measures.

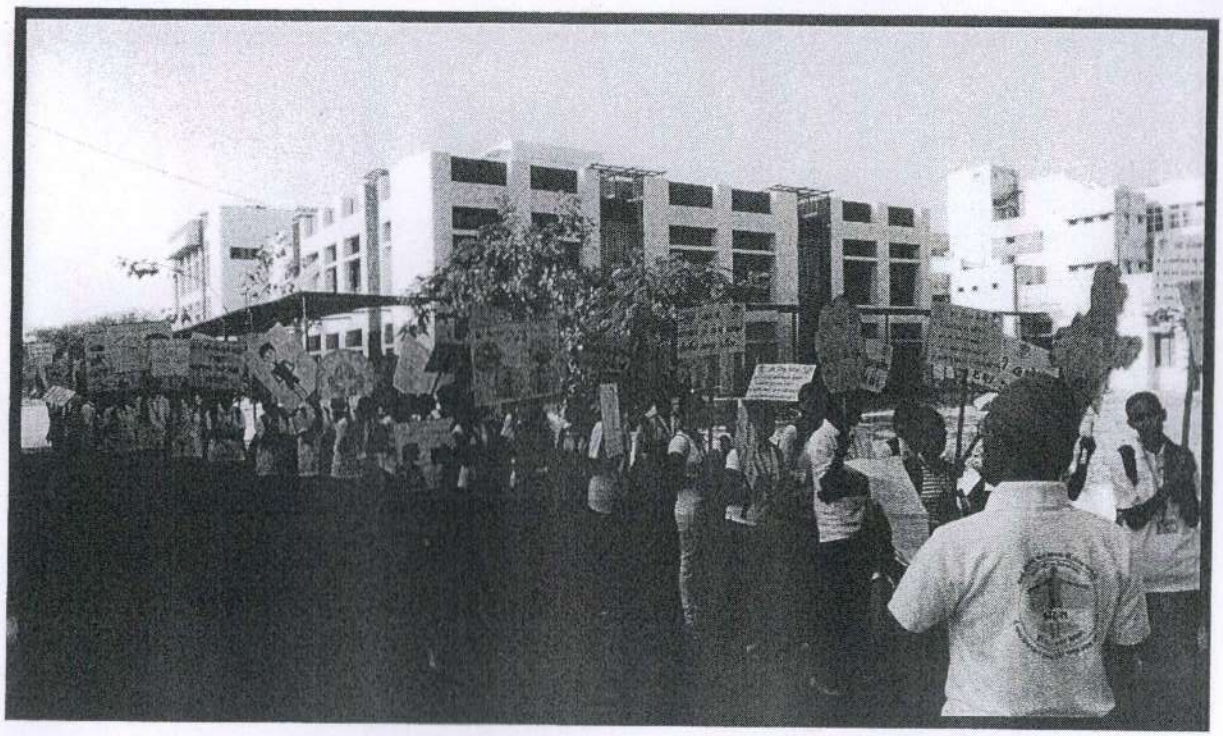
General Objectives:

At the end of this event:-

- → Understand the overall concept of Tuberculosis disease.
- → Appreciate, gain awareness regarding causes and sign and the symptoms of the diseases.
- → Appreciate, gain awareness regarding the appropriate diagnostic evaluation available at district center for TB.
- → Appreciate, gain awareness and follow treatment modalities available at the TB center.
- → Appreciate , gain understanding and follows preventive measure of TB

The students of first year GNM prepared various slogan to End TB , were as the students of second and third year GNM prepared and exhibited their posters regarding TB Disease awareness.

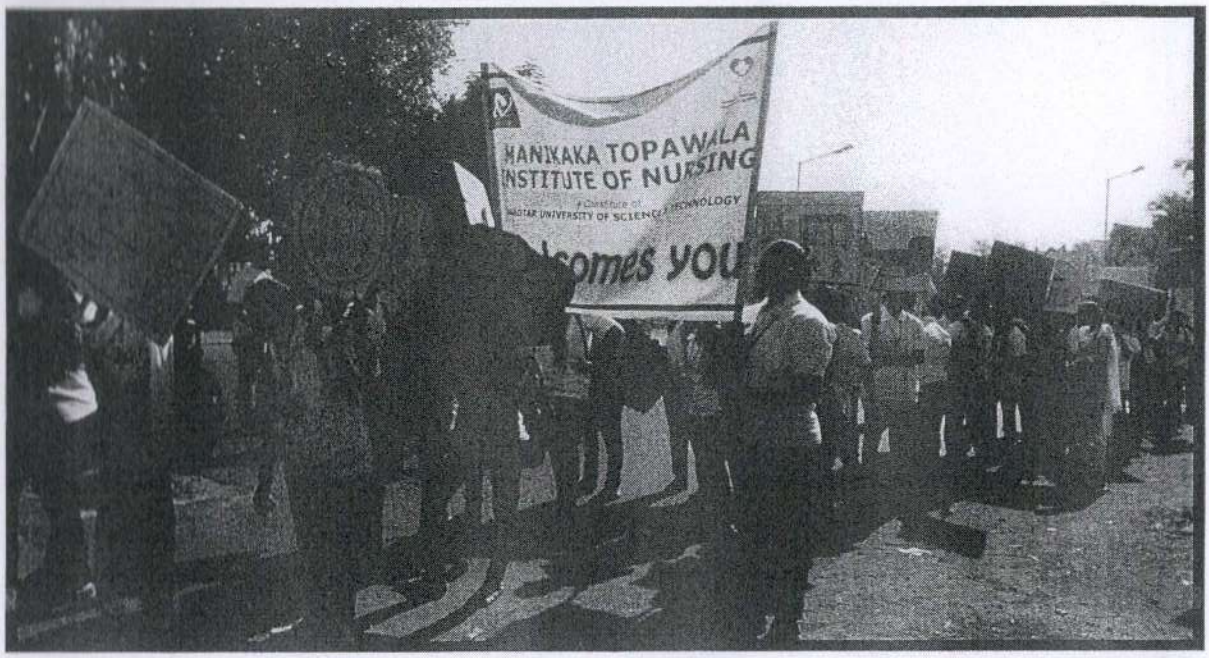
The rally began from District Tuberculosis Office to Santram Temple via Mahagujarat hospital, Nadiad accounting approximately 05 km.



The students exhibiting slogans to "END TB"



The students emphasized their rally especially on the various topics that included the concept of the TB, causes, source of spread of TB & preventive measure.



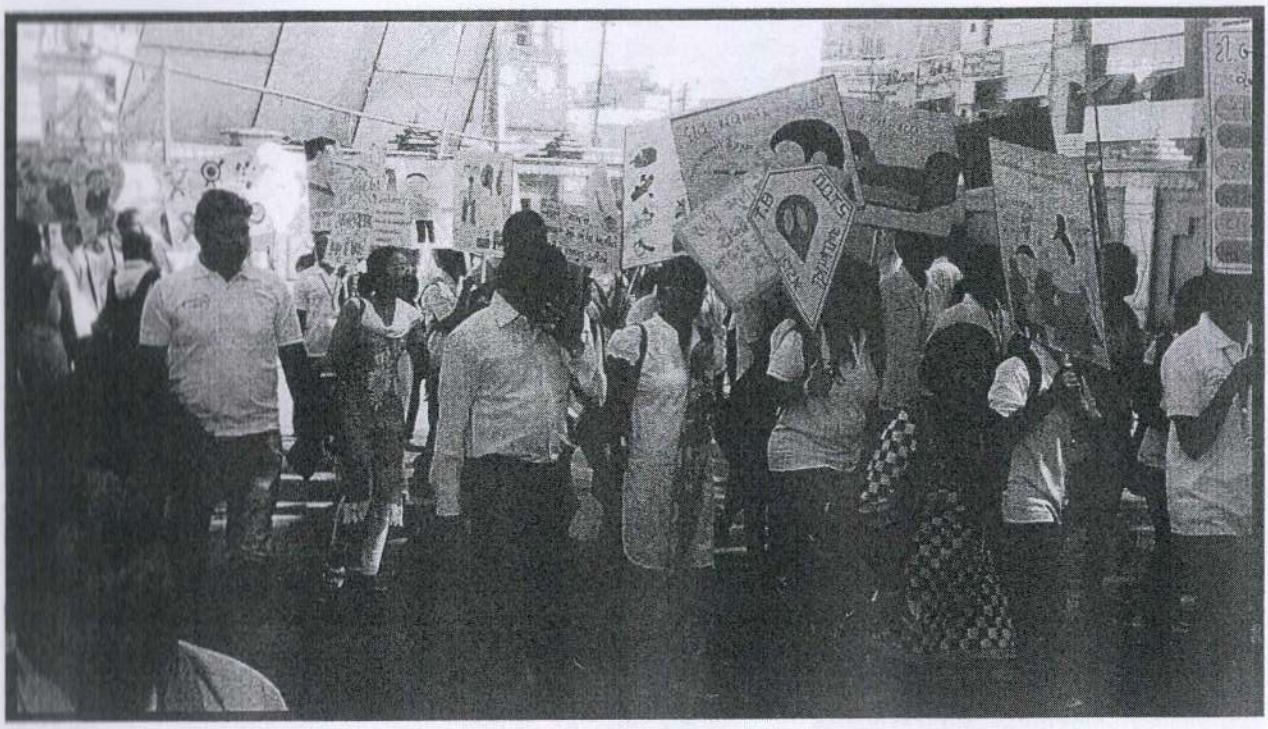
The students spreading awareness to targeted people about the source of transmission of TB, preventive measures of TB, and diagnostic test for the same.

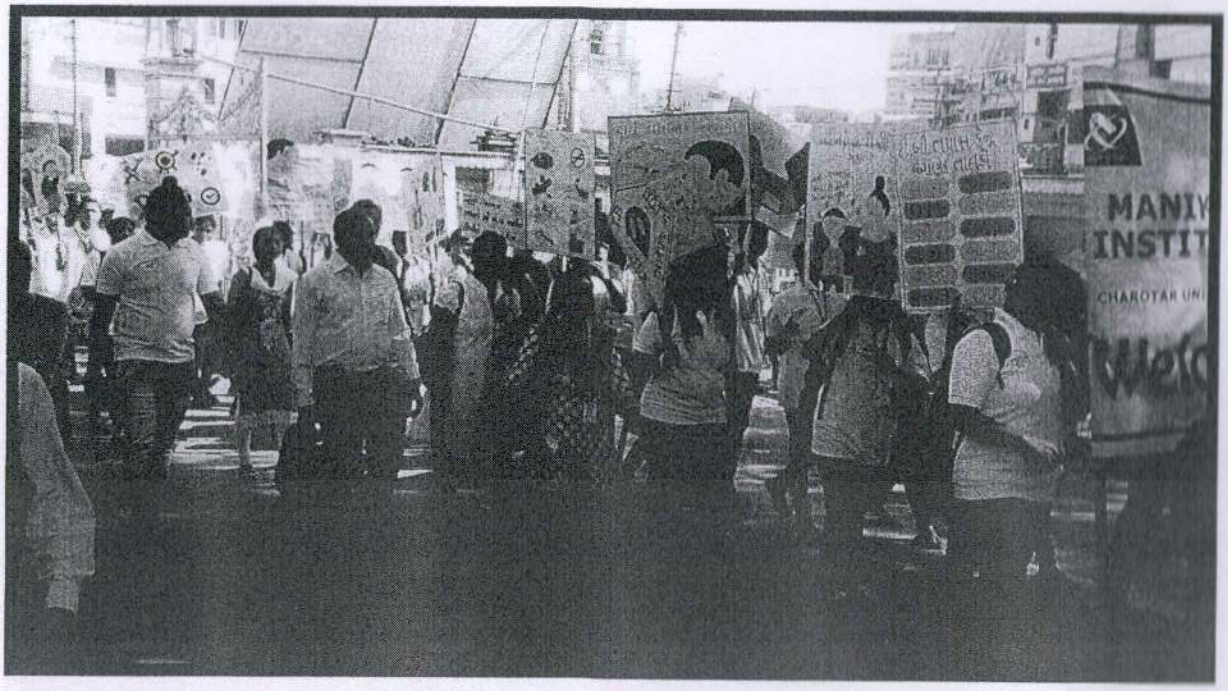






The students were encouraged by the District TB Officer Dr. Fulmali and his team. Mr. Deepak. K. H.O.D of Mental Health Nursing and faculties of Manikaka Topawala Institute of Nursing also participated in this rally to encourage the students for the civil cause.





The Chief District Health Officer, District Development Officer and District Tuberculosis Officer appreciated the initiatives of the students of Manikaka Topawala institute of Nursing of such social civil event for mankind.





The District Health officer Dr. Fulmali imparted knowledge and learning experience on this event by special lecture to the students of Nursing which consists of global statistics data of Tuberculosis cases, screening methods as well as Sustainable Development Goals and the goal of the WHO End TB Strategy.

The students and the faculties were provided refreshment by the DTO at the centre. The overall participation of the rally by the students was good and appreciated by all who visited the event. Such global event remains successful as we could get much good feedback by the various officers at the Programme. We thankful to the institution and Mr. Anil Sharma Sir, Principal, MTIN for the opportunity and his constant support.

.....THANK YOU.....

Report of Rally on: World Tuberculosis Day at Changa

CELEBRATION OF WORLD TUBERCULOSIS DAY 2016

The students of General Nursing and Midwifery course of Manikaka Topawala Institute of Nursing, a constituent of CHARUSAT University Changa, organized rally on World TB day with the theme **"UNITE TO END TB:2016** at CHARUSAT, Changa on 25/03/2016 from 9.10 Am Onwards.

Students had prepared various posters on TB disease that was based on bringing general awareness to public in their local language. They were collectively guided by the Faculties of MTIN for organizing such event.

It is important to enhance public awareness regarding tuberculosis in terms of preventive and control measures so people aware about this by rally.

Objectives of rally on celebration of World Tuberculosis Day:

1. To create awareness regarding tuberculosis through rally.
2. To educate people & community about early detection and treatment of TB.
3. To draw attention about services provided by government health sector for tuberculosis.
4. To make focus on specific about causes and symptoms of tuberculosis.
5. To educate people regarding preventive aspects of tuberculosis.
6. To make public participation & join in rally.
7. To make realization to community about the real changes & modifications, so they should take action.

The rally was inaugurated by Dr. B.G. Patel Sir, Provost-CHARUSAT from CHARUSAT Campus (AXIS Bank ATM) at 9.10 am and Mr Anil Sharma, Principal, MTIN, Dilip Gosai Sir, Jani Sir and Faculties of MTIN Named Mr. Vipin Vagheriya, Khyati Sura, Mr. Ravi Barot, Shilpa Dalwadi, Alpana Patel, Sharon Keral Raj, Meghal Jani, Keyur Patel were present for inauguration ceremony. Also they encouraged students for rally.



Then rally commenced from charusat campus to valetva chokdi and end at mahadev temple.





There were many slogans, banner, charts prepared by the students about tuberculosis.







After finishing of rally, we distributed energy drink and biscuits to every members participated in rally.

Content of rally:

Slogans:

"Unite to end TB"

"Stop TB In My Lifetime."

"DOTS: TB Cure For All"

"Every Breath Counts – Stop TB Now!"

"Actions For Life – Towards A World Free Of TB"

Tuberculosis:

Tuberculosis (TB) is an infectious disease usually caused by the bacterium *Mycobacterium tuberculosis* (MTB). Tuberculosis generally affects the lungs, but can also affect other parts of the body.

Signs and symptoms:

- More than 2 weeks Coughing, sometimes with mucus or blood
- Chills
- Evening rise Fever
- Loss of weight
- Loss of appetite
- Night sweats
- Fatigue

Diagnostic test:

- Sputum examination

Prevention and control measures:

- Wearing a mask
- BCG injections are given to children in order to vaccinate them against tuberculosis.
- Regular medication
- DOTS treatment

Expenses of Rally held on 22nd March, 2016 & 25th March, 2016

1.	Banner	450/-
2.	Chart paper	77/-
3.	Stationary	299/-
4.	Marker pen, chart, fevicol	126/-
5.	Chart, water colour	63/-
6.	Chart, water colour	57/-
7.	Pencil colour, water color, marker, pencil colour	156/-
8.	Waater colour, marker	70/-
9.	Packet water colour	30/-
10.	Marker pen	30/-
11.	Charts	50/-
12.	Cello tap	25/-
13.	Cello tap	80/-
14.	Fevicol	57/-
15.	Fevicol	40/-
16.	Water colour, dish, sketch pen, Green cloth	100/-
17.	Fevicol	43/-
18.	Wooden stick	150/-
19.	Fevicol	57/-
20.	Chart paper, cello tap, fevicol	152/-
	Total	**2112/-**

Total expenditure: Rs. 2112(Rs. Two thousand one hundred twelve only)

MANIKAKA TOPAWALA INSTITUTE OF NURSING
A constituent of CHARUSAT
RALLY
Feedback Analysis Report

Topic: World Tuberculosis Day
Place: Nadiad

Date: 22/03/16

N = 23

Sr. No	Statement	Strongly agree	Agree	Disagree	Strongly disagree
1.	Rally was relevant to felt need.	21	2	0	0
2.	Audio Visual aids were properly prepared.	20	3	0	0
3.	Participants of rally were enthusiastic and energetic.	19	4	0	0
4.	Slogans of rally were prepared according to topic.	18	5	0	0
5.	Rally was conducted in appropriate time frame.	21	2	0	0

What did you most appropriate or think was best about this rally?

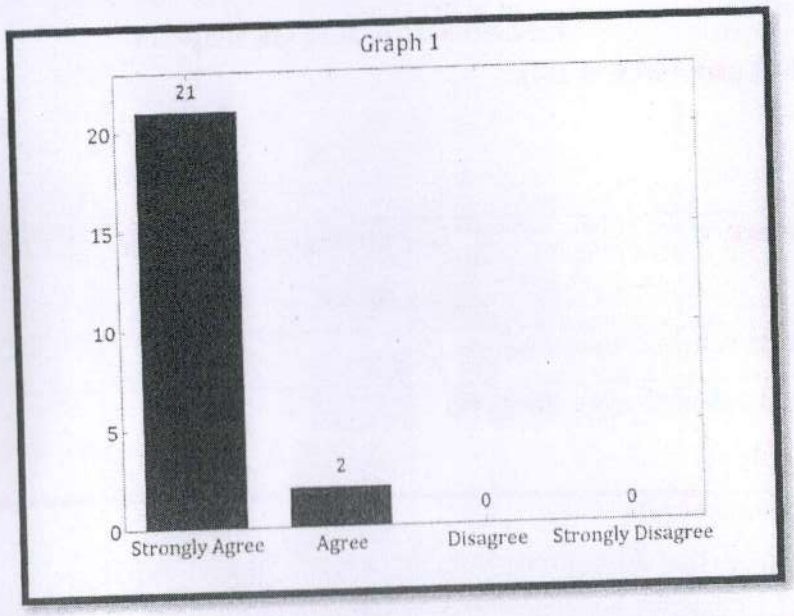
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Any other suggestions:

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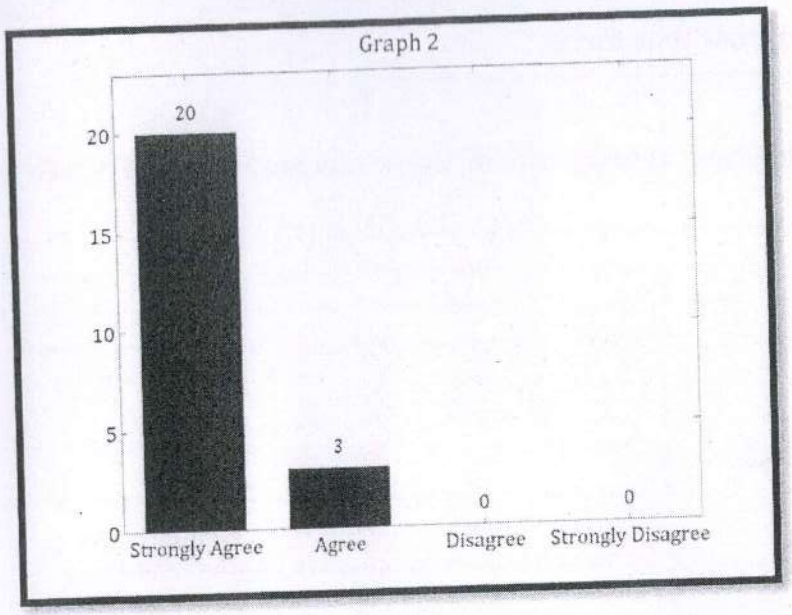
GRAPHICAL PRESENTATION OF FEEDBACK ON RALLY HELD AT NADIAD ON WORLD TUBERCULOSIS DAY 2016

1. Rally was relevant to felt need.



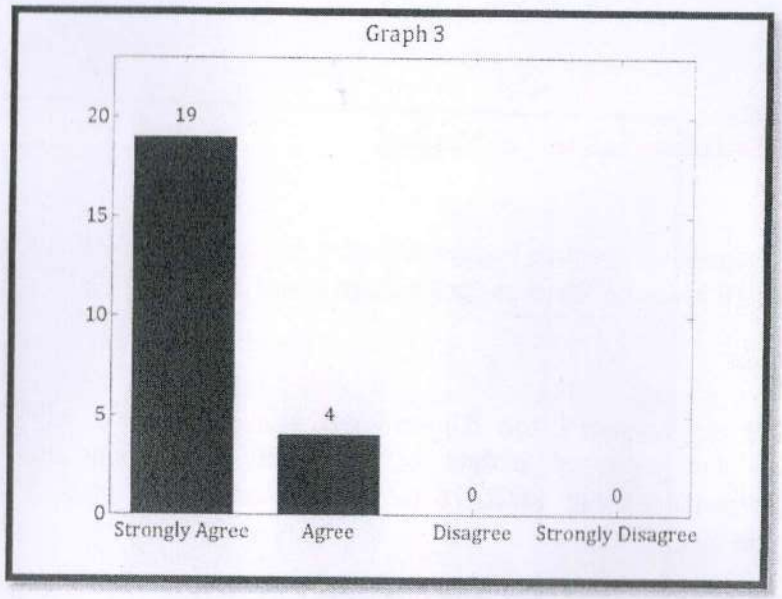
Out of 23 participants, 21 strongly agreed while 2 agreed.

2. Audio Visual aids were properly prepared.



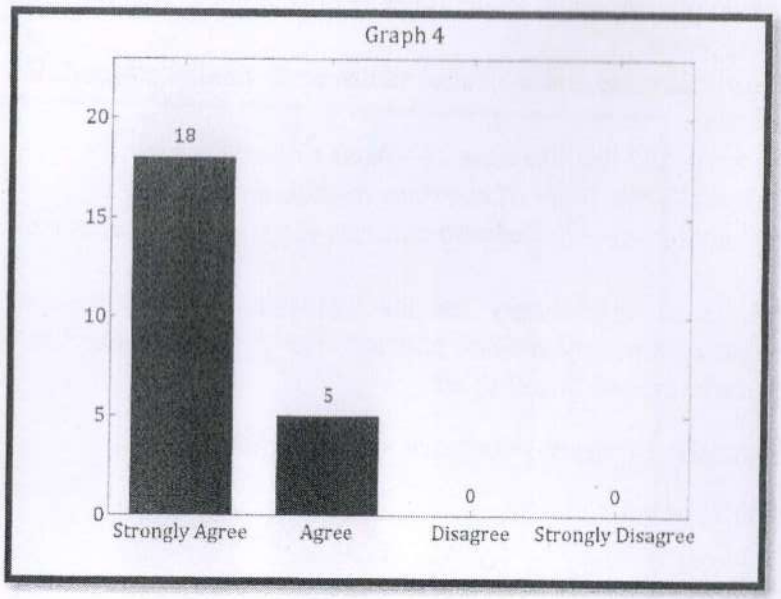
Out of 23 participants, 20 strongly agreed while 3 agreed.

3. Participants of rally were enthusiastic and energetic.



Out of 23 participants, 19 strongly agreed while 4 agreed.

4. Slogans of rally were prepared according to topic.



Out of 23 participants, 18 strongly agreed while 5 agreed.

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY[CHARUSAT]

Faculty of Medical Sciences

MANIKAKA TOPAWALA INSTITUTE OF NURSING

Action Taken Report on Employer Feedback on Curriculum

Date of Submission	:	**18/04/2016**
Submitted By		
Name	:	**Mr. Jamin Chauhan**
Designation	:	**Training and Placement coordinator**
Department	:	**Nursing**
Email	:	**jaminchauhan.nur@charusat.ac.in**

Endorsed by

MANIKAKA TOPAWALA INSTITUTE OF NURSING CHARUSAT CAMPUS CHANGA

Principal 18/4/16

Seal and Signature

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

2015-16

Manikaka Topawala Institute of Nursing

Faculty of Medical Sciences

Charotar University of Science and Technology (CHARUSAT)

Employer Feedback on Curriculum

Majority of the employers agreed with the structure and appropriateness of curriculum. Employers also agreed with existing curriculum created leadership qualities. None of the employers gave poor response about feedback on curriculum. Some of the suggestions were as follows-:

Suggestions/Feedback	Action suggested
Students should be exposed to distinct mode of delivering content that should be reciprocal.	MOUs were made with various hospitals to enhance the clinical skills of the students. (Annexure 1) The 2nd semester B.Sc. Nursing students were imparted training at V.S. Hospital, Ahmedabad between 04/04/2016 to 17/06/2016 to fine tune their clinical skills. (Annexure 2)
The feedback suggested sessions to be taken to sensitize and motivate the students to imbibe soft skills like professional values and moral component in their life.	The soft skills training module in 8th semester B.Sc. Nursing already encompasses the learning of soft skills among the students. (Annexure 3)

Annex 1

NUTAN NAGRIK SAHKARI BANK LTD
NEW CLOTH MKT BRANCH
AHMEDABAD - 380 002
GUJ/SOS/AUTH/AV/255/2009

00507 SPL ADH
120645 FEB 13 2013
12:12
Rs.0000100/-PB6894
STAMP DUTY GUJARAT

NOTARY R.H.SOLANKI AHMEDABAD GUJARAT STATE REG. No. 5702 GOVERNMENT OF INDIA

SERIAL NO. 62/B
DATE 15/02/2013

R. H. SOLANKI
NOTARY
GOVT. OF INDIA

15 FEB 2013

MEMORANDUM OF UNDERSTANDING

(MOU)

(Agreement for the use of clinical facilities of Sheth V.S.General Hospital for Practical Training of B.Sc.Nursing students of Charotar Institute of Nursing ; a constituent of Charotar University of Science and Technology)

This agreement is entered into at Ahmedabad on 15/02/2013 between Charotar University of Science and Technology (CHARUSAT) a University duly established under Gujarat Private University Act 2009 having its office at Education Campus-Changa;At & PO.Changa-388421 hereinafter referred to as the party of the First Part (This expression shall mean and include its present office bearers and executors in the interest of educators,administrators and assignees) and Sheth V.S.General Hospital, a Public Charitable Trust duly incorporated under the provisions of Public Charity Trust and located at Ashram Road,Ellos Bridge,Ahmedabad-380006 herein after referred to as the Party of the Second Part (This expression shall mean and include its trustees, administrators,executors and assignees).

Whereas the party of First Part has started B.Sc.Nursing Course under the recognition from Indian Nursing Council and Gujarat Nursing Council and has approached the party of the Second Part to allow use of clinical, hospital beds facilities for providing Practical training to their students of B.Sc.Nursing Course.

Whereas the party of the First Part will be responsible for obtaining and maintaining recognition and certification from Gujarat Nursing Council and Indian Nursing Council, State Government and any other legal authorities from time to time as well as recruit professors,Tutors,Teachers and other teaching, technical and administrative staff for their constituent college of nursing and create all other facilities to provide academic training of the required curriculum programme at their own premises.

Party of the Second Part has agreed to allow the Students of B.Sc.Nursing Course of the Nursing College of the First Part to come to the hospital and get themselves trained with the help of their own teachers, using clinical facilities for gaining needed Education.

The Party of the Second Part shall not be responsible to recruit any staff to support any clinical training now or at any time in future.

Whereas the party of the First Part has expressed its interest through its letter dated 17-12-2009 writtan by Registrar to use the clinical facilities for the students of their nursing college. The party of the Second Part has agreed to such a request through its Board of Management **Resolution No. 150/12-13 dated 16-01-2013** and empowered the Chairman. Board of Management to enter into this MOU on behalf of the party of the Second Part. Whereas the party of the Second Part has desired the following terms and conditions which the Party of the First Part has agreed to from time to time.

(1) The Party of the First Part shall be responsible for procurement and maintenance of affiliation and recognition from Gujarat Nursing Council, Indian Nursing Council and other legal authorities including State Government from time to time, Wherein the party of the Second Part shall bear no responsibility or liability whatsoever in respect of any derecognition etc.

(2) After due approvals of authorities as Stated in (1) and after the teaching activities has started the party of the First Part shall notify the party of the Second Part in writing in advance about the schedule,time tables and training related activities including clinical examinations etc.

(3) The party of the First Part shall be responsible to inform thae party of the Second Part in case of any changes in decisions concerning training activities-such as change in the schedules etc.

(4) The party of the Second Part reserves its right to alter,reject or change the clinical training time table and schedules to safeguard the interest of the patients, its own nursing school related educational, training activities, its own priorities of undergraduate and postgraduate clinical training, examinations etc. or without assigning any reason whatsoever in any unforeseeable circumstances.

(5) The party of the First Part shall agree to depute its three senior most executives including the principal of the college of Nursing to be the members of the Steering Co-Ordination Committee in which the party of the Second Part will appoint its own three senior executives including Principal of the School of Nursing to function as the

Steering Committee to monitor all activities Plus,its implementation and any changes required to be monitored from time to time for the practical training of nursing students.

(6) The party of First Part will allow and Co-Operate with the party of the Second Part for "on duty training" (Internship) to post the students in various clinical areas for their training during the period of internship and that the party of the First Part shall be responsible for giving any stipend and other benefits to be extended to such internees/Students as per the GNC & INC guidelines and norms.

(7) The party of the First Part shall pay **25%** of the tuition fees or **Rs.5,000/-** whichever is higher/per student/per term as clinical training fees to the party of the Second Part.

(8) The party of the First Part shall pay Caution money-deposit to the party of the Second Part(Refundable after the completion of the course) of **Rs.10,000/-** (Rupees Ten Thousend only) per student to the party of the Second Part towards untoward incidence of financial nature and and as an advance safety against damage, pilferage, theft, arising out of unpredicatable/unforeseen behaviour of students.The party of the Second Part will not pay any interst against this deposit and shall be refunded one year after the termination of MOU on submission of NOC to this effect by the Medical Superintendent of the party of the Second Part. This will be issued after the party of the First Part assures about tne no legal proceeding or dues thereof against them vis-à-vis the education training provided at the institute of the party of the Second Part. The party of the First Part shall be responsible for any complications,damage and legal proceedings arising out of the training provided to the students by the partients and shall be responsible to bear the expenses of legal procedures. including compensation arising out of it.

(9) The party of the Second Part will have the full authorities to restrain training including termination of training of those students whose fees are not paid in advance by the First Part as per the stipulated time table every term/ or have shown unacceptable behaviour by the student.

(10) The party of the First Part shall be responsible Identity card and uniform to their students and staff members to allow them entry into the premises of the party of the Second Part.

(11) The party of the First Part will be awarding the Degree of B.Sc. Nursing.

(12) The party of the First Part will be responsible to appoint teachers and any other additional staff at their own expenses as well as bring in the needed gadgets,equipments/instruments or any teaching materials,etc. that may be essential for imparting training to their own students at various locations of the party of the Second Part. These nursing students from the party of the First Part will be exposed to the training needs as per the Nursing Council of India guidelines at the expense of the party of the First Part. No other facilities will be provided from the party of the Second Part to the students of the party of the First Part at any future time.

(13) This Memorandum of Understanding (MOU) will remain in force initially for a **period of three years** from the date of siging the MOU by both the parties and will be at the discretion of the Board of Management of the party of the Second Part for renewal, termination or any changes or parmenent nature.

(14) However, the party of the Second Part is free to start its own B.Sc.in Nursing Course for which/and/or for any unforeseeable reasons, reserves the right to terminate this MOU without assigning any reason for which the party of the Second Part shall give due notice atleast **6 months** or one term / semester in advance to allow the party of the First Part to make alternative necessary arrangements.

(15) The party of the First Part will bear all the cost and pay all the charges or any legal proceeding arising out of any legal disputes, compensations, causes of accidents,thefts,arising out of the training provided to their nursing students.

(16) The steering Committee shall meet once in every month to monitor the progress of the activities which shall be minuted and submitted for information to the Chief Executives of both the parties for any need to take follow up actions and monitor.

(17) The party of the First Part has no role in functioning of following up the evalution,assess the activities of any other clinical functions or clinical training provided by the nursing school of the party of the Second Part to its own students.

(18) The party of the First Part will bear all responsibilities for moral,financial or any legal issue arising out of the training course even after the caution money deposit has been refunded by the party of the Second Part.

(19) It is hereby agreed that for the purpose of following the training facilities, Principal, School of Nursing at Sheth V.S. Hospital campus, the party of the Second Part and Principal of Nursing College at Changa, the party of the First Part will be responsible for day to day activities of the training,etc.

(20) It is hereby specifically agreed between the party of the First Part and the party of the Second Part that in case of any difference of opinion of interpretation of terms and conditions of this agreement or the functioning of the steering committee, or for any financial arrangements,etc. no party shall rush to the Court of Law but such disputes shall be settled through Arbitration, wherein an arbitrator will be appointed by the party of the Second Part.

The Parties hereto set and subscribe their respective approval on _____

REGISTRAR
CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

Registrar
Charotar University of
Science & Technology

Chairman,
Board of Management,
Sheth V.S.Gen.Hospital.

Witness :-

Name :- Dilip Dhayabhai Bagaria.

Age :- 49

Address :- 8A, Naimesh Society
Vejalpur, Ahmedabad.

IDENTIFIED BY ME

ADVOCATE
NAME : H.N. PARMAR

SIGNED
BEFORE ME

R. H. SOLANKI
NOTARY
GOVT. OF INDIA

25 FEB 2013
15 FEB 2013

Annex 2

MANIKAKA TOPAWALA INSTITUTE OF NURSING
(A Constituent of Charotar University of Science and Technology)
Education Campus, CHANGA - 388 421, Ta. Petlad, Dist. Anand, Gujarat, INDIA
Phone : +91-2697-247500, 248133, Fax : +91-2697-247100
Email : cinc@charusat.ac.in

Ref: CHA/ADM/NUR/16/03/130

Date: 25th March, 2016

To,
The Medical Superintendent,
V.S. Hospital,
Ahmedabad

Subject: Permission for Clinical posting of 1st year Basic B.Sc. Nursing students.

Dear Sir,

This is to bring to your kind notice thatour First year B. Sc. Nursing 61 students will be posted for their clinical experience in the subject of Nursing Foundation – II as per their B.Sc. Nursing curriculum planning and their clinical timings will be from 08.00 am to 3.00 pm. The dates of posting are from 4th April 2016 to 17th June 2016.

Therefore, we request your good self to permit our students for clinical postings in your esteemed hospital.

As per signed MOUś, we have drawn demand draft, which details are following.

DD details:

DD. No.	Bank Branch	Date	Amount
945187	IDBI Bank, Vallabh Vidyanagar, Anand	10.03.2016	Rs. 3,10,000/-

Thanking you in anticipation

Yours truly

Principal

Enclosed:

- Demand Draft
- List of students
- Clinical rotation plan.

CC to:

- The Nursing Superintendent, V.S. Hospital, Ahmedabad.
- Dean, Medical College, V.S. Hospital, Ahmedabad.

MANIKAKA TOPAWALA INSTITUTE OF NURSING

CHARUSAT Campus, Changa

II semester/I year B.Sc Nursing

CLINICAL ROTATION PLAN

HOSPITAL: CHRF, Changa. TIMINGS: 9.00 am to 4.30 pm

DATE OF POSTING: 04.04.2016 to 17.06.2016

DATE	GROUP	STUDENTS
04.04.16- 08.04.16	L	• SONI SHAILY HITESHKUMAR • SUTHAR APEXABEN NARANBHAI • VASAVA PRIYANKABEN SURESHBHAI • VAZA HARSHADKUMAR MANUBHAI • PARMAR MITTALBEN RATILAL • PATEL KAMAL HARESHBHAI
09.04.16- 14.04.16	A	• CHAUHAN KHYATIBEN RAMESHBHAI • DESAI NISHTHA HEMALKUMAR • GOLIVADIYA NIKITABEN VISHNUBHAI • JANI MAHARSHI ASHWINBHAI • KA.PATEL HINALBEN BHAVESHKUMAR
15.04.16- 21.04.16	B	• LEUVA KAJAL MUKESHBHAI • MALIWAD EKTA PARSOTTAMDAS • PAREKH PAYALBEN ASHOKBHAI • PAREKH PRIYANKA PRAKASHBHAI • PARMAR PRIYABEN VINODBHAI
22.04.16- 27.04.16	C	• PATEL AESHABEN ASHOKBHAI • PATEL AMEEBEN RAKESHKUMAR • PATEL ARPITABEN RUSHIKESHBHAI • PATEL BHAKTI NARENDRAKUMAR • PATEL BHAVYA RAJENDRAKUMAR
28.04.16- 03.05.16	D	• PATEL BHUMI SURESHBHAI • PATEL CHARMIBEN ATULBHAI • PATEL DARSHANKUMAR VIKASBHAI • PATEL DISHA RAKESHBHAI • PATEL HEMALIBEN BHARATBHAI
04.05.16- 09.05.16	E	• PATEL HETAVI CHANDRAKANT • PATEL JINAL BHARATBHAI • PATEL KINJALBEN DINESHBHAI • PATEL MAITRIBEN NIKULBHAI • PATEL MANALI KAMLESHBHAI
10.05.16- 14.05.06	F	• PATEL MANSI PARESHKUMAR • PATEL MANSIBEN HITESHKUMAR • PATEL MARGI RASHMIKANT • PATEL MIRALI KAMLESHKUMAR • PATEL MOHINIKUMARI NAVINBHAI

SHETH VSGH & SHETH CMH--(Yr.2015-16)
ELLISBRIDGE
AHMEDABAD

Bank Receipt Voucher

No. : 820 Dated 18-Mar-2016

Particulars	Amount
Account :	
NURSING TRANING COURSE FEE	3,10,000.00
Through :	
ICICI BANK 002401045390	
On Account of :	
MANIKAKA TOPAWALA INSTITUTE OF NURSING REF NO ,CHA/ADM/NUR/16/03/115. FEE FOR POSTING 1ST YEAR BASIC NURSING STUDENTS , CH NO ; 945187/10.3.16 . IDBI BANK	
Amount (in words) :	
INR Three Lakh Ten Thousand Only	₹ 3,10,000.00

Aut

Fourth Year B.Sc. Nursing, Semester -8
CS 410 Soft Skills Training

Credit (practical) -1 **Contact Hours/week (practical) - 2**

Objective: By the end of the soft skills training program, the students should be able to:

- Develop effective communication skills (spoken and written).
- Develop effective presentation skills.
- Conduct effective business correspondence and prepare business reports which produce results.
- Become self-confident individuals by mastering inter-personal skills, team management skills, and leadership skills.
- Develop all-round personalities with a mature outlook to function effectively in different circumstances.
- Develop broad career plans, evaluate the employment market, identify the organizations to get good placement, match the job requirements and skill sets.
- Take part effectively in various selection procedures adopted by the recruiters.

Unit	Components	Proposed Hours
1	Soft Skills : An Introduction	3
2	Interpersonal Skills	6
3	Motivational Skills	6
4	Attitude, People Skills and Team Building	6
5	Work Place Etiquettes, Work Ethics	6
6	Critical Thinking Skills	6
7	Cross Cultural Communication	6
8	Behavioral Skills	6

Total Hours : 45

Unit-1: Soft Skills: an Introduction:

- Communication Skills: Heart of soft skills
- Soft skills at workplace
- Soft skills and Johari Window
- Emotional Quotient: key part of soft skills
- Five Domains of Emotional Quotient
- Personality Assessment Tools: Aptitude test, IQ,EQ Test
- Personal, Social and Communicative Competence

Unit-2: Interpersonal Skills:

- Assertive skills
- Listening skills
- Social skills
- Negotiation Skills

Unit-3: Motivational Skills:

- Introduction to motivation Skills
- Roles and significance of motivational skills for nurse
- Tips and Techniques of motivating patients
- Motivational tools for nurse
- Motivating self and others

Unit-4: Attitude, People Skills and Team Building:

- Building Positive Attitude
- Self-confidence
- Barriers to Achieving SC and techniques of overcoming them
- Essentials and Principles of People Skills
- Leadership Skills: leadership styles, insights from great Leaders
- Team Skills: Team building and leadership, evolution of groups into teams, group

Unit-5: Work Place Etiquettes, Work Ethics:

- Etiquttes-Bacics, Workplace Etiquettes, and PC Etiquettes
- Ethical values in Nursing/Medical field
- Values, Ethics and communication; Ethical Dilemmas
- Work Ethics and work Responsibilities in Medical field
- Ethical communication in Nursing
- An introduction to work ethics; Difference between Ethics and Morals

Unit-6: Critical Thinking Skills:

- Introduction to critical thinking
- The tools of critical thinking
- Using critical thinking skills in Nursing
- Tools for drawing a conclusion-using logic
- Tools for evaluating a conclusion
- How to use critical thinking skills at work place
- Tools for evaluating the facts

Unit-7: Cross Cultural Communication

- Introduction to cross cultural Communication with reference to globalization and communication across the cultures
- Getting Started With Cross Cultural Communication
- Cross-cultural Communication Conflicts and Tactics
- Dealing with patients belonging to different cultures
- Hot Spots in Cross Cultural Communication

Unit-8: Behavioral Skills

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

[CHARUSAT]

Faculty of Medical Sciences

MANIKAKA TOPAWALA INSTITUTE OF NURSING

" Action Taken Report of Students Feedback on Curriculum "

(Post Graduate Nursing Students)

Date of Submission : 27th May 2016

Submitted By

Name : Mr. Jayesh Patidar
Designation : Assist. Professor
Department : Nursing
Email : jayeshpatidar.nur@charusat.ac.in

Endorsed by

Principal

MANIKAKA TOPAWALA INSTITUTE OF NURSING
CHARUSAT CAMPUS
CHANGA

27/05/16

Seal and Signature

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

Action Taken Report of Students Feedback on Curriculum

Introduction: - Our Institute collect feedback on curriculum aspect and courses from different stakeholder such as students, alumni, faculty etc. Once the feedback is analysed and valuable suggestion given were considered and necessary action was executed. feedback is essential element of learning process, We Manikaka Topawala institute of Nursing collected feedback on curriculum of total 4 M.sc Nursing Students. On the bases of student's feedback analysis report, we planned certain action which need to take for further improvement towards curriculum feedback.

Majority of students Population 100 % graded with excellent for existing curriculum have an adequate space for feedback from students and other stakeholders.75 % were rated very good about existing curriculum meet the Statutory body requirements. 25% were rated with good about the Structure and appropriateness of curriculum and library resources supporting curriculum structure. No students rated in Satisfactory and poor curriculum evaluation points.

We were received M.Sc. Nursing Students feedback on curriculum for the academic year 2015-2016. A special five-point scale feedback form on the curriculum is developed.
On the bases of above mention analysis, we had taken certain action which was help in further improvisation in students' feedback on curriculum.

Action Taken Report; -

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

S.No.	Feedback received	Action Taken
1	Students suggested to Increase library resources.	As per the student suggestion library Subscription of E- resources like Proquest was already Purchased on Date 29 January 2016. Annexure I
2	More extracurricular activities required.	Students were encouraged to organize and participate in various extracurricular activities like celebration of Health Day, Exhibition, Rally etc. Annexure -II (Sample report of celebration of International Nurses Day.)

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CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY [CHARUSAT]
Faculty of Medical Science
Manikaka Topawala Institute of Nursing
8th Semester &2ndSemester B.Sc. Nursing
International Nurses Day, 2016

Activity: Poster exhibition on '' substance abuse & role play on road traffic accidents

Date of exhibition: 12th May, 2016

Venue of exhibition: V.S.Hosptal, Ahmedabad

Objectives of Poster Exhibition:

General Objective: At the end of Poster exhibition, the targeted population will gain adequate knowledge regarding Substance Abuse.

Specific Objectives: At the end of the session, the group will be able

- To impart knowledge on commonly used substance abuse like alcohol, opioids, cannabis, cocaine, drugs for addiction.
- To learn about causes of addiction.
- To understand the sign & symptoms of various substance abuse.
- To gain new knowledge about complication of various substance abuse.
- To create awareness about prevention & management of substance use disorder.

Objectives of Role play:

General Objective: At the end of Role Play, the targeted population will gain adequate knowledge regarding Road Traffic Accidents.

Specific Objectives: At the end of the session, the group will be able

- To understand the road traffic accidents.
- To know the causes of road traffic accidents.
- To create awareness about preventive measures to reduce RTA.
- To know about government new policy related road traffic accidents and road safety measures.

INTERNATIONAL NURSES DAY CALIBRATION- 2016

Date -12/05/2016

Time- 9.30am-3pm

Venue- V.S. hospital campus

Group- 8th semester and 2nd semester B.Sc. Nursing students

International nurses day (IND) is an international day celebrated around the world on 12 may (the anniversary of Florence Nightingales birth) of each year, to mark the contribution nurses make to society. The theme for the year 2016 is nurses a force for change, improving health system, resilience.

International nurses day 2016 was celebrated at V.S. hospital, Ahmadabad by 8th semester and 2nd semester B.Sc. nursing students of MTIN a constituent of Charusat along with 5 faculty members (Mr. divya jain, Mr. chirag jain, Mr keyur sir, Ms. Praneetha mam and Ms. Hetal mam).

Venue decided for poster exhibition and role play was in front of skin O.P.D. students and teachers started the preparation at 8.00 am. All the nurses from various wards and department were greeted with roses, at the same time we also invited them to visit poster exhibition and role play.

Celebration started at 9.45 am with inauguration ceremony, inauguration done by Ms. Meera patel mam, nusing superintendent V.S. hospital.

Soon after the inauguration poster exhibition was declared open for all. Topic for poster exhibition was “substance abuse”. Students have created attractive charts to create awareness about different types of substance abuse, its causes, and effects on health, management and prevention. In addition to this a role play was also conducted on road traffic accidents and safety at two different places.-in front of skin O.P.D. and V.S. Auditorium. In the role play students emphasis on the road safety measure like use of helmets, following signals, avoiding mobile talk at road side, listening to music and chatting

Both the role play and poster exhibition was appreciated by nursing superintendent, staff, teachers and the group of people who visited. Celebration ended with a cup of ice creme for all the students and teachers. In this way International nurses day calibrated at V.S. hospital with great enthusiasm.

PHOTOGRAPHS FOR INTERNATIONAL NURSES DAY CALIBRATION-2016

Date -12/05/2016

Time- 9.30am-3pm

Venue- V.S. hospital campus

Group- 8th semester and 2nd semester B.Sc. Nursing students



–

Inauguration by Ms. Mira Patel (nursing superintendent V.S. hospital)







Students of 8th semester B.Sc nursing explaining about substance abuse





Students of 8th semester and 2nd semester B.Sc. nursing conducting role play

Graphical representation of role play and poster exhibition analysis

Figure 1 Role play -Analysis

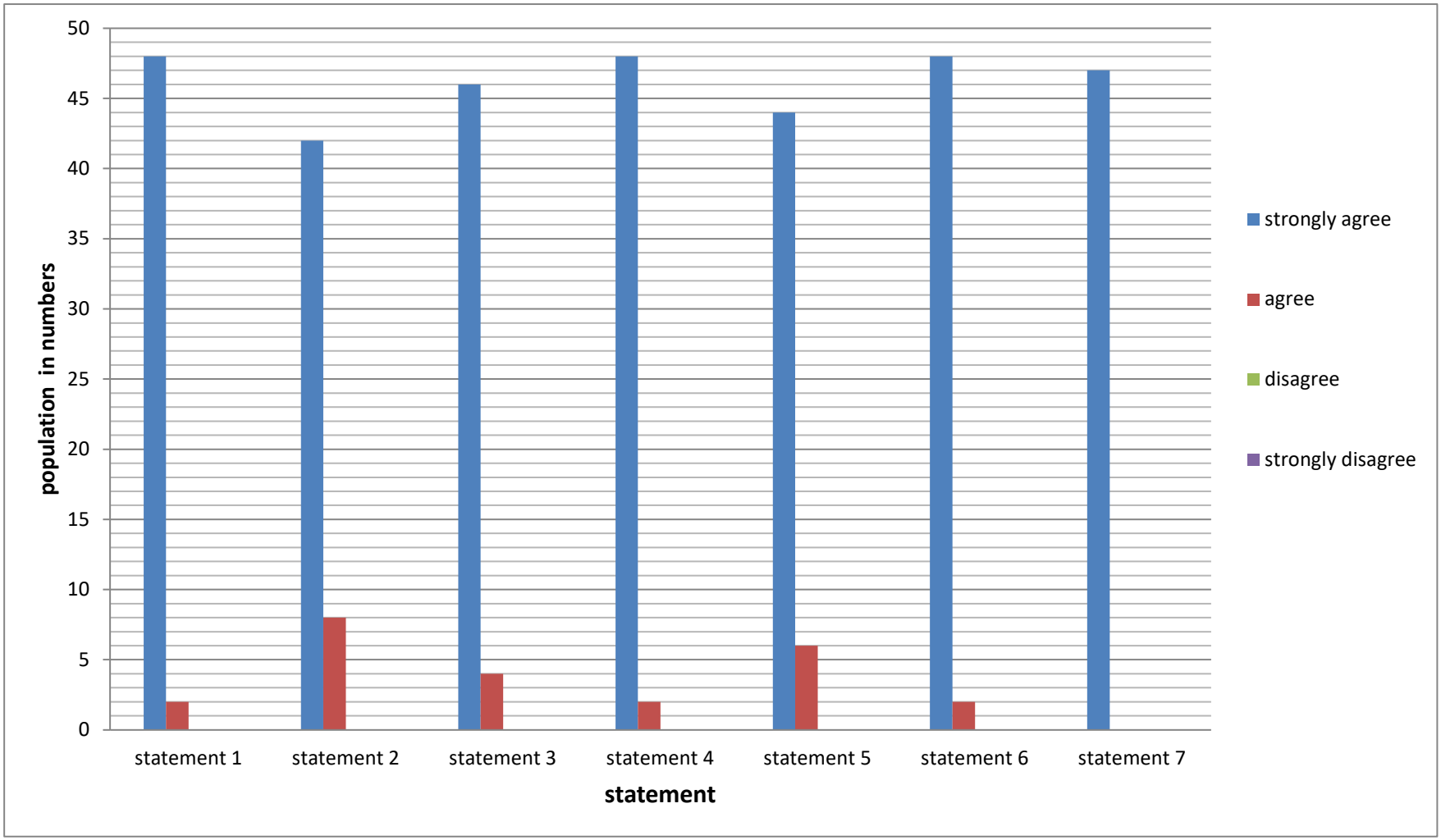
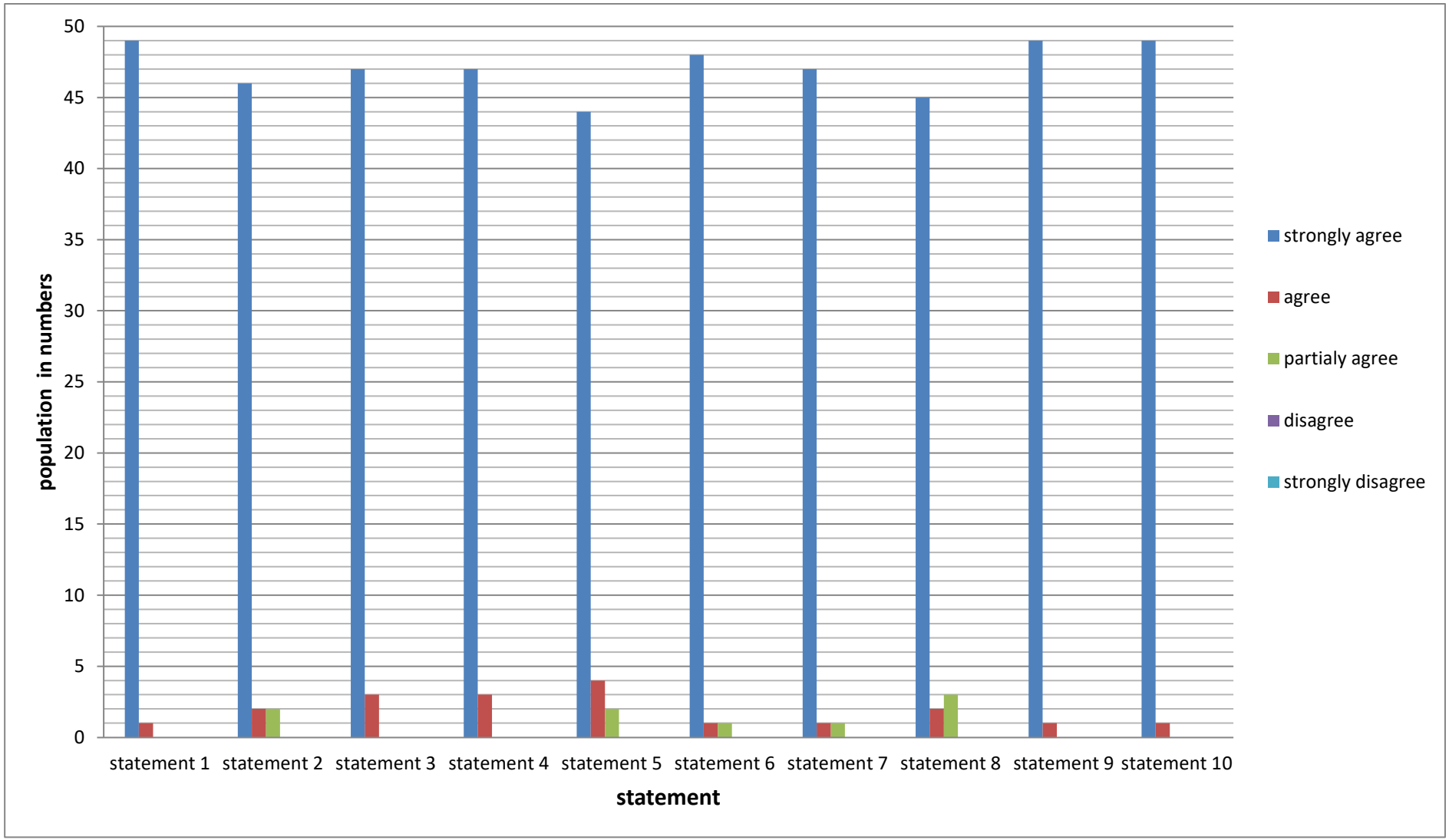


Figure 2 Poster Exhibitions -Analysis



CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

[CHARUSAT]

Faculty of Medical Sciences

MANIKAKA TOPAWALA INSTITUTE OF NURSING

" Action Taken Report of Students Feedback on Curriculum "

(B.Sc. Nursing Students)

Date of Submission : 30th May 2016

Submitted By

Name : Mr. Jayesh Patidar
Designation : Assist. Professor
Department : Nursing
Email : jayeshpatidar.nur@charusat.ac.in

Endorsed by

30/05/16

Principal
Seal and Signature

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CHARUSAT CAMPUS - CHANGA.
AT. CHANGA - 388 421
TA. PETLAD, DIST. ANAND (GUJARAT)

MANIKAKA TOPAWALA INSTITUTE OF NURSING
CHARUSAT CAMPUS CHANGA

MANIKAKA TOPAWALA INSTITUTE OF NURSING

Action Taken Report of Students Feedback on Curriculum

Introduction: - Student's feedback are very informative to better the existing situation. Student's feedback is essential element of learning process. We Manikaka Topawala institute of Nursing collected feedback on curriculum of total 12 B.sc Nursing Students. On the bases of student's feedback analysis report, we planned certain action which need to take for further improvement towards curriculum feedback.

We have received all four-year B.Sc. Nursing Students feedback on curriculum for the academic year 2015-2016. A special five-point scale feedback form on the curriculum is developed.

Majority of students Population 83.33 % graded with excellent for curriculum was Carrier Oriented, overall opinion about the design and review of curriculum and existing curriculum have an adequate space for feedback from students and other stakeholders. most of the students 66.67 % were rated very good about existing curriculum create your interest towards program. 25.% were rated for good with the delivery of the curriculum on skill-oriented training. Only 16.67 % student population were with delivery of curriculum initiating the learning insights. Least No students rated in poor curriculum evaluation points.

Most of the students were satisfied with the various aspects like curriculum have an adequate space for feedback from students and other stakeholders. Also agreed with curriculum relevant to bring awareness related to Psychological, Social, legal and cultural issues while Providing Nursing Care? Majority of students agreed with curriculum Carrier Oriented

Action Taken Report; -

On the bases of Feedback analysis report. There was certain action taken for B.Sc. Nursing curriculum It was based on the student feedback on Curriculum. The following action were taken as reported in the table below.

S.No.	Feedback Received	Action Taken
1	Students Suggested that they require more library resources.	As per the student suggestion Library E-Subscription already Purchased on Date 29 January 2016 on E- resources like Proquest Nursing and allied Health source. Annexure I
2	Students comments that they require More clinical exposure in different setting.	Students clinical training planned in various hospital like – DDMM Heart Institute, Nadiad -Kashiba Hospital, Vadodara -Hospital for mental health, Vadodara -Shri Shantaram Natra Chikitshalaya,Nadaid, -V.S. Hospital, Ahmedabad Annexure II

Aalok - 8800488544

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AB 554523

Patel Hirenkumar R Chauhan

NOTARY

NOTARY HIREN N. THAKER TA. & DIST. ANAND REGD NO. 628/2009 GOVT. OF GUJARAT (INDIA)

MOU FOR ACADEMIC TRAINING OF NURSING STAFF BETWEEN DMM HEART INSTITUTE & CHARUSAT

DDMM Heart Institute, Nadiad (hereinafter referred to as " The Institute")- is located at Nadiad It is run by GMCCC & R Society.

Charotar University of Science and Technology (hereinafter referred to as CHARUSAT) is a University established under Gujarat Act No. 8 of 2009; having head quarter at Charusat Campus at Changa. Presently , CHARUSAT runs professional education programmes in Engineering, Pharmacy, Computer Application, Business Management and Applied Sciences, Paramedical, Physiotherapy and Nursing.

It has started Nursing Programme from the academic year 2009-10. For the training of the students pursuing this programme,CHARUSAT intends to enter into an academic MOU with GMCCC & R Society.

Both the organizations have agreed to have such an academic MOU in the mutual interest and for the welfare of the Society.

NOTARIAL NOTARY NOTARIAL NOTARIAL NOTARY NOTARIAL

NOTARY HIREN N. THAKER TA. & DIST. ANAND REGD NO. 628/09 GOVT. OF GUJARAT (INDIA)

NOTARY

The agreement executed at Nadiad between CHARUSAT and the DDMM Heart Institute, Nadiad undertakes the following:

(i) DDMM Heart Inbstitute, Nadiad agrees to have an academic MOU with CHARUST to the extent of educational support in the form of clinical exposure and training to the Nursing students (M.Sc.Nursing). This will include access to the facilities like treatment procedures, methods and data keeping necessary for educating the Nursing students during their regular studies and also during internship.

(ii) CHARUSAT shall be responbsible for procurement and maintenance of affiliation and recognition from respcetive University, concerned Nursing Council, Indian Nursing Council and other legal authorities including Stete Government from time to time; wherein the DDMM Heart Institute will not be responsible or will not liable for any de-recognition of the CHARUSAT. CHARUSAT shall indemnify DDMM Heart Institute for any loss which may be caused due to non receipt of the requisite approval/ permission.

(iii) The students while visiting hospital will be accompanied by teachers who will take full responsibility of educating their students availing the facilities. The students will strictly abide by the rules of the hospital and any kind of violation thereof will lead to denying the facilities available. Any damage caused by any student to the property or clinical facility will be compensated by CHARUSAT.

(iv) Students are allowed to do advance nursing procedure and assist in different medical procedures under the supervison of clinical instructor and ward incharge sister at DDMM Heart Institute.

(v) CHARUSAT shall not have any claim on physical facilities of the Hospital or shall not claim any waiver of treatment charges of any other such favour other than the purpose of education from the hospital.

(vi) The hospital shall have unequivocal right to bring an end to this agreement without assigning any reason. CHARUSAT will not be entitled to any claim by way of compensation and/or damages.

(vii) CHARUST shall not make any endeavours to have covetous gain from this agreement. It is specifically understood that this agreement entered by both the parties is only with the sole purpose of " SERVICE to HUMANKIND".

(viii) Student will not be allowed to deal with patients independently.

(ix) For clinical training at the DMMM Heart Institute, Nadiad , fees to be paid by CHARUSAT to the DDMM Heart Institute, Nadiad will be Rs. 40/- per student per day, the fees will be reviewed and revised yearly mutually agreed.

(x) DDMM Heart Institute has qualified Nursing staff as per its requirement. Their guidance shall be available to the trainee students.

This agreement shall remain in force for next five years from this academic year of nursing programmes (i.e. 2014-2019). It can be further extended by mutual consent if required, either in the present form or any modifications as the need be.

Signature: D Joshi

IDENTIFIED BY ME

Signature: For (Manager)

Name: Devang Joshi
Registrar
CHARUSAT

CHARUSAT UNIVERSITY OF SCIENCE AND TECHNOLOGY

ADVOCATE/PERSON

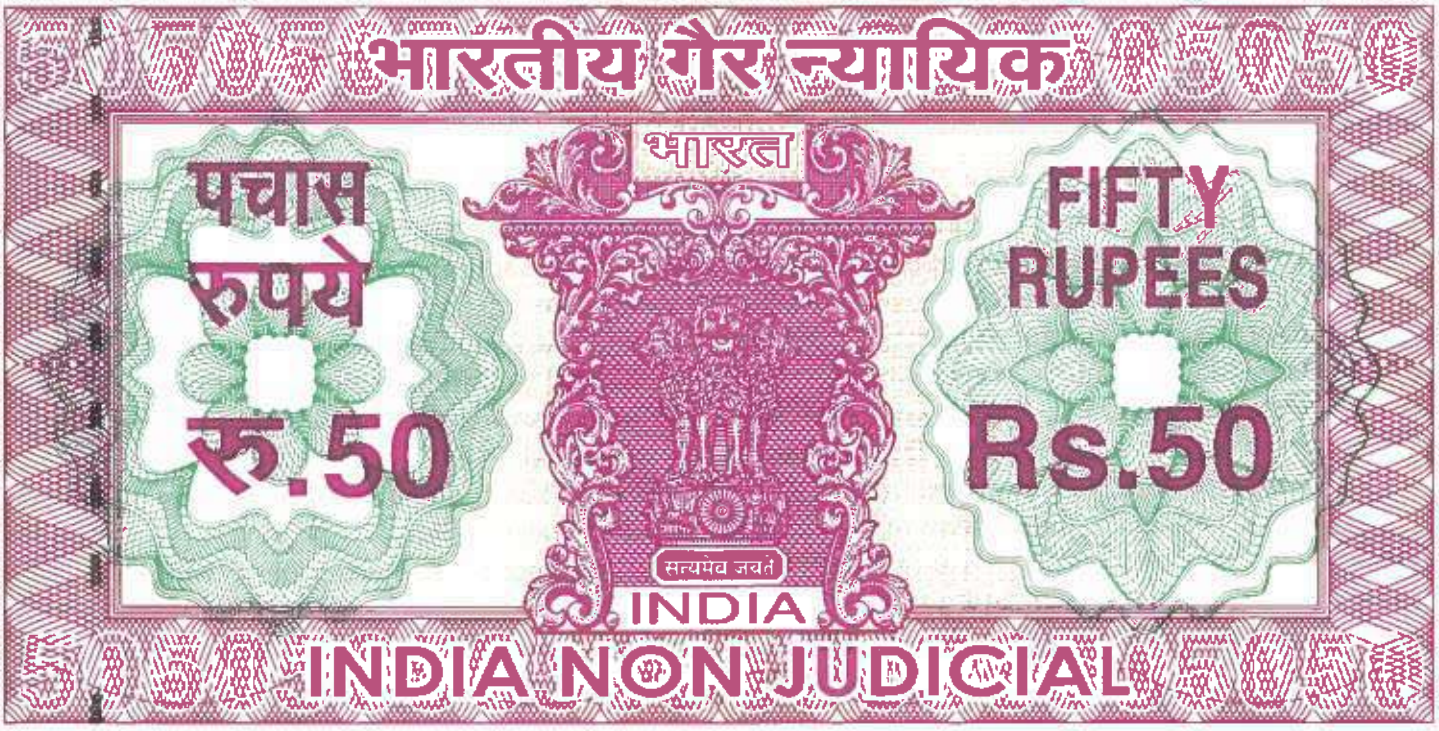
Name, ...Dr Sanjeeth Peter
.....Director
.....DDMM Heart Institute, Nadiad

Regd. No. 8536/14
Date: 3/6/14
SIGNED BEFORE ME
H. N. THAKER
NOTARY
ANAND. DIST. ANAND

Date: 02/06/2014

Place: Nadiad

HIREN N. THAKER
Advocate-Notary
"Drashti", Opp. Saurashtra Colony,
Mota Bazar, Vallabh Vidyanagar.
Dist. Anand. Gujarat. India.



गुजरात ગુજરાત GUJARAT V 574924





Memorandum of Understanding (MOU)

Between

Charotar University of Science and Technology (CHARUSAT), Changa

&

Medical Care Centre Trust (MCCT) Vadodara

Charotar University of Science and Technology (hereinafter referred to as CHARUSAT) is a University established under Gujarat Act No. 8 of 2009; having head quarter at CHARUSAT Campus at Changa. Presently, CHARUSAT runs professional education programmes in Engineering, Pharmacy, Computer Application, Business Management, Applied Sciences, Nursing, Physiotherapy and Paramedical.

Manikaka Topawala Institute of Nursing (Formerly Known as Charotar Institute of Nursing) – a constituent of CHARUSAT, has been started from the academic year 2009-10. It offers B.Sc.Nursing,

General Nursing and Midwifery and M.Sc. programmers. For the training of the students pursuing these programme, CHARUSAT intends to enter into an academic MOU with Medical Care Centre Trust.

Both the organizations have agreed to have such an academic MOU in the mutual interest and for the welfare of the society.

The agreement executed at Vadodara between CHARUSAT and the **Medical Care Centre Trust** undertakes the following:

(i) Medical Care Centre Trust agrees to have an academic MOU with CHARUSAT to the extent of educational support in the form of clinical exposure and training to the Nursing students. This will include access to the facilities like treatment procedures, methods, and data keeping necessary for educating the Nursing students during their regular studies and also during internship.

(ii) CHARUSAT shall be responsible for procurement and maintenance of affiliation and recognition from State Council, Indian Nursing Council and other legal authorities including State Government from time to time; wherein the Medical Care Centre Trust (MCCT) will not be responsible or will not liable for any de-recognition of the MTIN. CHARUSAT shall indemnify MCCT for any loss which may be caused due to non receipt of the requisite approval/permission.

(iii) The students while visiting hospital will be accompanied by teachers who will take full responsibility of educating their students availing the facilities. The students will strictly abide by the rules of the hospital and any kind of violation thereof will lead to denying the facilities available. Any damage caused by any student to the property or clinical facility will be compensated by CHARUSAT.

(iv) Students are allowed to do advance nursing procedure and assist in different medical procedures under the supervision of Clinical Instructor and Ward In-charge sister.

(v) CHARUSAT shall not have any claim on physical facilities of the Hospital or shall not claim any waiver of treatment charges or any other such favors other than for the purpose of education from the hospital.

(vi) **MCCT** shall have unequivocal right to bring an end to this agreement without assigning any reason. CHARUSAT will not be entitled to any claim by way of compensation and / or damages.

(vii) CHARUSAT shall pay to Medical Care Centre Trust educational fees of one thousand Indian rupees (1000/- Rs) per student per term for B.Sc.Nursing, five hundred rupees (500/- Rs) per student per month for General Nursing and Midwifery (GNM) and one thousand Indian rupees (1000/- Rs) per student per month for M.Sc. Nursing for pediatric training. And additional to seven hundred Indian rupees for training in Anesthesia, Blood banking and Laboratory technology for per term for all students.

(viii) CHARUSAT shall not make any endeavours to have covetous gain from this agreement. It is specifically understood that this agreement entered by both the parties is only with the sole purpose of "SERVICE TO HUMAN KIND".

(ix) Students will not be allowed to deal with patients independently.

(x) Medical Care Centre Trust has qualified Nursing staff as per its requirement. Their guidance shall be available to the trainee students.

his agreement shall remain in force for next three years from this academic year of nursing programmes (i.e. 014-15). It can be further extended by mutual consent if required, either in the present form or any odifications as the need be.

gnature: D Joshi

ame: Devang Joshi
Registrar
CHARUSAT

ate: 03/11/14

ace: ~~CHARUSAT CAMPUS - CHANGA~~ 1

Signature: Dr. Jagdish Patel
Hon. Secretary

Name: Dr. Jagdish N. Patel
Hon. Secretary
(Medical Care Centre Trust)

NOTARY J.N.PATEL DIST.ANAND GUJARAT STATE R.NO.1421/02 EXPIRY DATE 5/7/2017 GOVT. OF GUJARAT (INDIA)

BEFORE ME

J.N.PATEL - NOTARY
HARIMANKRUPA,
AMRAKUNJ SOCIETY,
KRUSHNA HALL ROAD,

MEDICAL CARE CENTRE TRUST K.G.Patel Children Hospital Karelibaug BARODA

Date: 6/11/14
place: Anand

भारतीय गैर न्यायिक

भारत

पचास रुपये

FIFTY RUPEES

रु.50

Rs.50

सत्यमेव जयते

INDIA

INDIA NON JUDICIAL

ગુજરાત ગુજરાત GUJARAT

W 347989

ક્રમાંક નંબર ૨૨૩૮ તા. ૫/૧૧/૨૦૧૪ રૂ. ૫૦/-

ખરીદનારનું નામ દિનેશકુમાર ૨ાજુભાઈ પટેલ

સરનામું રહે.ગામ ચરલ તા. કરજણ જી. વડોદરા

વતી રાકેશકુમાર

રાજુભાઈ ભગવાનદાસ શાહ
ઉત્તમચંદ ઝવેરીની પોળ,
પાણીગેટ રોડ,
વડોદરા.

સ્ટેમ્પ વેન્ડરની સહી
રી. લા. નં. ૨૧/૮૦
સબ રજીસ્ટ્રારની કચેરી
વડોદરા.

NOTARY
J.N.PATEL
DIST. ANAND
GUJARAT STATE
NOTARY
VALIDITY DATE
5/11/2017
GOVT. OF GUJARAT (INDIA)

NOTARY
NOTARIAL NOTARIAL

NOTARY
NOTARIAL NOTARIAL

BEFORE ME

J.N.PATEL - NOTARY
HARMANKRUPA,
AMRAKUNJ SOCIETY,
KRUSHNA HALL ROAD,
ANAND -388 001

SERIAL NO. 612-2014
DATE :- 6 NOV 2014
J.N.PATEL-NOTARY

શ્રી ચારોતર મોટી સતાવીસ પાટીદાર કેળવણી મંડળ, ચાંગા તા.પેટલાદ સંચાલિત મનીકાકા ટોપાવાલા ઈન્સ્ટીટયુટ ઓફ નસીગ, ચાંગા તા. પેટલાદના તાલીમાર્થીઓને શૈક્ષણિક વર્ષ – ૨૦૧૬–૧૭ માટે માનસિક આરોગ્યની હોસ્પીટલ, વડોદરાની માળખકીય સુવિધાઓનો ઉપયોગ કરવાની મંજુરી બાબત

ગુજરાત સરકાર
ઠરાવ ક્રમાંક આઈ.એન.એન./૧૩૨૦૧૧/ચાર્જસેટ/અ,
આરોગ્ય અને પરિવાર કલ્યાણ વિભાગ,
સચિવાલય, ગાંધીનગર
તારીખ : 05 MAY 2016

વંચાણમાં લીધા :

૧) આરોગ્ય અને પરિવાર કલ્યાણ વિભાગનો તા. ૨૩–૫–૨૦૦૫ ના ઠરાવ ક્રમાંક હસપ / ૨૦૦૩–૩૧૩/અ,

૨) આરોગ્ય અને પરિવાર કલ્યાણ વિભાગનો તા. ૧૧–૯–૨૦૧૨ ના ઠરાવ ક્રમાંક આઈ.એન.એફ/૧૩૨૦૧૨/ મંત્રીશ્રી –૧૫–અ

૩) અધિક નિયામકશ્રી (ત.સે.) નો તા.૨–૪–૧૬ નો પત્ર ક્રમાંક નસીગ / ઈન્ફા/મંજુરી/બ–૬/૧૬

ઠરાવ

વંચાણે લીધેલ ક્રમ (૩) માં દર્શાવેલ પત્રથી શ્રી ચારોતર મોટી સતાવીસ પાટીદાર કેળવણી મંડળ ચાંગા તા. પેટલાદ સંચાલિત મનીકાકા ટોપાવાલા ઈન્સ્ટીટયુટ ઓફ નસીગ, ચાંગા તા. પેટલાદના જી.એન.એમ.ના ૩૩ અને ૨૧ તાલીમાર્થીઓને ૬ અને ૨ વીક, બી.એસ.સી. નસીગના ૬૦ અને ૫૬ તાલીમાર્થીઓને ૬ અને ૨ વીક, એમ.એસ.સી. નસીગના ૨ તાલીમાર્થીઓને ૬ વીક એમ કુલ – ૧૭૨ તાલીમાર્થીઓને (આઈ.એન.સી.ના ૩:૧ (દર્દી – વિધાર્થી) ના રેશિયા મુજબ પ્રતિદિન – ૭૦–૮૦ તાલીમાર્થીઓને તાલીમ આપી શકાય તેમ હોઈ, સંસ્થાના ૧૭૨ તાલીમાર્થીઓને શૈક્ષણિક વર્ષ – ૨૦૧૬–૧૭ માટે માનસિક આરોગ્યની હોસ્પીટલ, વડોદરાની માળખાકીય સુવિધાઓનો ઉપયોગ કરવાની મંજુરી આપવા અધિક નિયામકશ્રી તબીબી સેવા ધ્વારા કરવામાં આવેલ દરખાસ્ત સરકારશ્રીની વિચારણા હેઠળ હતી. જેને પુખ્ત વિચારણાને અંતે નીચેની શરતોને આધિન મંજુરી આપવામાં આવે છે.

૧) શ્રી ચારોતર મોટી સતાવીસ પાટીદાર કેળવણી મંડળ ચાંગા તા. પેટલાદ સંચાલિત મનીકાકા ટોપાવાલા ઈન્સ્ટીટયુટ ઓફ નસીગ, ચાંગા તા. પેટલાદના જી.એન.એમ.ના ૩૩ અને ૨૧ તાલીમાર્થીઓને ૬ અને ૨ વીક, બી.એસ.સી. નસીગના ૬૦ અને ૫૬ તાલીમાર્થીઓને ૬ અને ૨ વીક, એમ.એસ.સી. નસીગના ૨ તાલીમાર્થીઓને ૬ વીક એમ કુલ – ૧૭૨ તાલીમાર્થીઓને (આઈ.એન.સી.ના ૩:૧ (દર્દી – વિધાર્થી) ના રેશિયા મુજબ પ્રતિદિન – ૭૦–૮૦ તાલીમાર્થીઓને તાલીમ આપી શકાય તેમ હોઈ, સંસ્થાના ૧૭૨ તાલીમાર્થીઓને શૈક્ષણિક વર્ષ – ૨૦૧૬–૧૭ માટે માનસિક આરોગ્યની હોસ્પીટલ, વડોદરાની ખાતે માળખાકીય સુવિધાઓનો ઉપયોગ કરવા મંજુરી આપવામાં આવે છે.

૨) શ્રી ચારોતર મોટી સતાવીસ પાટીદાર કેળવણી મંડળ ચાંગા તા. પેટલાદ સંચાલિત મનીકાકા ટોપાવાલા ઈન્સ્ટીટયુટ ઓફ નસીગ, ચાંગા તા. પેટલાદ, સંસ્થાએ આરોગ્ય અને પરિવાર કલ્યાણ વિભાગના તા. ૧૧–૯–૨૦૧૨ ના ઠરાવ ક્રમાંક આઈએનએફ/૧૩૨૦૧૨–મંત્રીશ્રી–૧૫–અ માં દર્શાવ્યા મુજબ નસીગ કોલેજ અને નસીગ સ્કુલના પ્રતિ વિધાર્થી દીઠ, પ્રતિમાસ મુજબ ફી એડવાન્સમાં જમા કરાવવાની રહેશે.

૩) દર્દીની સારવાર અને હોસ્પીટલની આનુષંગિક કામગીરીમાં કોઈ વિક્ષેપ ન થાય તે રીતે હોસ્પીટલનો ઉપયોગ કરવાનો રહેશે. આ માટે સબંધીત સંસ્થાએ સબંધીત અધિક્ષકશ્રીના પરામર્શમાં સંકલન સાધીને એનો ઉપયોગ કરવાનો રહેશે.

૪) સદરહું હોસ્પીટલની માળખાકીય સુવિધાઓનો ઉપયોગ કરે તે દરમ્યાન હોસ્પીટલની માળખાકીય સુવિધાઓમાં કોઈ તૂટ ફૂટ ન થાય અથવા કોઈ નુકશાનીનો પ્રશ્ન ઉપસ્થિત ન થાય તેની કાળજી રાખવાની રહેશે. આમ છતાં આવા સંજોગોમાં અધિક્ષકશ્રી ઠરાવે તે ડીપોઝીટની રકમ સંસ્થાએ અગાઉથી જમા કરાવવાની રહેશે.

૫) સદરહું હોસ્પીટલની માળખાકીય સુવિધાઓનો વપરાશના બદલામાં જે રકમ ફી તરીકે ચૂકવવામાં આવે તે રાજય સરકારની તિજોરીમાં સબંધીત સદરે જમા કરાવવાની તકેદારી સબંધીત હોસ્પીયલના અધિક્ષકશ્રીએ રાખવાની રહેશે. સંસ્થામાં અભ્યાસ કરતાં વિધાર્થીઓની સંખ્યાના પ્રમાણમાં સરકારના આરોગ્ય અને પરિવાર કલ્યાણ વિભાગના તા. ૧૧–૯–૨૦૧૨ ના ઠરાવ ક્રમાંક આઈએનએફ / ૧૩૨૦૧૨/મંત્રીશ્રી – ૧૫–અ, ની જોગવાઈ મુજબ પુરેપુરી ફી એક સાથે એડવાન્સમાં જમા થાય તે પણ અધિક્ષકશ્રીએ જોવાનું રહેશે.

૬) સરકારશ્રીએ કોઈપણ કારણસર હોસપીટલની જરૂરિયાત ઉપસ્થિત થયે આ મંજુરી રદ કરી શકાશે.

૭) વિભાગના તા. ૧૧–૯–૨૦૧૨ ના ઠરાવ ક્રમાંક આઈએનએફ / ૧૩૨૦૧૨/મંત્રીશ્રી – ૧૫–અ, ની જોગવાઈઓ તેમજ વખતો વખત થતા સુધારાઓનું અનુસરણ કરવાનું રહેશે.

આ ઠરાવની વિભાગની સરખા ક્રમાંકની ફાઈલ પર સરકારશ્રીની મળેલ અનુમતિ અન્વયે બહાર પાડવામાં આવે છે.

ગુજરાતના રાજયપાલશ્રીના હુકમથી અને તેમના નામે,

04/05/16

(ભક્તિ શામળ)

નાયબ સચિવ

આરોગ્ય અને પરિવાર કલ્યાણ વિભાગ

પ્રતિ,

૧) અગ્રસચિવશ્રી ખર્ચ નાણા વિભાગ, સચિવાલય, ગાંધીનગર તરફ જાણ સારું.
૨) કમિશ્નરશ્રી આરોગ્ય તબીબી સેવાઓ અને તબીબી શિક્ષણ, ગાંધીનગર તરફ જાણ સારું.
૩) અધિક્ષકશ્રી માનસિક આરોગ્યની હોસ્પીટલ, વડોદરા તરફ જાણ સારું
૪) એકાઉન્ટન્ટ જનરલશ્રી અમદાવાદ / રાજકોટ
૫) જીલ્લા તિજોરી અધિકારીશ્રી વડોદરા તરફ જાણ સારું.
૬) પ્રિન્સીપાલશ્રી, શ્રી ચારોતર મોટી સતાવીસ પાટીદાર કેળવણી મંડળ ચાંગા તા. પેટલાદ સંચાલિત મનીકાકા ટોપાવાલા ઈન્સ્ટીટયુટ ઓફ નસીગ, ચાંગા તા. પેટલાદ જી. આણંદ તરફ જાણ સારું.
૭) ના.સે. અધિકારીશ્રીની પસંદગી ફાઈલ
૮) શાખા પસંદગી ફાઈલ



ગુજરાત गुजरात GUJARAT AB 554522

NOTARY Govt. of India B. R. Jadeja NADIAD Dt. Kheda Reg. No. 2056

NOTARIAL NOTARIAL NOTARIAL NOTARIAL NOTARY B. R. Jadeja NADIAD Dt. Kheda Reg. No. 2056 GOVT. OF INDIA

Memorandum of Understanding (MOU) for Clinical Training to Nursing Students of CHARUSAT

This MOU entered into this ...29... Day of ...May... 2014, between Manikaka Topawala Institute of Nursing (Formally known as Charotar Institute of Nursing) a constituent of Charotar University of Science and Technology, Chnaga, Dist. Anand., on the First part

And

Shri Santram Natra Chikitshalaya is located Nadiad. It is run by Sadvichar samittee, Santram Mandir, Nadiad on another part.

Charotar University of Science and Technology (hereinafter referred to as CHARUSAT) is a University established under Gujarat Act No. 8 of 2009; having head quarter at CHARUSAT Campus at Changa.

It has started Nursing Programme from the academic year 2009-10. For the training of the students pursuing this programme, CHARUSAT intends to enter into an academic MOU with Shri Santram Natra Chikitshalaya

Regd. No. 3/44/2014
Page 504
Date 30/5/2014

Both the organizations have agreed to have such an academic MOU in the mutual interest and for the welfare of the society.

The agreement executed at Nadiad between CHARUSAT and the Shri Santram Natra Chikitshalaya undertakes the following:

(i) Shri Santram Natra Chikitshalaya agrees to have an academic MOU with CHARUSAT to the extent of educational support in the form of clinical exposure and training to the Nursing students (GNM, B.Sc. Nursing, and M.Sc. Nursing). This will include access to the facilities like treatment procedures, methods, and data keeping necessary for educating the Nursing students during their regular studies and also during internship.

(ii) The students while visiting hospital will be accompanied by teachers who will take full responsibility of educating their students availing the facilities. The students will strictly abide by the rules of the hospital and any kind of violation thereof will lead to denying the facilities available. Any damage caused by any student to the property or clinical facility will be compensated by CHARUSAT.

(iii) Students are allowed to do advance nursing procedure and assist in different medical procedures under the supervision of Clinical Instructor and Ward In-charge sister.

(iv) M.Sc. Nursing students allowed for conducting their research work with proper permission.

(v) CHARUSAT shall not have any claim on physical facilities of the Hospital or shall not claim any waiver of treatment charges or any other such favors other than for the purpose of education from the hospital.

(vi) The hospital shall have unequivocal right to bring an end to this agreement without assigning any reason or without any previous notice and CHARUSAT will not be entitled to any claim by way of compensation and / or damages.

(vii) CHARUSAT shall not make any endeavours to have covetous gain from this agreement. It is specifically understood that this agreement entered by both the parties is only with the sole purpose of "SERVICE TO HUMAN KIND".

(viii) Students will not be allowed to deal with patients independently.

(ix) **Shri Santram Natra Chikitshalaya** has qualified Nursing staff as per its requirement. Their guidance shall be available to the trainee students.

This agreement shall remain in force for next five years from this academic year of Nursing programmes (i.e. 2013-14). It can be further extended by mutual consent if required, either in the present form or any modifications as the need be.

Signature: _____

Name: Devang Joshi
Designation: Registrar
CHARUSAT

Signature: _____

Name: Keyur H. Shukla
Designation: Administrator
Shri Santram Natra Chikitshalaya

Date: 29/5/14.

Place: Nadiad

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

Mr/Mrs Keyur H. Shukla
Sign before me
Date 30/5/2014

B. R. J...
Notary

SHREE SANTRAM NETRA CHIKITSALAY & DISPENSARY
Behind Santram Mandir, V. K. V. Road,
NADIAD - 387 001.

100/- રૂપિયા.

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NOTARY
R. H. SOLANKI
AHMEDABAD-DIST.
GUJARAT STATE
REG. No.
5702
GOVERNMENT OF INDIA

SERIAL NO.: 62/B
DATE...15/02/2013...

R. H. SOLANKI
NOTARY
GOVT. OF INDIA

15 FEB 2013

MEMORANDUM OF UNDERSTANDING

(MOU)

(Agreement for the use of clinical facilities of Sheth V.S.General Hospital for Practical Training of B.Sc.Nursing students of Charotar Institute of Nursing ; a constituent of Charotar University of Science and Technology)

This agreement is entered into at Ahmedabad on 15/02/2013 between Charotar University of Science and Technology (CHARUSAT) a University duly established under Gujarat Private University Act 2009 having its office at Education Campus-Changa;At & PO.Changa-388421 hereinafter referred to as the party of the First Part (This expression shall mean and include its present office bearers and executors in the interest of educators,administrators and assignees) and Sheth V.S.General Hospital, a Public Charitable Trust duly incorporated under the provisions of Public Charity Trust and located at Ashram Road,Ellos Bridge,Ahmedabad-380006 herein after referred to as the Party of the Second Part (This expression shall mean and include its trustees, administrators,executors and assignees).

Whereas the party of First Part has started B.Sc.Nursing Course under the recognition from Indian Nursing Council and Gujarat Nursing Council and has approached the party of the Second Part to allow use of clinical, hospital beds facilities for providing Practical training to their students of B.Sc.Nursing Course.

Whereas the party of the First Part will be responsible for obtaining and maintaining recognition and certification from Gujarat Nursing Council and Indian Nursing Council, State Government and any other legal authorities from time to time as well as recruit professors,Tutors,Teachers and other teaching, technical and administrative staff for their constituent college of nursing and create all other facilities to provide academic training of the required curriculum programme at their own premises.

Party of the Second Part has agreed to allow the students of B.Sc.Nursing Course of the Nursing College of the First Part to come to the hospital and get themselves trained with the help of their own teachers, using clinical facilities for gaining needed Education.

The Party of the Second Part shall not be responsible to recruit any staff to support any clinical training now or at any time in future.

Whereas the party of the First Part has expressed its interest through its letter dated 17-12-2009 writtan by Registrar to use the clinical facilities for the students of their nursing college. The party of the Second Part has agreed to such a request through its Board of Management **Resolution No. 150/12-13 dated 16-01-2013** and empowered the Chairman. Board of Management to enter into this MOU on behalf of the party of the Second Part. Whereas the party of the Second Part has desired the following terms and conditions which the Party of the First Part has agreed to from time to time.

(1) The Party of the First Part shall be responsible for procurement and maintenance of affiliation and recognition from Gujarat Nursing Council, Indian Nursing Council and other legal authorities including State Government from time to time, Wherein the party of the Second Part shall bear no responsibility or liability whatsoever in respect of any derecognition etc.

(2) After due approvals of authorities as Stated in (1) and after the teaching activities has started the party of the First Part shall notify the party of the Second Part in writing in advance about the schedule,time tables and training related activities including clinical examinations etc.

(3) The party of the First Part shall be responsible to inform thae party of the Second Part in case of any changes in decisions concerning training activities-such as change in the schedules etc.

(4) The party of the Second Part reserves its right to alter,reject or change the clinical training time table and schedules to safeguard the interest of the patients, its own nursing school related educational, training activities, its own priorities of undergraduate and postgraduate clinical training, examinations etc. or without assigning any reason whatsoever in any unforeseeable circumstances.

(5) The party of the First Part shall agree to depute its three senior most executives including the principal of the college of Nursing to be the members of the Steering Co-Ordination Committee in which the party of the Second Part will appoint its own three senior executives including Principal of the School of Nursing to function as the

Steering Committee to monitor all activities,Plans,its implementation and any changes required to be monitored from time to time for the practical training of nursing students.

(6) The party of First Part will allow and Co-Operate with the party of the Second Part for "on duty training" (Internship) to post the students in various clinical areas for their training during the period of internship and that the party of the First Part shall be responsible for giving any stipend and other benefits to be extended to such internees/Students as per the GNC & INC guidelines and norms.

(7) The party of the First Part shall pay **25%** of the tuition fees or **Rs.5,000/-** whichever is higher/per student/per term as clinical training fees to the party of the Second Part.

(8) The party of the First Part shall pay Caution money-deposit to the party of the Second Part(Refundable after the completion of the course) of **Rs.10,000/-** (Rupees Ten Thousend only) per student to the party of the Second Part towards untoward incidence of financial nature and and as an advance safety against damage, pilferage, theft, arising out of unpredicatable/unforeseen behaviour of students.The party of the Second Part will not pay any interst against this deposit and shall be refunded one year after the termination of MOU on submission of NOC to this effect by the Medical Superintendent of the party of the Second Part. This will be issued after the party of the First Part assures about tne no legal proceeding or dues thereof against them vis-à-vis the education training provided at the institute of the party of the Second Part. The party of the First Part shall be responsible for any complications,damage and legal proceedings arising out of the training provided to the students by the partients and shall be responsible to bear the expenses of legal procedures, including compensation arising out of it.

(9) The party of the Second Part will have the full authorities to restrain training including termination of training of those students whose fees are not paid in advance by the First Part as per the stipulated time table every term/ or have shown unacceptable behaviour by the student.

(10) The party of the First Part shall be responsible Identity card and uniform to their students and staff members to allow them entry into the premises of the party of the Second Part.

(11) The party of the First Part will be awarding the Degree of B.Sc. Nursing.

(12) The party of the First Part will be responsible to appoint teachers and any other additional staff at their own expenses as well as bring in the needed gadgets,equipments/instruments or any teaching materials,etc. that may be essential for imparting training to their own students at various locations of the party of the Second Part. These nursing students from the party of the First Part will be exposed to the training needs as per the Nursing Council of India guidelines at the expense of the party of the First Part. No other facilities will be provided from the party of the Second Part to the students of the party of the First Part at any future time.

(13) This Memorandum of Understanding (MOU) will remain in force initially for a **period of three years** from the date of siging the MOU by both the parties and will be at the discretion of the Board of Management of the party of the Second Part for renewal, termination or any changes or parmenent nature.

(14) However, the party of the Second Part is free to start its own B.Sc.in Nursing Course for which/and/or for any unforeseeable reasons, reserves the right to terminate this MOU without assigning any reason for which the party of the Second Part shall give due notice atleast **6 months** or one term/ semester in advance to allow the party of the First Part to make alternative necessary arrangements.

(15) The party of the First Part will bear all the cost and pay all the charges or any legal proceeding arising out of any legal disputes, compensations, causes of accidents,thefts,arising out of the training provided to their nursing students.

(16) The steering Committee shall meet once in every month to monitor the progress of the activities which shall be minuted and submitted for information to the Chief Executives of both the parties for any need to take follow up actions and monitor.

(17) The party of the First Part has no role in functioning of following up the evalution,assess the activities of any other clinical functions or clinical training provided by the nursing school of the party of the Second Part to its own students.

(18) The party of the First Part will bear all responsibilities for moral,financial or any legal issue arising out of the training course even after the caution money deposit has been refunded by the party of the Second Part.

(19) It is hereby agreed that for the purpose of following up of this training facilities, Principal, School of Nursing at Sheth V.S.Hospital campus, the party of the Second Part and Principal of Nursing College at Changa, the party of the First Part will be responsible for day to day activities of the training,etc.

(20) It is hereby specifically agreed between the party of the First Part and the party of the Second Part that in case of any difference of oinion of interpretation of terms and conditions of this agreement or the functioning of the steering committee, or for any financial arrangements,etc. no party shall rush to the Court of Law but such disputes shall be settled through Arbitration, wherein an arbitrator will be appointed by the party of the Second Part.

The Parties hereto set and subscribe their respective approval on_____

REGISTRAR
CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

Registrar
Charotar University of
Science & Technology

Chairman,
Board of Management,
Sheth V.S.Gen.Hospital.

Witness :-

Name :- Dilip Dhayabhai Bagaria

Age :- 49

Address :- 8A, Naimesh Society
Vejalpur, Ahmedabad.

IDENTIFIED BY ME

ADVOCATE
NAME : H.N.PARMAR

SIGNED
BEFORE ME

R. H. SOLANKI
NOTARY
GOVT. OF INDIA

25 FEB 2013
15 FEB 2013

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

[CHARUSAT]

Faculty of Medical Sciences

MANIKAKA TOPAWALA INSTITUTE OF NURSING

Action Taken Report on

Teacher Feedback on Curriculum

Date of Submission	:	**10/06/2016**
Submitted By		
Name	:	**Mr. Raxesh Mistry**
Designation	:	**Office Assistant**
Department	:	**Nursing**
Email	:	**raxeshmistry.nur@charusat.ac.in**

Endorsed by

MANIKAKA TOPAWALA INSTITUTE OF NURSING
CHARUSAT CAMPUS CHANGA

Principal 10/6/16

Seal and Signature

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

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 2015-16

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 12 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	Emphasis should be given to wholesome personality development	For wholesome personality development of students as initial steps soft skill training was done for 8th semester B.Sc. Nursing students from 21.03.2016 to 26.03.2016 Annexure I
3	Added elective courses should promote multidisciplinary education	To promote multidisciplinary education liberal arts courses was offered to 1st semester B.Sc.

		Nursing students from 05.12.2016 to 07.12.2016 like painting, sculpting, photography, pottery and ceramic art, media and graphic design and arts and craft, through which all discipline 1st semester students across university came together. Annexure II

Annexure –I

Manikaka Topawala Institute of Nursing

Fourth Year B.Sc. Nursing, Semester -8

CS 410 Soft Skills Training

Semester -VIII

Course code	Course title	Teaching scheme				Examination scheme				
		Contact Hrs.			Credit	Theory		Practical		Total
		Theory	Practical	Total		Internal	External	Internal	External	
NR404.01	Midwifery and Obstetrical nursing-I	-	9	9	4.5	-	-	50	50	100
NR405	Community Health Nursing-III	-	8	8	4	-	-	50	50	100
NR406.01	Medical Surgical Nursing (Adult and Geriatric)	-	17	17	8.5	-	-	50	50	100
NR407	Child Health	-	6	6	3	-	-	50	50	100
NR408	Mental Health	-	4	4	2	-	-	50	50	100
NR409	Research project	-	2	2	1	-	-	50	50	100
CS 410	**Soft Skills training**	-	**2**	**2**	**1**	-	-	50	50	100
Total		-	48	48	24	-	-	350	350	700

Credit (practical) -1 **Contact Hours/week (practical) - 2**

Objective: By the end of the soft skills training program, the students should be able to:

- Develop effective communication skills (spoken and written).
- Develop effective presentation skills.
- Conduct effective business correspondence and prepare business reports which produce results.
- Become self-confident individuals by mastering inter-personal skills, team management skills, and leadership skills.
- Develop all-round personalities with a mature outlook to function effectively in different circumstances.
- Develop broad career plans, evaluate the employment market, identify the organizations to get good placement, match the job requirements and skill sets.
- Take part effectively in various selection procedures adopted by the recruiters.

Unit	Components	Proposed Hours
1	Soft Skills : An Introduction	3
2	Interpersonal Skills	6
3	Motivational Skills	6
4	Attitude, People Skills and Team Building	6
5	Work Place Etiquettes, Work Ethics	6

6	Critical Thinking Skills	6
7	Cross Cultural Communication	6
8	Behavioral Skills	6

Total Hours : 45

Unit 1:Soft Skills: An Introduction

- Communication Skills: Heart of soft skills
- Soft skills at workplace
- Soft skills and Johari Window
- Emotional Quotient: key part of soft skills
- Five Domains of Emotional Quotient
- Personality Assessment Tools: Aptitude test, IQ,EQ Test
- Personal, Social and Communicative Competence

Unit 2:Interpersonal Skills

- Assertive skills
- Listening skills
- Social skills
- Negotiation Skills

Unit 3:Motivational Skills

- Introduction to motivation Skills
- Roles and significance of motivational skills for nurse
- Tips and Techniques of motivating patients
- Motivational tools for nurse
- Motivating self and others

Unit 4:Attitude, People Skills and Team Building

- Building Positive Attitude
- Self-confidence
- Barriers to Achieving SC and techniques of overcoming them
- Essentials and Principles of People Skills
- Leadership Skills: leadership styles, insights from great Leaders
- Team Skills: Team building and leadership, evolution of groups into teams, group

Unit 5:Work Place Etiquettes, Work Ethics

- Etiquttes-Bacics, Workplace Etiquettes, and PC Etiquettes
- Ethical values in Nursing/Medical field
- Values, Ethics and communication; Ethical Dilemmas
- Work Ethics and work Responsibilities in Medical field
- Ethical communication in Nursing
- An introduction to work ethics; Difference between Ethics and Morals

Unit 6:Critical Thinking Skills

- Introduction to critical thinking
- The tools of critical thinking
- Using critical thinking skills in Nursing
- Tools for drawing a conclusion-using logic
- Tools for evaluating a conclusion
- How to use critical thinking skills at work place
- Tools for evaluating the facts

Unit 7:Cross Cultural Communication

- Introduction to cross cultural Communication with reference to globalization and communication across the cultures
- Getting Started With Cross Cultural Communication
- Cross-cultural Communication Conflicts and Tactics
- Dealing with patients belonging to different cultures
- Hot Spots in Cross Cultural Communication

Unit 8:Behavioral Skills

Annexure –II

Manikaka Topawala Institute of Nursing

Semester I

Liberal art courses

Course code	Course title	Teaching scheme			Credit	Examination scheme				
		Contact Hours.				Theory		Practical		Total
		Theory	Practical	Total		Internal	External	Internal	External	
NR101.01	Anatomy & Physiology	8	-	8	8	25	75	-	-	100
NR102.01	Nutrition & Biochemistry	3	1	4	3.5	25	75	-	-	100
NR104.02	Nursing Foundation - 1	20		20	20	25	75	-	-	100
NR109	Introduction to Computer	1	2	3	2	25	75	25	75	200
HL101	** Hindi/Regional language	1	-	1	1	-	-	-	-	
LW101	Library work/ self study	1	-	1	1	-	-	-	-	
CC101	Co-curricular activities	1	-	1	1	-	-	-	-	
HS 101-HS 106 Electives	A Course From Liberal Arts		2	2	2			50	50	100
	Total	**38**	**5**	**43**	**41.5**	**125**	**375**	**75**	**125**	**700**

Electives

Course code	Course title	Teaching scheme			Credit	Examination scheme				
		Contact Hours.				Theory		Practical		Total
		Theory	Practical	Total		Internal	External	Internal	External	
HS101	Painting		2	2	2	---	---	50	50	100
HS102	Photography		2	2	2	---	---	50	50	100
HS103	Sculpting		2	2	2	---	---	50	50	100
HS104	Pottery and Ceramic Art		2	2	2	---	---	50	50	100
HS105	Media and Graphic Design		2	2	2	---	---	50	50	100
HS106	Art and Craft		2	2	2	---	---	50	50	100

HS101-HS106: A COURSE FROM LIBERAL ARTS

Credit (Practical)-2 Contact Hours/Week (Practical) -4 hours

I. Credits and Schemes

Sem	Course Code	Course Name	Credits	Teaching Scheme	Evaluation Scheme				
				Contact Hours/Week	Theory		Practical		Total
					Internal	External	Internal	External	
I	HS101-HS106	A Course from Liberal Arts	02	02	--	--	50	50	100

II. Course Objectives

To help learners to

- recognize the nature of aesthetic values and explore elements of arts and aesthetics with reference to personal, cultural and civic sphere
- connect art and aesthetics with Science and Technology to understand and extend research and innovation for a society

III. Courses

Students may select **any one course** from the ones given below. However, depending upon the group size and availability of resource person(s), student's selection may be finalized by Faculty of Management Studies.

Sr. No.	Course Code	Course Title(s)	Credits
1.	HS101	Painting	02
2.	HS102	Photography	
3.	HS103	Sculpting	
4.	HS104	Pottery and Ceramic Art	
5.	HS105	Media and Graphic Design	
6.	HS106	Art and Craft	

IV. Instruction Method and Pedagogy

Teaching will be practical based on the hands on experiences, live and interactive sessions. It may also run in the workshop mode.

V. Evaluation

The students will be evaluated continuously in the form of their consistent performance throughout the semester. There is no theoretical evaluation. There

is just practical evaluation. The evaluation (practical) is schemed as 50 marks for internal evaluation and 50 marks for external evaluation.

Internal Evaluation

Students' performance in the course will be evaluated on a continuous basis through the following components:

Sl. No.	Component	Number	Marks per incidence	Total Marks
1	Participation	-	10	10
2	Performance/ Activities	-	10	10
3	Project	-	25	25
4	Attendance	-	05	05
			Total	**50**

External Evaluation

University Practical examination will be for 50 marks and will test the performance, activities and creative presentations of the students with reference to the course selected:

Sl. No.	Component	Number	Marks per incidence	Total Marks
1	Viva / Practical	-	50	50
			Total	**50**

VI. Learning Outcomes

At the end of the course, students will have developed the ability to enjoy, interact with and perform arts and aesthetics; and will have developed the ability and creativity to transfer sense of design and innovation in science and technology.

Minutes of 9th Adhoc Board of Studies Meeting

Programme: M.Sc & B.Sc Nursing
Criteria: Curriculum feedback
Agenda: 6

Date: 27th January, 2017

Time: 10:00 am

Venue: Conference Room, ARIP-CHARUSAT

The 9th Adhoc Board of Studies Meeting of Manikaka Topawala Institute of Nursing was held as per schedule.
Following members remained present/ absent at meeting:

Sr. No.	Name	Designation	Present/ Absent
1.	Dr. Pragna Dabhi	Registrar, Gujarat Nursing Council	Present
2.	Dr. Dayalal Patidar	Principal, Joitiba College of Nursing, Bhandu.	Present
3.	Prof. Ravindra H. N	Principal, Sumandeep Nursing College, Vadodara	Present
4.	Prof. Niru Patel	Shandra Shroff Rofel College Of Nursing	Present
5.	Prof. H.J. Jani	CHARUSAT University Advisor	Present
6.	Ms. Vimalben Patel	Hon, Director, MTIN,	Present
7.	Dr. Anil Sharma	Principal, MTIN	Present
8.	Mr. Vipin Vageriya	Asst. Professor, MTIN	Present
9.	Mr. Siddraram Sarate	Asst. Professor, MTIN	Present
10.	Mr. Deepak K.	Asst. Professor, MTIN	Present
11.	Ms. Anjali Tiwari	Asst. Professor, MTIN	Present

AGENDA

1. **Confirmations of the minutes of the last meeting.**
2. **Finalizing the syllabus of M.Sc. Nursing - third and fourth semester as per CBCS.**
3. **Finalizing the syllabus of B.Sc. Nursing - third and fourth semester as per CBCS.**
4. **Critical Review of question papers of B.Sc. Nursing, M.Sc. Nursing and result analysis.**
5. **Review of stakeholders on syllabus/curriculum.**
6. **Examiner panel of UG & PG programmes of Nursing.**
7. **Any other item, permission with chair.**

Sr. No	Agenda	Discussion	Disposition
1.	**Confirmation of the minutes of the last meetings**	The minutes were read. It was passed without any amendments. Proposed by Dr. Anil Sharma and seconded by Dr. Pragna Dabhi	The minutes were passed
2.	**Finalizing the syllabus of M.Sc. Nursing - third and fourth semester as per CBCS.**	The course construction & examination scheme of 3rd & 4th semester M.Sc. Nursing for all five specialty syllabus as per CBCS were presented by Dr. Anil Sharma & specific discussions made on each course.	After in depth discussion, members approved the presented syllabus of 3rd and 4th Semester M.Sc. Nursing as per CBCS. Members suggested to keep updated editions of text book and also mention all books and journals available in library ***Annexure-I***
	Program structure and credit	The members suggested for all elective courses marks to be reflected on transcript. Members suggested to roundup the credits from decimal to whole number	
3.	**Finalizing the syllabus of B.Sc. Nursing - third and fourth semester as per CBCS**	The course construction & examination scheme of 3rd & 4th semester B.Sc. Nursing syllabus as per CBCS were presented by Dr. Anil Sharma & specific discussions made on each course.	After in depth discussion, members approved the presented syllabus of 3rd and 4th Semester B.Sc. Nursing as per CBCS. Members suggested to keep updated editions of text book and also mention all books and journals available in library ***Annexure-II***

4.	**Critical Review of question papers of B.Sc. Nursing, M.Sc. Nursing and result analysis.**	The question paper of B.Sc. Nursing and M.Sc. Nursing was critically reviewed, and result analysis was presented to members of BOS.	The BOS members suggested having Question bank unit wise. It should cover whole syllabus. Dr. Anil Sharma explained, Convener of respective subject will communicate the syllabus weight-age of each unit to external Examiner. Question paper will be drawn accordingly
5.	**Panel of examiners**	The detail list of examiners for UG and PG presented in front of members. Members discussed criteria to prepare examiner panel.	BOS members suggested updating the address and contact of examiners. Dr. Anil Sharma explained Examiner panel will be prepared every academic year as per INC and CHARUSAT norms.
6.	**Review of stakeholders on syllabus/curriculum**	Mr. Deepak K shared the alumni feedback on curriculum; need to inculcate soft skill training, ALS, BLS in curriculum. Discussion on parents feedback was done by BOS members	Dr. Anil Sharma explained suggestions of soft skill training already inculcated in UG syllabus BOS members suggested modification in feedback form, need to focus on positive part of university like infrastructure, laboratories, campus, etc. to be reflected on the feedback
7.	**Any other item**	There were no item presented.	--

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

Dated: 27.01.17

Dr. Anil Sharma
Principal and Minute secretary

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AT. CHANGA - 388 421
TA. PETLAD, DIST. ANAND (GUJARAT)

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 : 12/12/2016

Submitted By

Name : Mr. Deepak K

Designation : Assistant Professor

Department : Alumni Association

Email : deepak.nur@charusat.ac.in

Endorsed by

12/12/16

Principal

Seal and Signature

PRINCIPAL
MANIKAKA TOPAWALA INSTITUTE OF NURSING
CHARUSAT CAMPUS - CHANGA.
AT. CHANGA - 388 421
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(b) Action taken report

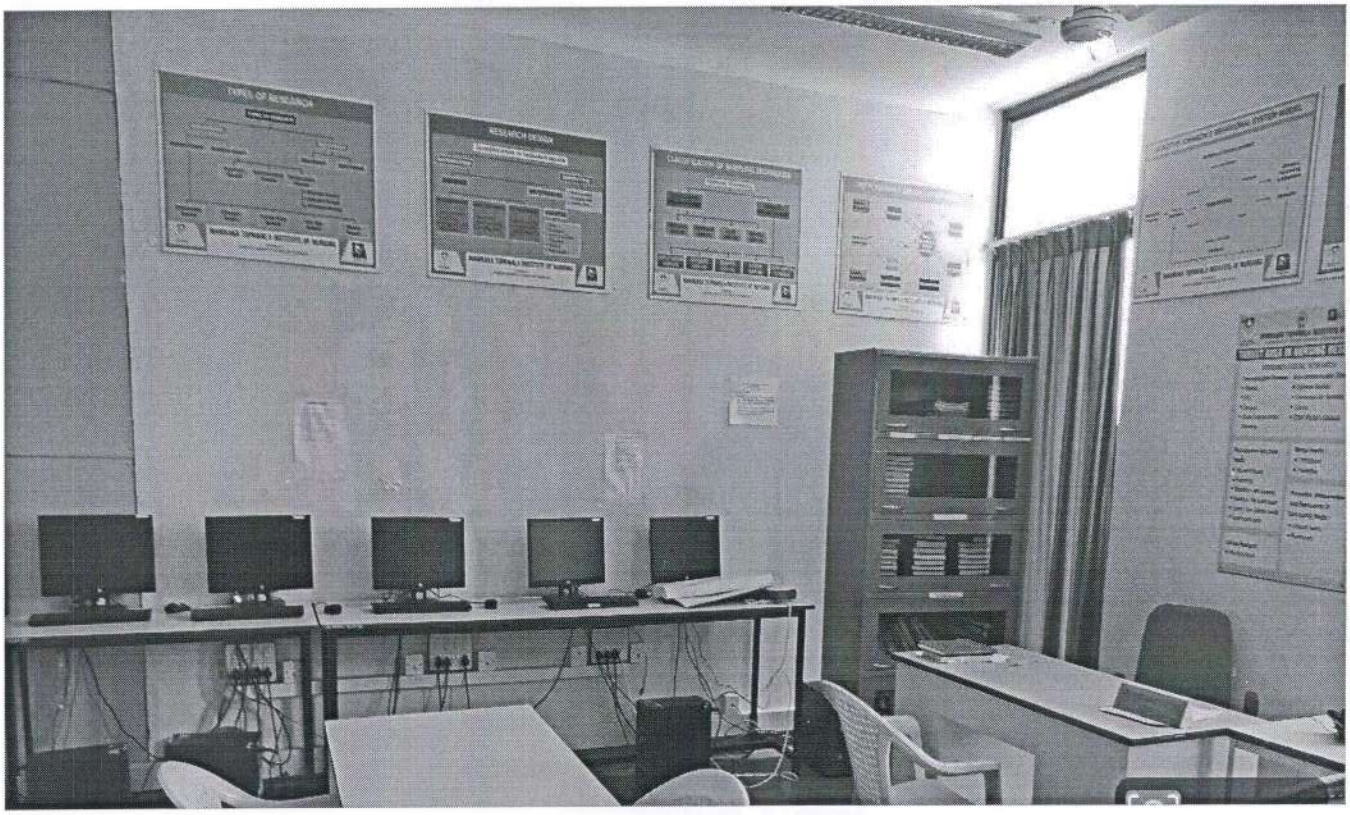
Following actions were initiated based on alumni feedback on curriculum

Sr.No.	Feedback	Action taken
1.	Requirement of computer lab facility	As per the feedback, Computer lab was setup at MTIN campus with 40 computers and internet facility. **Annexures** i. Computer lab Pic(Annexure I) ii. Layout plan (Annexure II)
2.	Need to increase journals in library	Considering student feedback Subscribed to e-journal package, Proquest Nursing and allied Health source e-journal package, from January to December 2017 **Annexure** Subscription Receipt (Annexure II)

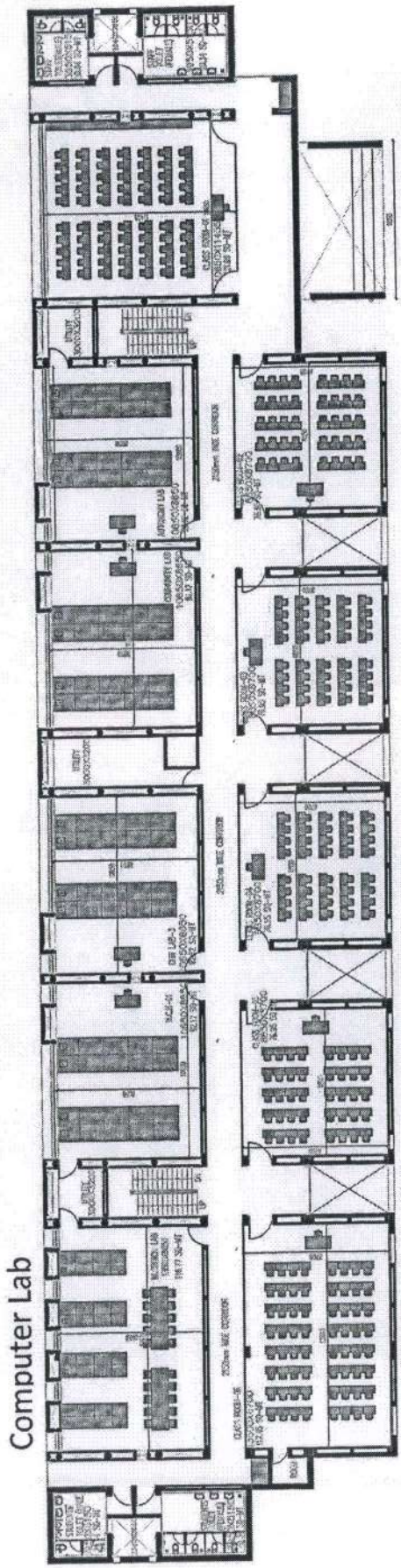
COMPUTER LAB

Annexure I





ANNEXURE - II



GROUND FLOOR PLAN

ANNEXURE III

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CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY [CHARUSAT]

Faculty of Medical Sciences

MANIKAKA TOPAWALA INSTITUTE OF NURSING

Action Taken Report on Employer Feedback on Curriculum

Date of Submission	:	**17/04/2017**
Submitted By		
Name	:	**Mr. Jamin Chauhan**
Designation	:	**Training and Placement coordinator**
Department	:	**Nursing**
Email	:	**jaminchauhan.nur@charusat.ac.in**

Endorsed by

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17/04/17

Principal

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2016-17

Manikaka Topawala Institute of Nursing

Faculty of Medical Sciences

Charotar University of Science and Technology (CHARUSAT)

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Employer Feedback on Curriculum

Majority of the employers agreed with the structure and appropriateness of curriculum. Employers also agreed with existing curriculum created leadership qualities. None of the employers gave poor response about feedback on curriculum. Some of the suggestions were as follows-:

Suggestions/Feedback	Action suggested
Students should be taught problem solving, leadership and managerial skills.	MCQ based exams was included in the evaluation system enhance critical thinking skills. (Annexure 1) OSCE based examination formats were designed to test the students cognitive ability and enhance their problem solving skills from the year 2017. (Annexure 2)
Students should be sensitized on various soft skills like enhancing their self-confidence, communication skills, preparing for and cracking competency-based interview etc before they are stepping out in their professional world. This would certainly polish them and will imbue great faith in their capabilities and competencies.	Communication skills of the students were taken care of by the course of English language in 2nd semester B.Sc. Nursing. (Annexure 3).

Annex 1

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

Manikaka Topawala Institute of Nursing

Second Semester of B.Sc. Nursing Examination, MARCH-2016

NR 106- Psychology Internal Exam

Date:22.03.2016 **Time: 10.00 am – 12.00 noon** **Maximum Marks: 50**

Q-1. Multiple choice questions: {Write answers in answer sheet} (10)

1. Who postulated the 'Need hierarchy theory?
   a. Freud b. Abraham maslow c. Carl rogers d. Sullivan
2. Which of the following is not cognitive activity?
   a. Thinking b. Reasoning c. Memory d. Writing
3. Which memory store holds information for the shortest duration?
   a. Sensory memory b. Short term memory
   c. Long term memory d. Explicit memory
4. The process by which sensory information is actively organized & interpreted by the brain
   a. Perception b. Repression c. Observation d. Refraction
5. Which of the following formula used to compute IQ?
   a.IQ = 100-CA/MA b. IQ = 100 X CA/MA
   c. IQ = MA/CA X 100 d. IQ = 100/MA X CA
6. What do you mean by false perception in presence of external stimuli?
   a. Delusion b. Illusion c. Hallucination d. Observation
7. Which part of brain is working for reasoning?
   a. Medulla b. Cortex c. Spinal cord d. Hypothalamus
8. Who has given the classical conditioning theory for learning?
   a. Thorndike b. Ivan P Pavlov c. B.F.skinner d. Erikson
9. Which is not the branch of applied psychology?
   a. Education psychology b. Clinical psychology
   c. Counseling psychology d. Developmental psychology
10. What do you mean by Introspection?
    a. Self-study b. To see with in c. Observe others d. Perception

Q-2. Answer <u>(Any Three)</u> following questions. (30)

1. A. Define motivation (1+6+3)
   B. Enumerate types of motives
   C. Write characteristics of motivation.
2. Explain theories of learning. (10)
3. Define conflict and types of conflicts and explain how to resolve the conflict. (10)
4. Explain the scope of psychology in nursing. (10)

Q-3.Answer <u>(Any two)</u> of the following questions (2x5)

1. Write Principles of perception.
2. Enumerate factors influencing attention.
3. Enumerate the types of memory.

- x - x - x -

Annex 2

OSCE STATIONS IN MENTAL HEALTH NURSING

BLUE PRINT OF THE OSCE STATIONS

Interactive (Manned) Stations		Non Interactive (Unmanned) Stations	
Station No	**Station Content**	**Station No**	**Station**
3	Hallucination	1	History Collection- Family Tree
5	Non Compliance to treatment	2	MSE- Assessment of Attention & Concentration, General Information, Judgement and Insight
8	Mania-Hyperactivity	4	Drug-Tablet Haloperidol
10	Attempted Suicide-Counseling	6	Alcohol Withdrawal Symptoms
		7	Depression-Nursing diagnosis
		9	Delusion

OSCE STATIONS IN MENTAL HEALTH NURSING

GENERAL INSTRUCTIONS

Instructions to the Students on OSCE

1. Do **NOT** write your name on the answer sheet, write only your roll number
2. Read the questions carefully and thoroughly.
3. Follow the time limit **(6 min for each station)**, when the bell rings move on to next station.
4. Answers must be relevant and appropriate.
5. Write down in your Answer booklets wherever required.
6. Write the answers in appropriate stations –numbers in the answer booklet.
7. Do **NOT** skip any stations.
8. Go in order as per the arrow marks direction.
9. Total marks for each station is **10**

Instructions to the Simulated Patients on OSCE

1. Try to answer the questions as clearly as possible.
2. Do **NOT** give more information than asked for.
3. Try to be consistent with all the students as they interview you.

Instructions to the Examiners on OSCE

1. Observe your students using the following checklist and score according to their performance.
2. Do **NOT** probe or interfere the students while performing the task.
3. Use OSCE Check list for scoring the students' performance.
4. Total marks for each station is 10
5. Students should follow the time limit **(6 min for each station)**, when the bell rings student has to move on to next station.

STATION- 1

Examiner's Copy

Objective: The student will be able to draw the family tree of the patient correctly using all the symbols appropriately.

Station: Draw the family tree of this patient (Indicating the Twin siblings, history of consanguineous marriage and history of suicide in patient's father).

Observation:

The examiner checks if the students answer is correct and gives the marks appropriately

S.NO	FAMILY DETAILS	Max. Marks	Registration No and Marks Obtained									
			1	2	3	4	5	6	7	8	9	10
1	Draw three generation genogram	1										
2	Indicates patient's twin siblings correctly	1										
3	Uses gender symbols correctly.	1										
4	Uses marriage symbols appropriately	1										
5.	Indicates the patient by using correct symbol.	1										
6.	Indicates the family member's suicide in family tree.	1										
7.	Cover all the family members in the diagram.	1										
8.	Indicates the death of family member with reason of death.	1										
9	Indicates consanguinity in the family.	1										
10	Neat appearance	1										
	Total score	**10**										

Signature of the Examiner

STATION- 2

Examiner's Copy

Objective: The student will be able to assess and document the MSE correctly.

Station: Assess and document the attention and concentration, general information, judgment and insight of this patient

Observation:

The examiner checks if the students 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.	Greets the patient and introduces to the patient	1										
2	Attention and concentration x Uses Digit and forward and backward test. x Inference	1 1										
3	General information x Asks relevant questions x Inference	1 1										
4.	Judgement x Test judgment x Social judgment x Inference	1 1 1										
5.	Insight x Asks relevant questions x Inference	1 1										
Total Score		**10**										

Signature of the Examiner

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

STATION – 4

Examiner's Copy

Objective: The student will be able to identify and medication, its action, similar drugs, and its side effects.

Station: This patient, Mr. --------- , aged --------yrs is on (Tab Haloperidol) this tablet which is kept here. Answer the following questions.

1. This drug is classified under .....
2. What are other names of this major group of drugs. (Any 2)
3. Mention the major action of this drug.
4. Identify one more drug of this category.
5. Mention any three EPS of this drug.

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.	Antipsychotic or typical antipsychotic	1										
2	Neuroleptics or conventional or newer antipsychotic.	1										
3	It blocks the dopamine receptors in the brain	1										
4	**Any one drug** **1.** Tab. Chlorpromazine 2. Tab Thioridazine 3. Tab Trifluperizine	1										
5.	**Any four Symptoms** Akathesia,	1										
6.	Dystonia	1										
7.	Parkinsonism	1										
8.	Dyskinesia	1										
9	Tremors	1										
10	Bradykinesia	1										
	Total score	**10**										

Signature of the Examiner

STATION- 5

Examiner's Copy

Objective: The student will be able to understand non compliance, drugs used to improve drug compliance, nursing intervention and causes of non compliance.

Station: This patient Mr ..... aged .....is suffering from chronic Schizophrenia, who is non- compliant to drugs.

1. Mention the name of any two drugs, he is likely to receive to improve his drug compliance.
2. Implement any 4 important nursing interventions to this patient to improve his compliance.
3. Mention any 4 possible causes of non- compliance.

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.	Fluphenazine Deconate Haloperidol Deconate Resperdone Consta **(Any two)**	2										
2	**Interventions**											
3	Identify the reason for non- compliance	1										
4	Explain the importance and need for taking drugs to the patient and family members.	1										
5.	Warn the patient and family members on recurrence of the illness due to Non Compliance.	1										
6.	Explain the common side effects and its management including reporting to the physician when required.	1										
7.	Causes of non – compliance 1. Drug side effects 2. Lack of insight 3. Remission of symptoms 4. Stigma about mental illness 5. Poor social support. 6. Lack of Knowledge 7. Poor Doctor- patient relationship	4										
	Total score	**10**										

Signature of the Examiner

STATION- 6

Examiner's Copy

Objective: The student will be able to withdrawal symptoms and its nursing care.

Station: During the family visit in the community, the nursing student finds a man with clinical symptoms such as tremors, anxiety and restlessness as he tried to be abstinent from alcohol, 2 days ago.

1. Identify the problem which is present in this patient.
2. Mention any other 4 such symptoms this patient is likely to experience.
3. Plan for any two specific 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.	Withdrawal symptom	2										
2.	Insomnia, Nausea, Vomiting, Transcient hallucination , Illusion, Tachycardia, Seizures Increased B.P, Fever, Delusion, Psychomotor agitation. **(Any 4)**	4										
3.	**Nursing interventions(Any Two)**											
4.	Refer the patient for detoxification	2										
5.	Provide protective and safe environment.	2										
6.	Closely monitor the patient to prevent self-harm											
7.	Monitor vital signs.											
8.	**Total score**	**10**										

Signature of the Examiner

STATION- 7
Examiner's Copy

Objective: The student will be able to understand the clinical features and drugs used, in depression and make nursing diagnosis accordingly.
Station: This patient is admitted in psychiatric ward with complaints of Sadness, hopelessness, worthlessness, poor self-esteem, lack of appetite, persistent headache and inability to sleep.

1. Write down the probable clinical diagnosis.
2. Mention any two drugs used for this condition
3. Make **any 7**possible nursing diagnoses by assessing this patient.

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	Depression	1										
2	Drugs (Any two) 1.Imipramine 2.Amitryptiline 3. Fluoxetine 4.Sertraline	2										
3 3.1	**Nursing Diagnosis** Ineffective coping related to fear of intensity of feelings.	1										
3.2	Fear and anxiety related to inability to perform the task.	1										
3. 4	Altered nutrition less than body requirement related to less intake of food	1										
3.5.	Self-care deficit related to inadequate food and fluid intake	1										
3.6.	Hopelessness related to dysfunctional grieving process.	1										
3.7.	Low self-esteem related to learned helplessness.	1										
3.8	Spiritual distress related to dysfunctional grieving over loss of valued object.	1										
3.9	Sleep pattern disturbance											
3.10	Impaired social interaction related to low self esteem											
	Total score	**10**										

Signature of the Examiner

STATION- 8

Examiner's Copy

Objective: The student will be able to understand Mania and give care focusing on Hyperactivity.

Station: Ms X , aged..... years is admitted with history of hyperactivity, Irritability, over talkativeness and Delusion of grandiosity.

1. Write down the possible clinical diagnosis.
2. Mention the drug of choice for this condition
3. Make any two possible nursing diagnoses related to these problems
4. Plan and implement any four important nursing interventions for hyperactivity.

Observation:

The examiner checks if the students 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	Mania	1										
2	Lithium Carbonate	1										
3	**Nursing Diagnoses (Any two)** • Risk for injury • Risk for Violence • Impaired social interaction • Altered nutrition • Sleep pattern disturbance	2										
	Interventions (Any three)											
3.1	Engage the patient to do some activities.	2										
3.2	Stay with the client who is hyperactive and agitated.	2										
3.3	Administer medication as ordered by physician.	2										
3.4	Use physical restraints if required.											
3.5	Ensure adequate fluid intake and meeting of Nutritional needs.											
	Total score	**10**										

Signature of the Examiner

STATION- 9

Examiner's Copy

Objective: The student will be able to understand suspiciousness and plan for nursing care

Station: This patient is Mrs…….. aged…… is very suspicious and feels that her neighbors are making some plan to kill her, when there is no evidence to support this.

1. This symptom is called ……..
2. Make a possible nursing diagnosis related to this symptom.
3. Mention any one of the possible clinical diagnosis of this patient.
4. Plan for any two nursing interventions.

Observation:

The examiner checks if the students 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.	Delusion of persecution	2										
2.	Disturbed thought process related to inability to trust.	2										
3.	**Interventions (any three)**											
3.1	Convey acceptance of clients, but indicate that you do not share the belief.	2										
3.2	Do not argue or deny the belief. Use reasonable doubt as a 'therapeutic technique" I find that hard to believe.	2										
3.3	Focus on reality	2										
3.4	Avoid laughing, whispering or talking quietly before the client											
	Total scores	**10**										

Signature of the Examiner

STATION – 10

Examiner's Copy

Objective: The student will be able to counsel the with attempted suicide.
Station: He is Mr----------, aged 40 years is admitted in this ward with history of attempted suicide, because of huge loss in Business. Introduce yourself to this patient and counsel him.

Observation:

The examiner checks if the students 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.	Greet the patient and makes self-introduction	1										
2.	Maintains eye to eye contact.	1										
3.	Maintains correct posture and body language	1										
4.	Respects the patient.	1										
5.	Polite and gentle.	1										
6	Uses open ended questions	1										
7	Asks relevant questions	1										
8	Calm and relaxed	1										
9	Listen to patients	1										
10	Use simple language based on patient's understanding	1										
	Total Score	**10**										

Signature of the Examiner

Annex 3

HS121: ENGLISH LANGUAGE AND LITERATURE
(Need to update by HS department)

I. Credits and Schemes

Sem	Course Code	Course Name	Credits	Teaching Scheme	Evaluation Scheme				
				Contact Hours/Week	Theory		Practical		Total
					Internal	External	Internal	External	
II	HS121	English Language and Literature	02	02	25	25	25	25	100

II. Course Objectives

To help learners to

- develop familiarity with and proficiency in English language
- learn the use of language at personal, academic and professional fronts
- become accomplished, active readers who appreciate ambiguity and complexity, and who can articulate their own interpretations with an awareness and curiosity for other perspectives.
- gain a knowledge of the major traditions of literatures, and an appreciation for the diversity of literary, cultural and social voices within

III. Course Outline

Module No.	Title/Topic	Classroom Contact Sessions
1	**Communicative English** • *Introduction to Communicative Grammar and Usage* • *Parts of Speech* • *Tenses and Moods* • *Reading Literature for English Language*	08
2	**Functional English** • *Introduction to Functional English* • *English for Personal and Social Use* • *English for Career and Professional Use*	08
3	**Literature Text and Appreciation** • *Introduction to Literature and Appreciation* • *Appreciation of Prose or Fiction* • *Appreciation of Poetry*	08

4	**Language, Literature and Contemporary Issues** • *Language, Culture and Society* • *Literature and contemporary issues*	**06**
	Total	**30**

IV. **Pedagogy**

Teaching will be facilitated by reading material, discussion, task-based learning, projects, assignments and various interpersonal activities like case studies, critical reading, group work, independent and collaborative research, presentations, etc.

- Out of 100 marks, 50 marks are for internal evaluation and 50 marks would be external evaluation.

V. **Evaluation**

Internal Evaluation
The students' performance in the course will be evaluated (25 marks for theory and 25 marks for practical) on a continuous basis through the following components:

Theory

Sl. No.	Component	Number	Marks per incidence	Total Marks
1	Assignment	02	10	20
2			Attendance	5
			Total	25

Practical

Sl. No.	Component	Number	Marks per incidence	Total Marks
1	Project	01	10	10
2	Term-Work	-	10	10
			Attendance	5
			Total	25

External Evaluation
The University examination will be for 50 marks (25 marks for theory and 25 marks for practical). The examination will avoid, as far as possible, direct questions on usage, grammar, errors, etc. and will focus on applications.
Theory

Sl. No.	Component	Number	Marks per incidence	Total Marks

1	Theory Paper	01	25	25
			Total	25

Practical

Sl. No.	Component	Number	Marks per incidence	Total Marks
1	Viva	01	25	25
			Total	25

VI. Learning Outcomes

At the end of the course, the students should have developed the ability to communicate effectively, they should be able to communicate message accurately, handle intercultural situation that require thoughtful communication, to use appropriate words and tones and so on. They should be able to understand and demonstrate communicative and functional use of English language. They should be able to appreciate literature and understand socio-cultural context.

VII. Reference Books

- Hurd Stella (2005), *Success with Languages* , Routledge
- John Eastwood (2002) *Oxford Practice Grammar*, Oxford
- Loiuse Mullany & Peter Stockwell (2010),*Introduction to English Language*, Routledge
- Peter Brooker, Raman Saledan & Peter Widoowson (2005), *Reader's Guide to Contemporary literary theory*, Pearson

Additional Reading

- http://www.ocr.org.uk/Images/72885-level-2-functional-skills-english-underpinning-skills-support-material-for-learners.pd

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 : **24/09/2016**

Date of Submission : **29/09/2016**

Submitted By

Name :Ms. Rameshwari Zala

Designation : Assistant Professor

Department : Nursing

Email : rameshwarisolanki.nur@charusat.ac.in

Endorsed by

MANIKAKA TOPAWALA INSTITUTE OF NURSING CHARUSAT CAMPUS CHANGA

29/09/16

Principal

Seal and Signature

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

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

Action Taken Report of Students Feedback on Curriculum Year 2016-17

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 41 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.

Action Taken Report; -

The 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	More Clinical Training Opportunities should be given	Students apart of every year clinical. Students send different hospital for more clinical experience. – DDMM Heart Institute, Nadiad -Kashiba Hospital, Vadodara -Hospital for mental health ,Vadodara --Shri Shantaram Natra Chikitshalaya,Nadaid, -V.S.Hospital,Ahemdabad - Shree Krishna Hospital ,Karamsad Annexure-I
2	Some expert session on Girls health to be provided.	On first semester M.Sc. Nursing an elective course on Woman health was offered to the students as elective course. Annexure-II

भारतीय गैर न्यायिक

एक सौ रुपये Rs. 100

रु. 100 ONE HUNDRED RUPEES

सत्यमेव जयते

भारत INDIA

INDIA NON JUDICIAL

ગુજરાત गुजरात GUJARAT AB 554523

NOTARY

HIREN N. THAKER
TA. & DIST.
ANAND
REGD NO.
628/2009
GOVT. OF GUJARAT (INDIA)

MOU FOR ACADEMIC TRAINING OF NURSING STAFF BETWEEN DMM HEART INSTITUTE & CHARUSAT

DDMM Heart Institute, Nadiad (hereinafter referred to as " The Institute")- is located at Nadiad It is run by GMCCC & R Society.

Charotar University of Science and Technology (hereinafter referred to as CHARUSAT) is a University established under Gujarat Act No. 8 of 2009; having head quarter at Charusat Campus at Changa. Presently , CHARUSAT runs professional education programmes in Engineering, Pharmacy, Computer Application, Business Management and Applied Sciences, Paramedical, Physiotherapy and Nursing.

It has started Nursing Programme from the academic year 2009-10. For the training of the students pursuing this programme,CHARUSAT intends to enter into an academic MOU with GMCCC & R Society.

Both the organizations have agreed to have such an academic MOU in the mutual interest and for the welfare of the Society.

NOTARIAL NOTARY NOTARIAL NOTARY

NOTARY
HIREN N. THAKER
TA. & DIST.
ANAND
REGD NO.
628/09
GOVT. OF GUJARAT (INDIA)

NOTARY

The agreement executed at Nadiad between CHARUSAT and the DDMM Heart Institute, Nadiad undertakes the following:

(i) DDMM Heart Inbstitute, Nadiad agrees to have an academic MOU with CHARUST to the extent of educational support in the form of clinical exposure and training to the Nursing students (M.Sc.Nursing). This will include access to the facilities like treatment procedures, methods and data keeping necessary for educating the Nursing students during their regular studies and also during internship.

(ii) CHARUSAT shall be responbsible for procurement and maintenance of affiliation and recognition from respcetive University, concerned Nursing Council, Indian Nursing Council and other legal authorities including Stete Government from time to time; wherein the DDMM Heart Institute will not be responsible or will not liable for any de-recognition of the CHARUSAT. CHARUSAT shall indemnify DDMM Heart Institute for any loss which may be caused due to non receipt of the requisite approval/ permission.

(iii) The students while visiting hospital will be accompanied by teachers who will take full responsibility of educating their students availing the facilities. The students will strictly abide by the rules of the hospital and any kind of violation thereof will lead to denying the facilities available. Any damage caused by any student to the property or clinical facility will be compensated by CHARUSAT.

(iv) Students are allowed to do advance nursing procedure and assist in different medical procedures under the supervison of clinical instructor and ward incharge sister at DDMM Heart Institute.

(v) CHARUSAT shall not have any claim on physical facilities of the Hospital or shall not claim any waiver of treatment charges of any other such favour other than the purpose of education from the hospital.

(vi) The hospital shall have unequivocal right to bring an end to this agreement without assigning any reason. CHARUSAT will not be entitled to any claim by way of compensation and/or damages.

(vii) CHARUST shall not make any endeavours to have covetous gain from this agreement. It is specifically understood that this agreement entered by both the parties is only with the sole purpose of " SERVICE to HUMANKIND".

(viii) Student will not be allowed to deal with patients independently.

(ix) For clinical training at the DMMM Heart Institute, Nadiad , fees to be paid by CHARUSAT to the DDMM Heart Institute, Nadiad will be Rs. 40/- per student per day, the fees will be reviewed and revised yearly mutually agreed.

(x) DDMM Heart Institute has qualified Nursing staff as per its requirement. Their guidance shall be available to the trainee students.

This agreement shall remain in force for next five years from this academic year of nursing programmes (i.e. 2014-2019). It can be further extended by mutual consent if required, either in the present form or any modifications as the need be.

Signature: D Joshi

IDENTIFIED BY ME

Signature: For (Manager)

Name: Devang Joshi
Registrar
CHARUSAT

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

ADVOCATE/PERSON

Name, ...Dr Sanjeeth Peter
.....Director
.....DDMM Heart Institute, Nadiad

Regd. No. 8536/14
Date: 3/6/14
SIGNED BEFORE ME
H. N. THAKER
NOTARY
ANAND. DIST. ANAND

Date: 02/06/2014

Place: Nadiad

HIREN N. THAKER
Advocate-Notary
"Drashti", Opp. Saurashtra Colony,
Mota Bazar, Vallabh Vidyanagar.
Dist. Anand. Gujarat. India.

भारतीय गैर न्यायिक

पचास रुपये

रु.50

भारत

FIFTY RUPEES

Rs.50

सत्यमेव जयते

INDIA

INDIA NON JUDICIAL

गुजरात गुजरात GUJARAT

V 574924

NOTARY
J. N. PATEL
ANAND - DIST.
GUJARAT STATE
REG.NO. :
NTR / 421 / 02
GOVT. OF GUJARAT (INDIA)

NOTARY
J.N.PATEL
DIST.ANAND
GUJARAT STATE
EXPIRY DATE
5/7/2017
GOVT. OF GUJARAT (INDIA)

Memorandum of Understanding (MOU)

Between

Charotar University of Science and Technology (CHARUSAT), Changa

&

Medical Care Centre Trust (MCCT) Vadodara

Charotar University of Science and Technology (hereinafter referred to as CHARUSAT) is a University established under Gujarat Act No. 8 of 2009; having head quarter at CHARUSAT Campus at Changa. Presently, CHARUSAT runs professional education programmes in Engineering, Pharmacy, Computer Application, Business Management, Applied Sciences, Nursing, Physiotherapy and Paramedical.

Manikaka Topawala Institute of Nursing (Formerly Known as Charotar Institute of Nursing) – a constituent of CHARUSAT, has been started from the academic year 2009-10. It offers B.Sc.Nursing,

General Nursing and Midwifery and M.Sc. programmers. For the training of the students pursuing these programme, CHARUSAT intends to enter into an academic MOU with Medical Care Centre Trust.

Both the organizations have agreed to have such an academic MOU in the mutual interest and for the welfare of the society.

The agreement executed at Vadodara between CHARUSAT and the **Medical Care Centre Trust** undertakes the following:

(i) Medical Care Centre Trust agrees to have an academic MOU with CHARUSAT to the extent of educational support in the form of clinical exposure and training to the Nursing students. This will include access to the facilities like treatment procedures, methods, and data keeping necessary for educating the Nursing students during their regular studies and also during internship.

(ii) CHARUSAT shall be responsible for procurement and maintenance of affiliation and recognition from State Council, Indian Nursing Council and other legal authorities including State Government from time to time; wherein the Medical Care Centre Trust (MCCT) will not be responsible or will not liable for any de-recognition of the MTIN. CHARUSAT shall indemnify MCCT for any loss which may be caused due to non receipt of the requisite approval/permission.

(iii) The students while visiting hospital will be accompanied by teachers who will take full responsibility of educating their students availing the facilities. The students will strictly abide by the rules of the hospital and any kind of violation thereof will lead to denying the facilities available. Any damage caused by any student to the property or clinical facility will be compensated by CHARUSAT.

(iv) Students are allowed to do advance nursing procedure and assist in different medical procedures under the supervision of Clinical Instructor and Ward In-charge sister.

(v) CHARUSAT shall not have any claim on physical facilities of the Hospital or shall not claim any waiver of treatment charges or any other such favors other than for the purpose of education from the hospital.

(vi) **MCCT** shall have unequivocal right to bring an end to this agreement without assigning any reason. CHARUSAT will not be entitled to any claim by way of compensation and / or damages.

(vii) CHARUSAT shall pay to Medical Care Centre Trust educational fees of one thousand Indian rupees (1000/- Rs) per student per term for B.Sc.Nursing, five hundred rupees (500/- Rs) per student per month for General Nursing and Midwifery (GNM) and one thousand Indian rupees (1000/- Rs) per student per month for M.Sc. Nursing for pediatric training. And additional to seven hundred Indian rupees for training in Anesthesia, Blood banking and Laboratory technology for per term for all students.

(viii) CHARUSAT shall not make any endeavours to have covetous gain from this agreement. It is specifically understood that this agreement entered by both the parties is only with the sole purpose of "SERVICE TO HUMAN KIND".

(ix) Students will not be allowed to deal with patients independently.

(x) Medical Care Centre Trust has qualified Nursing staff as per its requirement. Their guidance shall be available to the trainee students.

his agreement shall remain in force for next three years from this academic year of nursing programmes (i.e. 014-15). It can be further extended by mutual consent if required, either in the present form or any odifications as the need be.

gnature:

ame: Devang Joshi
Registrar
CHARUSAT

ate: 03/11/14

ace: ~~CHARUSAT CAMPUS-CHANGA~~

NOTARY J.N.PATEL DIST.ANAND GUJARAT STATE R.NO.1421/02 EXPIRY DATE 5/7/2017 GOVT. OF GUJARAT (INDIA)

BEFORE ME

J.N.PATEL - NOTARY
HARIMANKRUPA,
AMRAKUNJ SOCIETY,
KRUSHNA HALL ROAD,

Signature:

Dr. Jagdish Patel
Hon. Secretary

Name: Dr. Jagdish N. Patel
Hon. Secretary
(Medical Care Centre Trust)

MEDICAL CARE CENTRE TRUST K.G.Patel Children Hospital Karelibaug BARODA

Date: 6/11/14
place: Anand

भारतीय गैर न्यायिक

भारत

पचास रुपये

FIFTY RUPEES

रु.50

Rs.50

सत्यमेव जयते

INDIA

INDIA NON JUDICIAL

ગુજરાત ગુજરાત GUJARAT

W 347989

ક્રમાંક નંબર ૨૨૩૮ તા. ૫/૧૧/૨૦૧૪ રૂ. ૫૦/-

ખરીદનારનું નામ દિનેશકુમાર ૨ાજુભાઈ પટેલ

સરનામું રહે.ગામ વરદ્યુ તા. કરજણ જી. વડોદરા

વતી રાજેશભાઈ

ઉમાશુભલાલ જયંતિલાલ શાહ
ઉત્તમચંદ ઝવેરીની પોળ,
ખાણીગેટ રોડ,
વડોદરા.

સ્ટેમ્પ વેન્ડરની સહી
રી. લા. નં. ૨૧/૮૦
સબ રજીસ્ટ્રારની કચેરી
વડોદરા.

NOTARY
J.N.PATEL
DIST. ANAND
GUJARAT STATE
NOTARY
VALIDITY DATE
5/11/2017
GOVT. OF GUJARAT (INDIA)

NOTARY

NOTARIAL NOTARIAL

NOTARY

NOTARIAL NOTARIAL

BEFORE ME

J.N.PATEL - NOTARY
HARMANKRUPA,
AMRAKUNJ SOCIETY,
KRUSHNA HALL ROAD,
ANAND -388 001

SERIAL NO. 612-2014
DATE :- 6 NOV 2014
J.N.PATEL-NOTARY

શ્રી ચારોતર મોટી સતાવીસ પાટીદાર કેળવણી મંડળ, ચાંગા તા.પેટલાદ સંચાલિત મનીકાકા ટોપાવાલા ઈન્સ્ટીટયુટ ઓફ નસીગ, ચાંગા તા. પેટલાદના તાલીમાર્થીઓને શૈક્ષણિક વર્ષ – ૨૦૧૬–૧૭ માટે માનસિક આરોગ્યની હોસ્પીટલ, વડોદરાની માળખકીય સુવિધાઓનો ઉપયોગ કરવાની મંજુરી બાબત

ગુજરાત સરકાર
ઠરાવ ક્રમાંક આઈ.એન.એન./૧૩૨૦૧૧/ચારૂસેટ/અ,
આરોગ્ય અને પરિવાર કલ્યાણ વિભાગ,
સચિવાલય, ગાંધીનગર
તારીખ : 05 MAY 2016

વંચાણમાં લીધા :

૧) આરોગ્ય અને પરિવાર કલ્યાણ વિભાગનો તા. ૨૩–૫–૨૦૦૫ ના ઠરાવ ક્રમાંક હસપ / ૨૦૦૩–૩૧૩/અ,

૨) આરોગ્ય અને પરિવાર કલ્યાણ વિભાગનો તા. ૧૧–૯–૨૦૧૨ ના ઠરાવ ક્રમાંક આઈ.એન.એફ/૧૩૨૦૧૨/ મંત્રીશ્રી –૧૫–અ

૩) અધિક નિયામકશ્રી (ત.સે.) નો તા.૨–૪–૧૬ નો પત્ર ક્રમાંક નસીગ / ઈન્ફા/મંજુરી/બ–૬/૧૬

ઠરાવ

વંચાણે લીધેલ ક્રમ (૩) માં દર્શાવેલ પત્રથી શ્રી ચારોતર મોટી સતાવીસ પાટીદાર કેળવણી મંડળ ચાંગા તા. પેટલાદ સંચાલિત મનીકાકા ટોપાવાલા ઈન્સ્ટીટયુટ ઓફ નસીગ, ચાંગા તા. પેટલાદના જી.એન.એમ.ના ૩૩ અને ૨૧ તાલીમાર્થીઓને ૬ અને ૨ વીક, બી.એસ.સી. નસીગના ૬૦ અને ૫૬ તાલીમાર્થીઓને ૬ અને ૨ વીક, એમ.એસ.સી. નસીગના ૨ તાલીમાર્થીઓને ૬ વીક એમ કુલ – ૧૭૨ તાલીમાર્થીઓને (આઈ.એન.સી.ના ૩:૧ (દર્દી – વિધાર્થી) ના રેશિયા મુજબ પ્રતિદિન – ૭૦–૮૦ તાલીમાર્થીઓને તાલીમ આપી શકાય તેમ હોઈ, સંસ્થાના ૧૭૨ તાલીમાર્થીઓને શૈક્ષણિક વર્ષ – ૨૦૧૬–૧૭ માટે માનસિક આરોગ્યની હોસ્પીટલ, વડોદરાની માળખાકીય સુવિધાઓનો ઉપયોગ કરવાની મંજુરી આપવા અધિક નિયામકશ્રી તબીબી સેવા ધ્વારા કરવામાં આવેલ દરખાસ્ત સરકારશ્રીની વિચારણા હેઠળ હતી. જેને પુખ્ત વિચારણાને અંતે નીચેની શરતોને આધિન મંજુરી આપવામાં આવે છે.

૧) શ્રી ચારોતર મોટી સતાવીસ પાટીદાર કેળવણી મંડળ ચાંગા તા. પેટલાદ સંચાલિત મનીકાકા ટોપાવાલા ઈન્સ્ટીટયુટ ઓફ નસીગ, ચાંગા તા. પેટલાદના જી.એન.એમ.ના ૩૩ અને ૨૧ તાલીમાર્થીઓને ૬ અને ૨ વીક, બી.એસ.સી. નસીગના ૬૦ અને ૫૬ તાલીમાર્થીઓને ૬ અને ૨ વીક, એમ.એસ.સી. નસીગના ૨ તાલીમાર્થીઓને ૬ વીક એમ કુલ – ૧૭૨ તાલીમાર્થીઓને (આઈ.એન.સી.ના ૩:૧ (દર્દી – વિધાર્થી) ના રેશિયા મુજબ પ્રતિદિન – ૭૦–૮૦ તાલીમાર્થીઓને તાલીમ આપી શકાય તેમ હોઈ, સંસ્થાના ૧૭૨ તાલીમાર્થીઓને શૈક્ષણિક વર્ષ – ૨૦૧૬–૧૭ માટે માનસિક આરોગ્યની હોસ્પીટલ, વડોદરાની ખાતે માળખાકીય સુવિધાઓનો ઉપયોગ કરવા મંજુરી આપવામાં આવે છે.

૨) શ્રી ચારોતર મોટી સતાવીસ પાટીદાર કેળવણી મંડળ ચાંગા તા. પેટલાદ સંચાલિત મનીકાકા ટોપાવાલા ઈન્સ્ટીટયુટ ઓફ નસીગ, ચાંગા તા. પેટલાદ, સંસ્થાએ આરોગ્ય અને પરિવાર કલ્યાણ વિભાગના તા. ૧૧–૯–૨૦૧૨ ના ઠરાવ ક્રમાંક આઈએનએફ/૧૩૨૦૧૨–મંત્રીશ્રી–૧૫–અ માં દર્શાવ્યા મુજબ નસીગ કોલેજ અને નસીગ સ્કુલના પ્રતિ વિધાર્થી દીઠ, પ્રતિમાસ મુજબ ફી એડવાન્સમાં જમા કરાવવાની રહેશે.

૩) દર્દીની સારવાર અને હોસ્પીટલની આનુષંગિક કામગીરીમાં કોઈ વિક્ષેપ ન થાય તે રીતે હોસ્પીટલનો ઉપયોગ કરવાનો રહેશે. આ માટે સબંધીત સંસ્થાએ સબંધીત અધિક્ષકશ્રીના પરામર્શમાં સંકલન સાધીને એનો ઉપયોગ કરવાનો રહેશે.

૪) સદરહું હોસ્પીટલની માળખાકીય સુવિધાઓનો ઉપયોગ કરે તે દરમ્યાન હોસ્પીટલની માળખાકીય સુવિધાઓમાં કોઈ તૂટ ફૂટ ન થાય અથવા કોઈ નુકશાનીનો પ્રશ્ન ઉપસ્થિત ન થાય તેની કાળજી રાખવાની રહેશે. આમ છતાં આવા સંજોગોમાં અધિક્ષકશ્રી ઠરાવે તે ડીપોઝીટની રકમ સંસ્થાએ અગાઉથી જમા કરાવવાની રહેશે.

૫) સદરહું હોસ્પીટલની માળખાકીય સુવિધાઓનો વપરાશના બદલામાં જે રકમ ફી તરીકે ચૂકવવામાં આવે તે રાજય સરકારની તિજોરીમાં સબંધીત સદરે જમા કરાવવાની તકેદારી સબંધીત હોસ્પીયલના અધિક્ષકશ્રીએ રાખવાની રહેશે. સંસ્થામાં અભ્યાસ કરતાં વિધાર્થીઓની સંખ્યાના પ્રમાણમાં સરકારના આરોગ્ય અને પરિવાર કલ્યાણ વિભાગના તા. ૧૧–૯–૨૦૧૨ ના ઠરાવ ક્રમાંક આઈએનએફ / ૧૩૨૦૧૨/મંત્રીશ્રી – ૧૫–અ, ની જોગવાઈ મુજબ પુરેપુરી ફી એક સાથે એડવાન્સમાં જમા થાય તે પણ અધિક્ષકશ્રીએ જોવાનું રહેશે.

૬) સરકારશ્રીએ કોઈપણ કારણસર હોસપીટલની જરૂરિયાત ઉપસ્થિત થયે આ મંજુરી રદ કરી શકાશે.

૭) વિભાગના તા. ૧૧–૯–૨૦૧૨ ના ઠરાવ ક્રમાંક આઈએનએફ / ૧૩૨૦૧૨/મંત્રીશ્રી – ૧૫–અ, ની જોગવાઈઓ તેમજ વખતો વખત થતા સુધારાઓનું અનુસરણ કરવાનું રહેશે.

આ ઠરાવની વિભાગની સરખા ક્રમાંકની ફાઈલ પર સરકારશ્રીની મળેલ અનુમતિ અન્વયે બહાર પાડવામાં આવે છે.

ગુજરાતના રાજયપાલશ્રીના હુકમથી અને તેમના નામે,

04/05/16

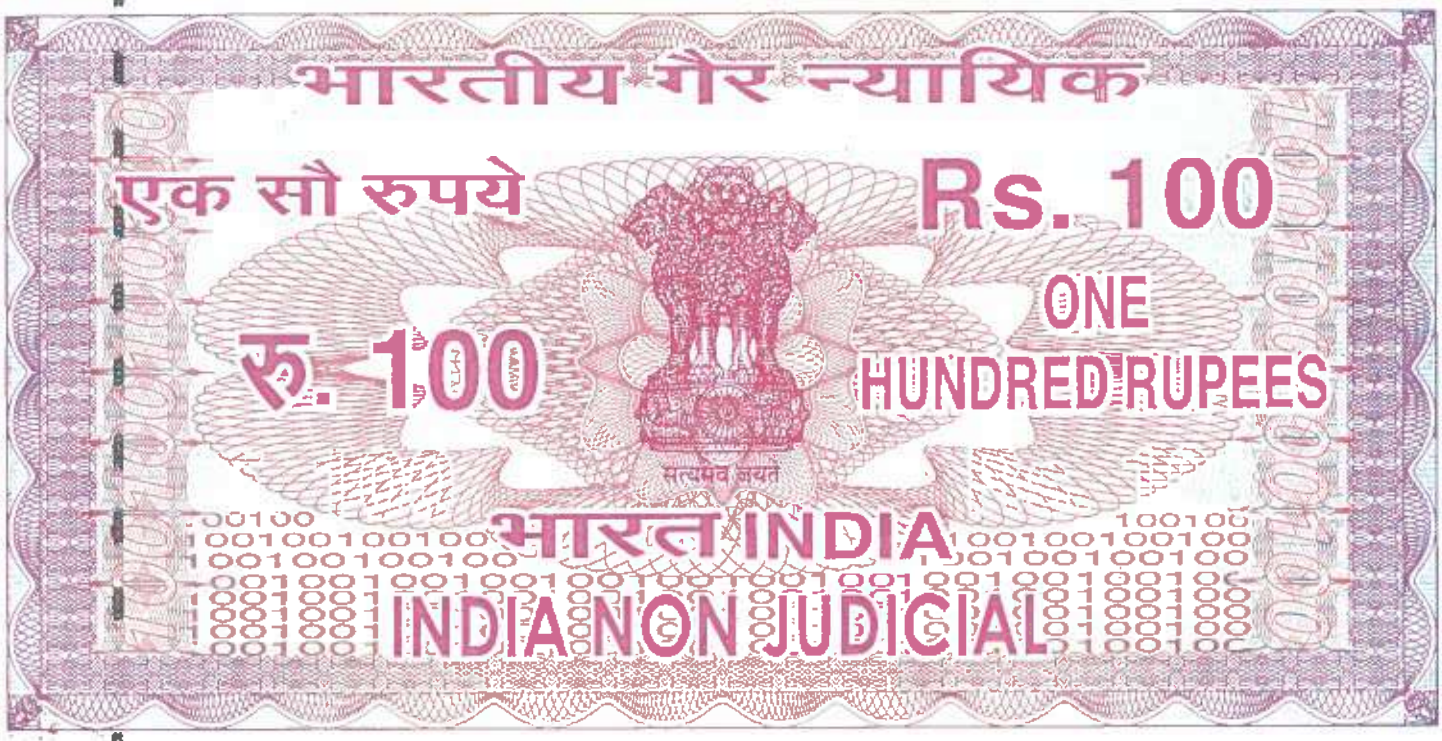
(ભક્તિ શામેળ)

નાયબ સચિવ

આરોગ્ય અને પરિવાર કલ્યાણ વિભાગ

પ્રતિ,

૧) અગ્રસચિવશ્રી ખર્ચ નાણા વિભાગ, સચિવાલય, ગાંધીનગર તરફ જાણ સારું.
૨) કમિશ્નરશ્રી આરોગ્ય તબીબી સેવાઓ અને તબીબી શિક્ષણ, ગાંધીનગર તરફ જાણ સારું.
૩) અધિક્ષકશ્રી માનસિક આરોગ્યની હોસ્પીટલ, વડોદરા તરફ જાણ સારું
૪) એકાઉન્ટન્ટ જનરલશ્રી અમદાવાદ / રાજકોટ
૫) જીલ્લા તિજોરી અધિકારીશ્રી વડોદરા તરફ જાણ સારું.
૬) પ્રિન્સીપાલશ્રી, શ્રી ચારોતર મોટી સતાવીસ પાટીદાર કેળવણી મંડળ ચાંગા તા. પેટલાદ સંચાલિત મનીકાકા ટોપાવાલા ઈન્સ્ટીટયુટ ઓફ નસીગ, ચાંગા તા. પેટલાદ જી. આણંદ તરફ જાણ સારું.
૭) ના.સે. અધિકારીશ્રીની પસંદગી ફાઈલ
૮) શાખા પસંદગી ફાઈલ



ગુજરાત ગુજરાત GUJARAT X 944638

NOTARY GOVERNMENT OF GUJARAT (INDIA) NAME ARTI K. PANDYA AREA ANAND DIST. GUJARAT STATE REG. NO. ...

અનુક્રમ નંબર : ... તા. ... અંકે રૂ. ...

નામ : ...

રહેવાસી : ...

હસ્તે શ્રી : ...

સહી : ...

(એલ. કે. તળપદા)
...

Memorandum of understanding for providing clinical training to M.Sc. (Nursing) students of CHARUSAT.

This MOU entered into this ...16th...day of ...August... Two Thousand Thirteen between Manikaka Topawala Institute of Nursing (formally known as Charotar Institute of Nursing) a constituent of Charotar University of Science and Technology, Changa Dist. Anand (herein after called MTIN), on the part

And

Shree Krishna Hospital managed by the Charutar Arogya Mandal a registered public charitable Trust (herein after referred to as SKH) Karamsad Dist. Anand on another part.

1. Preamble

Nursing students are required to learn and acquire adequate knowledge, necessary nursing skills to practice the profession of nursing including thorough and exhaustive knowledge of nursing. The nursing students are required to acquire clinical knowledge in the field of patient care and treatment. The students should learn the principles of nursing care by way of practicals at the bed side. The MTIN has enough infrastructure to provide theory knowledge of the said field but for providing practical knowledge to the student, the MTIN would like to be affiliated with the Shree Krishna Hospital for clinical training. The SKH has state-of-the-art infrastructure facilities in all the aspects and has well qualified doctors, paramedical staff, equipment, 500 beds, laboratory testing facilities and more than sufficient number of indoor and outdoor patients for in-house training of nursing students for ward teaching and clinical training. The MTIN would like to take benefit for the rich resources of SKH in the interest of their students.

2. Scope of MOU

1. The parties to MOU undertake to co-operate in the field of nursing and patient care.
2. The programme to be carried out under this MOU will be determined by mutual agreement between MTIN and SKH.
3. To prepare skilled and trained manpower to practice in the field of nursing care and education of high caliber in hospital and communities.

3. Responsibilities

1. The mode and methodology of operation covered under this MOU are described in the Annexure-A.

2. Both the parties shall nominate co-ordinates as a single point of contact to represent the MTIN & SKH and to promote interface so as to plan, design implement, monitor and review the various activities scheduled from time to time and if required, draw the attention of the top management in case of any operational problem.

4. Financial Aspects

The MTIN shall be liable to make payment by crossed cheque in favour of Charutar Arogya Mandal as per below.

Study year	Fees to be chargeable per week per student
1st Year	2000 Rs. / Student/ week
2nd Year	2500 Rs. / Student/ week

The aforesaid fees decided based on the exiting fee structure of the MTIN. When the MTIN's fee are revised (by the Fee Committee), the fee payable to the SKH would be revised pro-rata.

5. Communication

Any communication or notice or information or proceeding shall be addressed to the co-ordinator of the respective parties and sent to the requested address of the parties concerned and such a communication sent by e-mail, tele-fax, registered post shall be deemed to the sufficient and acceptable.

6. Effective date and duration of the MOU

This MOU shall be effective form the date of signing of the agreement and will be valid for a period of three years. The validity of the MOU may be extended by mutual agreement.

7. Termination of MOU

This MOU may be terminated prior to the expiry of the MOU with three months notice by either parties and with the written consent of Medical Director of MTIN and Chief Executive Officer of CAM.

8. MOU copies

This MOU has been executed in two originals, one of which has been retained by MTIN and the other by the SKH.

9. Arbitration clause

In case of any dispute arising out of this MOU or any event of interpretation of any terms and conditions of this MOU, the parties shall not approach any court but any question of dispute arising out of MOU shall be determine by arbitration proceedings.

In witness whereof, the parties have signed this MOU on the day, month and year mentioned herein before.

Authorized Signature for and on Behalf of SKH

Chief Executive Officer
Charutar Arogya Mandal
Karamsad-388 325.

Authorized Signature for and on behalf MTIN

Devang Joshi
Registrar
CHARUSAT

Witnesses

1. .....

2. .....

1. .....

2. .....

Place : Karamsad

Date : 16/8/2013

IDENTIFIED BY ME

NOTARIAL NOTARIAL NOTARIAL NOTARIAL

Reg. No. 6790/13

Date. 16/8/2013

ATTESTED BY ME

ARTI K. PANDYA
NOTARY
GOVT. OF GUJARAT

ARTI K. PANDYA
ADVOCATE & NOTARY
Off. : 6, Arya Samaj Shopping Center, Ishwar Petlikar Marg. Nr. N.K.Solanki Hall, ANAND.
Phone : (O) 250696
Mobile : 94265 23666
90991 87505

NOTARY
ARTI K. PANDYA
ANAND DIST.
REGD NO
NTR/420/2002
GOVT. OF GUJARAT (INDIA)

Mode and Methodology of operations at Shree Krishna Hospital, Karamsad.

1. All the student of MTIN will attend the clinical training in SKH premise in the schedule time through mutually developed timetable. The said schedule will not be arranged in the manner that the training schedule of Mandal's institutions will be affected.
2. M.Sc. Nursing students will allowed for their research purpose with proper permission from SKH higher authorities.
3. At a time one batch i.e. 20 students will be allowed for clinical training in the Hospital.
4. The student will attend the said clinical training in the Hospital with wearing an uniform.
5. SKH will not provide any place or facilities for changing their uniform or keeping their belonging in the Hospital and the SKH is not liable for safe custody of their belonging.
6. In case of illness or injury or otherwise the student if required medical treatment in this Hospital, treatment will be available on payment basis only. No concession or relief will be given to the student.
7. During the clinical training if any damages or loss or otherwise any kind of incident caused by the student or staff of the MTIN, MTIN will be responsible for making payment of such damages or loss to the SKH.
8. The SKH is attached with the Mandal's Pramukhswami Medical College, G H Patel School of Nursing and K M Patel Institute of Physiotherapy. The students of these institutes also attend their clinical/ward teaching classes in this Hospital. While preparing the schedule for clinical training of the MTIN student, priority will be given to the students of the said institutions.
9. The student of the MTIN shall obey the rules and regulation of the SKH and they will maintain the discipline of the Mandal.
10. If any student of the MTIN break the rules and regulation of the SKH or misbehave with the Mandal's staff/students/patients or their relatives or by any act or behavior if he/she spoiled the Mandal's atmosphere, in such cases the SKH will terminate the clinical training of the such individual student and he/she will not be allowed to continue his/her clinical training at SKH.
11. Ms. Sushma Kapadia Training Co-ordinator of SKH and Mr. Anil Sharma Principal of MTIN will be a Co-ordinator on behalf of the SKH & MTIN respectively. Ms. Kapadia will maintain the attendance and all the necessary records required for payment and end of every week it will be forwarded to Account Section and copy to MTIN for payment.

100/- રૂપિયા.

NUTAN NAGRIK SAHKARI BANK LTD
NEW CLOTH MKT.BRANCH
AHMEDABAD - 380 002
GUJ/SOS/AUTH/AV/255/2009

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Rs.0000100/-PB6894
STAMP DUTY GUJARAT

NOTARY
R. H. SOLANKI
AHMEDABAD-DIST.
GUJARAT STATE
REG. No.
5702
GOVERNMENT OF INDIA

SERIAL NO.: 62/B
DATE...15/02/2013...

R. H. SOLANKI
NOTARY
GOVT. OF INDIA

15 FEB 2013

MEMORANDUM OF UNDERSTANDING

(MOU)

(Agreement for the use of clinical facilities of Sheth V.S.General Hospital for Practical Training of B.Sc.Nursing students of Charotar Institute of Nursing ; a constituent of Charotar University of Science and Technology)

This agreement is entered into at Ahmedabad on 15/02/2013 between Charotar University of Science and Technology (CHARUSAT) a University duly established under Gujarat Private University Act 2009 having its office at Education Campus-Changa;At & PO.Changa-388421 hereinafter referred to as the party of the First Part (This expression shall mean and include its present office bearers and executors in the interest of educators,administrators and assignees) and Sheth V.S.General Hospital, a Public Charitable Trust duly incorporated under the provisions of Public Charity Trust and located at Ashram Road,Ellos Bridge,Ahmedabad-380006 herein after referred to as the Party of the Second Part (This expression shall mean and include its trustees, administrators,executors and assignees).

Whereas the party of First Part has started B.Sc.Nursing Course under the recognition from Indian Nursing Council and Gujarat Nursing Council and has approached the party of the Second Part to allow use of clinical, hospital beds facilities for providing Practical training to their students of B.Sc.Nursing Course.

Whereas the party of the First Part will be responsible for obtaining and maintaining recognition and certification from Gujarat Nursing Council and Indian Nursing Council, State Government and any other legal authorities from time to time as well as recruit professors,Tutors,Teachers and other teaching, technical and administrative staff for their constituent college of nursing and create all other facilities to provide academic training of the required curriculum programme at their own premises.

Party of the Second Part has agreed to allow the students of B.Sc.Nursing Course of the Nursing College of the First Part to come to the hospital and get themselves trained with the help of their own teachers, using clinical facilities for gaining needed Education.

The Party of the Second Part shall not be responsible to recruit any staff to support any clinical training now or at any time in future.

Whereas the party of the First Part has expressed its interest through its letter dated 17-12-2009 writtan by Registrar to use the clinical facilities for the students of their nursing college. The party of the Second Part has agreed to such a request through its Board of Management **Resolution No. 150/12-13 dated 16-01-2013** and empowered the Chairman. Board of Management to enter into this MOU on behalf of the party of the Second Part. Whereas the party of the Second Part has desired the following terms and conditions which the Party of the First Part has agreed to from time to time.

(1) The Party of the First Part shall be responsible for procurement and maintenance of affiliation and recognition from Gujarat Nursing Council, Indian Nursing Council and other legal authorities including State Government from time to time, Wherein the party of the Second Part shall bear no responsibility or liability whatsoever in respect of any derecognition etc.

(2) After due approvals of authorities as Stated in (1) and after the teaching activities has started the party of the First Part shall notify the party of the Second Part in writing in advance about the schedule,time tables and training related activities including clinical examinations etc.

(3) The party of the First Part shall be responsible to inform thae party of the Second Part in case of any changes in decisions concerning training activities-such as change in the schedules etc.

(4) The party of the Second Part reserves its right to alter,reject or change the clinical training time table and schedules to safeguard the interest of the patients, its own nursing school related educational, training activities, its own priorities of undergraduate and postgraduate clinical training, examinations etc. or without assigning any reason whatsoever in any unforeseeable circumstances.

(5) The party of the First Part shall agree to depute its three senior most executives including the principal of the college of Nursing to be the members of the Steering Co-Ordination Committee in which the party of the Second Part will appoint its own three senior executives including Principal of the School of Nursing to function as the

Steering Committee to monitor all activities,Plans,its implementation and any changes required to be monitored from time to time for the practical training of nursing students.

(6) The party of First Part will allow and Co-Operate with the party of the Second Part for "on duty training" (Internship) to post the students in various clinical areas for their training during the period of internship and that the party of the First Part shall be responsible for giving any stipend and other benefits to be extended to such internees/Students as per the GNC & INC guidelines and norms.

(7) The party of the First Part shall pay **25%** of the tuition fees or **Rs.5,000/-** whichever is higher/per student/per term as clinical training fees to the party of the Second Part.

(8) The party of the First Part shall pay Caution money-deposit to the party of the Second Part(Refundable after the completion of the course) of **Rs.10,000/-** (Rupees Ten Thousend only) per student to the party of the Second Part towards untoward incidence of financial nature and and as an advance safety against damage, pilferage, theft, arising out of unpredicatable/unforeseen behaviour of students.The party of the Second Part will not pay any interst against this deposit and shall be refunded one year after the termination of MOU on submission of NOC to this effect by the Medical Superintendent of the party of the Second Part. This will be issued after the party of the First Part assures about tne no legal proceeding or dues thereof against them vis-à-vis the education training provided at the institute of the party of the Second Part. The party of the First Part shall be responsible for any complications,damage and legal proceedings arising out of the training provided to the students by the partients and shall be responsible to bear the expenses of legal procedures, including compensation arising out of it.

(9) The party of the Second Part will have the full authorities to restrain training including termination of training of those students whose fees are not paid in advance by the First Part as per the stipulated time table every term/ or have shown unacceptable behaviour by the student.

(10) The party of the First Part shall be responsible Identity card and uniform to their students and staff members to allow them entry into the premises of the party of the Second Part.

(11) The party of the First Part will be awarding the Degree of B.Sc. Nursing.

(12) The party of the First Part will be responsible to appoint teachers and any other additional staff at their own expenses as well as bring in the needed gadgets,equipments/instruments or any teaching materials,etc. that may be essential for imparting training to their own students at various locations of the party of the Second Part. These nursing students from the party of the First Part will be exposed to the training needs as per the Nursing Council of India guidelines at the expense of the party of the First Part. No other facilities will be provided from the party of the Second Part to the students of the party of the First Part at any future time.

(13) This Memorandum of Understanding (MOU) will remain in force initially for a **period of three years** from the date of siging the MOU by both the parties and will be at the discretion of the Board of Management of the party of the Second Part for renewal, termination or any changes or parmenent nature.

(14) However, the party of the Second Part is free to start its own B.Sc.in Nursing Course for which/and/or for any unforeseeable reasons, reserves the right to terminate this MOU without assigning any reason for which the party of the Second Part shall give due notice atleast **6 months** or one term/ semester in advance to allow the party of the First Part to make alternative necessary arrangements.

(15) The party of the First Part will bear all the cost and pay all the charges or any legal proceeding arising out of any legal disputes, compensations, causes of accidents,thefts,arising out of the training provided to their nursing students.

(16) The steering Committee shall meet once in every month to monitor the progress of the activities which shall be minuted and submitted for information to the Chief Executives of both the parties for any need to take follow up actions and monitor.

(17) The party of the First Part has no role in functioning of following up the evalution,assess the activities of any other clinical functions or clinical training provided by the nursing school of the party of the Second Part to its own students.

(18) The party of the First Part will bear all responsibilities for moral,financial or any legal issue arising out of the training course even after the caution money deposit has been refunded by the party of the Second Part.

(19) It is hereby agreed that for the purpose of following up of this training facilities, Principal, School of Nursing at Sheth V.S.Hospital campus, the party of the Second Part and Principal of Nursing College at Changa, the party of the First Part will be responsible for day to day activities of the training,etc.

(20) It is hereby specifically agreed between the party of the First Part and the party of the Second Part that in case of any difference of oinion of interpretation of terms and conditions of this agreement or the functioning of the steering committee, or for any financial arrangements,etc. no party shall rush to the Court of Law but such disputes shall be settled through Arbitration, wherein an arbitrator will be appointed by the party of the Second Part.

The Parties hereto set and subscribe their respective approval on_____

REGISTRAR
CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

Registrar
Charotar University of
Science & Technology

Chairman,
Board of Management,
Sheth V.S.Gen.Hospital.

Witness :-

Name :- Dilip Dhayabhai Bagaria

Age :- 49

Address :- 8A, Naimesh Society
Vejalpur, Ahmedabad.

IDENTIFIED BY ME

ADVOCATE
NAME : H.N.PARMAR

SIGNED
BEFORE ME

R. H. SOLANKI
NOTARY
GOVT. OF INDIA

25 FEB 2013
15 FEB 2013

भारतीय गैर न्यायिक

एक सौ रुपये Rs. 100

रु. 100 ONE HUNDRED RUPEES

सत्यमेव जयते

भारत INDIA

INDIA NON JUDICIAL

ગુજરાત गुजरात GUJARAT AB 554522

NOTARY B. R. Jadeja NADIAD Dt. Kheda Reg. No. 2056 OF INDIA

Date 14/3/14 R Changa

Postmaster (HSG-I)

NOTARIAL B. R. Jadeja Dt. Kheda GOVT. OF INDIA

Memorandum of Understanding (MOU) for Clinical Training to Nursing Students of CHARUSAT

This MOU entered into this ...29... Day of ...May... 2014, between Manikaka Topawala Institute of Nursing (Formally known as Charotar Institute of Nursing) a constituent of Charotar University of Science and Technology, Chnaga, Dist. Anand., on the First part

And

Shri Santram Natra Chikitshalaya is located Nadiad. It is run by Sadvichar samittee, Santram Mandir, Nadiad on another part.

Charotar University of Science and Technology (hereinafter referred to as CHARUSAT) is a University established under Gujarat Act No. 8 of 2009; having head quarter at CHARUSAT Campus at Changa.

It has started Nursing Programme from the academic year 2009-10. For the training of the students pursuing this programme, CHARUSAT intends to enter into an academic MOU with Shri Santram Natra Chikitshalaya

Regd. No. 3/44/2014
Page 504
Date 30/5/2014

Both the organizations have agreed to have such an academic MOU in the mutual interest and for the welfare of the society.

The agreement executed at Nadiad between CHARUSAT and the Shri Santram Natra Chikitshalaya undertakes the following:

(i) Shri Santram Natra Chikitshalaya agrees to have an academic MOU with CHARUSAT to the extent of educational support in the form of clinical exposure and training to the Nursing students (GNM, B.Sc. Nursing, and M.Sc. Nursing). This will include access to the facilities like treatment procedures, methods, and data keeping necessary for educating the Nursing students during their regular studies and also during internship.

(ii) The students while visiting hospital will be accompanied by teachers who will take full responsibility of educating their students availing the facilities. The students will strictly abide by the rules of the hospital and any kind of violation thereof will lead to denying the facilities available. Any damage caused by any student to the property or clinical facility will be compensated by CHARUSAT.

(iii) Students are allowed to do advance nursing procedure and assist in different medical procedures under the supervision of Clinical Instructor and Ward In-charge sister.

(iv) M.Sc. Nursing students allowed for conducting their research work with proper permission.

(v) CHARUSAT shall not have any claim on physical facilities of the Hospital or shall not claim any waiver of treatment charges or any other such favors other than for the purpose of education from the hospital.

(vi) The hospital shall have unequivocal right to bring an end to this agreement without assigning any reason or without any previous notice and CHARUSAT will not be entitled to any claim by way of compensation and / or damages.

(vii) CHARUSAT shall not make any endeavours to have covetous gain from this agreement. It is specifically understood that this agreement entered by both the parties is only with the sole purpose of "SERVICE TO HUMAN KIND".

(viii) Students will not be allowed to deal with patients independently.

(ix) **Shri Santram Natra Chikitshalaya** has qualified Nursing staff as per its requirement. Their guidance shall be available to the trainee students.

This agreement shall remain in force for next five years from this academic year of Nursing programmes (i.e. 2013-14). It can be further extended by mutual consent if required, either in the present form or any modifications as the need be.

Signature: _____

Name: Devang Joshi
Designation: Registrar
CHARUSAT

Signature: _____

Name: Keyur H. Shukla
Designation: Administrator
Shri Santram Natra Chikitshalaya

Date: 29/5/14.

Place: Nadiad

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

Mr/Mrs Keyur H.
Sign before me
Date. 30/5/2014

B. R. J.
Notary

SHREE SANTRAM NETRA
CHIKITSALAY & DISPENSARY
Behind Santram Mandir, V. K. V. Road,
NADIAD - 387 001.

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY Date : 07/07/2021

MANIKAKA TOPAWALA INSTITUTE OF NURSING

MASTER OF SCIENCE IN NURSING

Syllabus Details

Effective Year 2016-17

Program : MNCH **Semester** : 1
Total Subjects : 7
Total Regular Subjects : 5
Total Elective Subjects : 2

Group Name : UNI. ELECTIVE-I

Course Code	Course Title	Teaching Scheme					Examination Scheme						
		CREDIT				TOTAL HOURS	TH		PR		PRJ		
		TH	PR	PRJ	TOTAL		Internal	External	Internal	External	Internal	Externa	TOTAL
MA771	RELIABILITY AND RISK ANALYSIS	2.00			2.00	2.00	0/30	28/70	-	-	-	-	100
EE781	OPTIMIZATION TECHNIQUES	2.00			2.00	2.00	0/30	28/70	-	-	-	-	100
ME781	OCCUPATIONAL HEALTH AND SAFETY	2.00			2.00	2.00	0/30	28/70	-	-	-	-	100
CE772	RESEARCH METHODOLOGY	2.00			2.00	2.00	0/30	28/70	-	-	-	-	100
CA730	INTERNET AND WEB DESIGNING		2.00		2.00	2.00	-	-	0/30	28/70	-	-	100
PT795	HEALTH AND PHYSICAL ACTIVITY	2.00			2.00	2.00	0/30	28/70	-	-	-	-	100
NR751	WOMEN'S HEALTH	2.00			2.00	2.00	0/30	28/70	-	-	-	-	100
RD701	INTRODUCTION TO ANALYTICAL TECHNIQUES	2.00			2.00	2.00	0/30	28/70	-	-	-	-	100
RD702	INTRODUCTION TO NANOSCIENCE AND TECHNOLOGY	2.00			2.00	2.00	0/30	28/70	-	-	-	-	100
MB650	CREATIVE LEADERSHIP		2.00		2.00	2.00	-	-	0/30	28/70	-	-	100
PH825	COMMUNITY PHARMACY OWNERSHIP	2.00			2.00	2.00	0/30	28/70	-	-	-	-	100

Group Name : Regular

Course Code	Course Title	Teaching Scheme					Examination Scheme						
		CREDIT				TOTAL HOURS	TH		PR		PRJ		
		TH	PR	PRJ	TOTAL		Internal	External	Internal	External	Internal	Externa	TOTAL
NR701	NURSING EDUCATION-I	3.00	1.50		4.50	6.00	13/25	37/75	25/50	25/50	-	-	200
NR702	ADVANCE NURSING PRACTICES-I	3.00			3.00	3.00	13/25	37/75	-	-	-	-	100
NR703	NURSING RESEARCH AND STATISTICS	7.00			7.00	7.00	13/25	37/75	-	-	-	-	100
NR712	COMMUNITY HEALTH NURSING-I	4.00	4.50		8.50	13.00	13/25	37/75	25/50	25/50	-	-	200
HS701 G	ADVANCE CRITICAL THINKING AND LOGIC	2.00			2.00	2.00	0/30	28/70	-	-	-	-	100
					25.00	**31.00**							**700**

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY Date : 07/07/2021

MANIKAKA TOPAWALA INSTITUTE OF NURSING

MASTER OF SCIENCE IN NURSING

Syllabus Details

Effective Year 2016-17

Program : MNCH **Semester** : 1
Total Subjects : 7
Total Regular Subjects : 5
Total Elective Subjects : 2

Group Name : ELECTIVE

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	
NR761	EVIDENCE BASED PRACTICE	1.00			1.00	1.00	8/15	17/35	-	-	-	-	50
NR762	FORENSIC SCIENCE AND NURSING	1.00			1.00	1.00	8/15	17/35	-	-	-	-	50

Total Credit for Regular Subjects	:	25.00
Total Credit for Elective Subjects	:	3.00
Total Credit	:	28.00

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

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 : 24/09/2016

Date of Submission : 29/09/2016

Submitted By

Name :Ms. Rameshwari Zala

Designation : Assistant Professor

Department : Nursing

Email : rameshwarisolanki.nur@charusat.ac.in

Endorsed by

29/09/16

Principal

Seal and Signature

MANIKAKA TOPAWALA INSTITUTE OF NURSING CHARUSAT CAMPUS CHANGA

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

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 2016-17

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 5 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 modify traditional teaching method	We started with case scenario based clinical teaching for 1st semester M. Sc. Nursing students to replace traditional teaching methods in all specialities like medical surgical nursing, paediatric nursing, psychiatric nursing, community health nursing, obstetric and

		gynaecological nursing from 06.09.2016 to 16.09.2016. Annexure-I
2.	Need to enhance library resources	To enhance library resource ProQuest nursing and allied health e resource purchased from January to December 2017

Annexure-I

Obstetric and gynecological 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.

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		
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/

Mental health nursing

Brief Title:	Conversion disorder
Learning objectives:	Student will be able to • Identify the probable diagnosis of the patients based on DSM-V criteria • Perform and record verbatum of the patient. • Perform MSE. • Critical thinking on given condition and develop critical thinking skill. • How to make nursing care plan in priority according to given sign and symptoms.
Significant Events:	Patient reported to have met with an accident 3 days before reporting to the OPD. She was referred to a mental health hospital by a physician.
Case scenario (highlighting the critical aspect of the scenario)	Meena was a 20 year old female, who is in her 3rd year of graduation. The patient was recently involved in a accident with a motor vehicle 3 days ago when she was on her way home from college. The patient reports the vehicle clipped the front of her bike while crossing an intersection, causing her to crash hard on her left side. The patient doesn't remember if she hit her head, but she was wearing a helmet. She only recalls feeling very startled and dizzy after the collision with a couple of bruses on her left leg from the pavement. The patient was taken to the local clinic to screen for a concussion, which came back negative. Since the injury 3 days ago, the patient reports her dizziness has converted to double vision, has difficulty swallowing like there is a lump in her throat, and notices occasional slurred words. Patient continues to have difficulty walking and loss of balance since the accident. Patient reports having increased stress and difficulty completing college work in the past couple of weeks. Upon further probing Meena also confesses that she had a fight with a teacher a week ago when she was not able to complete her assignments on time.

Patient's condition on admission	Patient came by herself with her parents. She details about her accident and symptoms and insisted on being given treatment.
Other relevant information	Parents have confirmed that their daughter seems to be in some kind of stress since a week. She speaks less but complains of pain after the accident and insists on being taken to a doctor for treatment. Most of the investigations are negative. The mother also reports that Meena has not been attending college after the accident and hardly helps around the house.
Progress:	• Patient is advised Free association and Abreation therapy (Both are techniques of psychoanalytic therapy)
Points for discussion	• Probable diagnosis of the patients based on DSM V criteria • Explain primary and secondary gain and how Meena might be using them. • Prioritize the nursing care plans • Identified specific nursing intervention • Take-home messages out of this scenerio

Pediatric nursing

Title: Lata 10-years olf female child admitted to hospital with compalints of cyanotic spell and diagnosed with Tetralogy of Fallot.	
Learning objectives:	
	By all patient data student will be able to learn about 1. Recognize the clinical presentations of ToF 2. Describe the four anatomical characteristics of ToF 3. Describe the pathophysiology of the murmur in ToF 4. Formulate initial steps of management when ToF is suspected 5. Delineate the treatment of hypercyanotic episodes 6. Summarize the definitive treatment for ToF.

	7. Discuss nursing care plan of child with ToF.
Events:	Patient brought to emergency services with fainting and having severe breathlessness since 2-3weeks, Bluish discoloration of tongue, lips, fingers & toes during exertion.
Action points: (critical events in scenario)	According to the statement of patient's and attendant she has been suffering from shortness of breath during exertion since her childhood. Initially it was on moderate to severe activity. But it is progressively increased, Now it occurs on mild exertion for last few weeks. She felt comfortable at rest and on lying flat and there was no H/O sudden awakening from sleep at mid night due to breathlessness. Breathlessness occurs during playing and relieved on squatting position. Breathlessness is not associated with cough, chest pain, fever, coughing out of blood, and there is no seasonal or diurnal variation, wheeze, h/o allergy or swelling of any part of the body. It does not aggravate on exposure to cold, dust, fumes or any allergens. Her mother give H/O of bluish discoloration of skin, fingers, nails, toes and lips since her childhood, which is more marked during exertion. It persistent and gradually progressive becoming more marked on exertion and not associated with change in temperature or exposure to cold. On query she mentioned fatigue during competitive activities during childhood.On repeated query her mother mentioned that the patient used to become bluish and breathlessness while feeding or crying during her childhood.But there was no h/o palpitation dizziness, sudden transient loss of consciousness, headache , blurring of vision, nausea, vomiting, bleeding from any site of the body, fever, joint pain or swelling, repeated RTI, weakness of any part of the body.

	But she has stunted growth.Her birth history was uneventful and her growth were delayed. Pt is non diabetic and normotensive.No such illness runs in her family She belongs to a below standard socio-economic family. She lives in pucca house, drinks borewell water and uses sanitary latrine. Her menstruation has not started yet. She was immunized as per National Immunization schedule given by Govt. of India.
Patient behaviour:	• Appearance: The patient is malnourished and short statured. • Co-operation: cooperative • Conjunctiva: Suffused • Jaundice: absent • Oedema:absent • Cyanosis:Central cyanosis • There is generalized clubbing(Involving all fingers & toes) Koilonychias, leukonychia, • lymphadenopathy : absent • Thyroid gland not palpable. • Pulse: 104beats/min, regular in rhythm, no radio radial and radio femoral delay • BP: 100/70 mm of Hg on both upper limbs • Respiratory rate: 30 breaths/min • Temp: 99 degree Fahrenheit • JVP: Not raised • Palpation: Apex beat is located in left 5th intercostal space, 7cm from midsternal line, just medial to midclavicular line, normal in nature No Left parasternal heave, No Thrill, No palpable pulmonary component, No epigastric pulsation • Ausculatation: First heart sound is normal in all areas, Second heart sound is single. There is an ejection systolic murmur in the pulmonary area(left 2nd & 3rd intercostals space) increasing intensity with breath hold in inspiration. Grading of the murmur is 3/6. There is no added sound. • Lung base are clear • Other systematic examination revels no gross abnormality.

	• Lab investigation: CBC: Hb : 11.9 gm/dl TWBC : 7000/cumm Neu : 47 % Lym : 42% ESR : 10 mm in 1st hour HCT : 66% • ECG reported Tall T wave	
SIM info:	Type	None
	Dressing	None
	Medical equipment	Patient is on Oxygen Inhalation via nasal prone (High flow)
	Medicine	Immediate positional change(knee-chest position or squatting position) Sedation-preferably Injection Morphine sulphate(0.1 mg/kg) Sodium bicarbonate-to combat acidosis Volume expansion with IV fluid Beta blocker(Propranolol) –oral route or in emergency IV(0.5 to 1.5 mg/kg every 6 hourly)
Vital signs:	Airway	High flow oxygen inhalation via nasal prone
	Breathing	Normal
	Circulation	Volume expansion IV fluids on
	Disability	None

Changes in progress:	• Patient under gone surgery Blalock- Taussing shunt(subvlavian artery to pulmonary artery graft anastomosis) after 3 days of hospital admission. • Post operatively patient oxygen saturation 85% maintained. • General condition is stable. • Vital signs are normal.
Keywords for debriefing:	1. Clinical presentation of ToF 2. Physical examination of child 3. Nursing diagnosis and intervention based on Priority. 4. Involving family member in care of child. 5. Health education and following protocols *Teacher will discuss with student such questions after completing your assignment.
References:	Madison Hayes and Darren Salmi. Educational Case: Tetralogy of Fallot and a Review of the Most Common Forms of Congenital Heart Disease. Acad Pathol. 2020:7 https:doi.org/10.1177%2F2374289520934094

Medical Surgical Nursing

Title: 36 year old male patient admitted with unconsciousness and multiple trauma on body, diagnosed with head injury.	
Learning objectives:	
	By all patient data student will be able to learn about 8. How a patient comes to hospital with present condition and different complains 9. How to assess for head and spinal region. 10. Critical thinking on given condition and develop critical thinking skill.

	11. How to make nursing care plan in priority according to given sign and symptoms.	
Events:	No past medical and surgical history. Patient brought in unconsciousness to emergency room. On first inspection, its look like there is open head injury with bleeding.	
Action points: (critical events in scenario)	History shows no previous injuries. Physical examination indicates head injury with open wound Investigation – CT scan is showing mild lesions on head with increased ICP Battle sign is present Racoons eyes present	
Patient behaviour:	• Patient admitted to ICU for management of disease. Patient is admitted five days. • Dyspnoea is present • Patient is moving hand and legs • Patient is on oxygen • Suturing is done • Need prevention of infection as suturing is done • GCS score is 12	
SIM info:	Type	- Suturing is done at the time of admission
	Dressing	- Dressing is done by staff every day in evening

	Medical equipment	- patient is on central line - patient is on oxygen
	Medicine	• Antibiotics, painkillers and osmotic diuretics drugs are on. • **Write medication in assignments accordingly(refer book)**
Vital signs:	Airway	normal
	Breathing	Present but showing tachypnea
	Circulation	Blood pressure in high- 165/110 mmhg
	Disability	-
Changes in progress:	• GCS score remain same after 3 days of treatment. GCS score-12 • Vitals are normal after 3 days • Dyspnea is present • Fever is present • difficulty speaking or slurred speech • raccoon eyes, or unequal pupils • patient is able to speak • patient is fully oriented	
Keywords for debriefing:	6. Patient's consciousness and how consciousness is important in head injury cases. 7. How to assess the physical examination. 8. How did you prioritize the nursing care plans? 9. What actions have taken as a part of nursing care? 10. What is the importance of GCS score in this case? 11. Take-home messages out of this scenerio? *Teacher will discuss with student such questions after completing your assignment.	

References:	

Community Health Nursing

Scenario 1 A 35 year old women is seen for easy fatigue for many months. She is now 24 weeks pregnant with her 3rd child in 3 years. She does not see any obstetrician and does not take any vitamins. Lately, she has developed a taste for eating ice. She has no other complaint. Family and past history are negative. She does not smoke or drink. Physical examination is positive for pale conjunctiva, mild spooning of nails and an II/VI systolic murmur at left lower sternal border. Stools are negative for occult blood.

- Labs: Complete blood count (CBC) - Hg 7.1 gm/dl, Hct 23%, WBC 5,400/mm3 (differential is normal), platelets 450,000/mm3; Mean Corpuscular volume (MCV) is 74 fl (normal 85-95 fl); Red cell Distribution Width (RDW) is 17.1% (normal 13-15).

- What is the daily requirement of iron for a normal adult? Is it different for females or pregnant women?
- How reliable is physical examination in diagnosing anemia?
- Could she have 'anemia of chronic disorder'? What are the known mechanisms of anemia of chronic disorder?
- What is your therapeutic strategy for treatment of iron deficiency anemia?
- In which part of GI tract is iron absorbed? What else is necessary for iron absorption?
- Are there any problems associated with iron therapy?
- Is there a role for Blood transfusion?
- How you can promote the health of women, explain with valid example.

Annexure-II

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Minutes of 10th Adhoc Board of Studies Meeting

Programme: M.Sc & B.Sc Nursing
Criteria: Curriculum feedback
Agenda: 6

Date: 29th January, 2018
Time: 10:00 am
Venue: Conference Room, MTIN-CHARUSAT

The 10th Adhoc Board of Studies Meeting of Manikaka Topawala Institute of Nursing was held as per schedule.

Following members were present in the meeting:

External Members:

- 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

Internal Members:

- Dr. Anil Sharma, Chairperson, Principal, MTIN
- Mr. Vipin Vageriya, Assistant Professor, MTIN
- Mr. Deepak K., Assistant Professor, MTIN
- Ms. Anjali Tiwari, Assistant Professor, MTIN

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

- Prof. Niru Patel, External Member-Principal, Government College of Nursing, Daman
- Mr. Siddaram Sarate, Internal Member-Assistant Professor, MTIN

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 M.Sc. Nursing Syllabus of first to fourth semester of all the specializations.	The teaching & examination scheme of all semesters of M.Sc. Nursing for all five specialty syllabus as per CBCS were presented & specific discussions were made. The committee appreciated the inclusion of the course Forensic science &	Members approved the presented teaching & examination scheme of M.Sc. Nursing Syllabus. Committee agreed to have some checks and

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AEGIS : SHRI CHAROTAR MOTI SATTAVIS PATIDAR KELAVANI MANDAL

		Nursing as a programme core course for M.Sc Nursing Programme. Members suggested keeping some dedicated hours for research work in 3rd semester M.Sc (N).	balances in terms of hours for research dissertation work in 3rd semester M.Sc Nursing.
3.	Review teaching & examination scheme of B.Sc. Nursing Syllabus of first to eighth semester.	The teaching & examination scheme of all semesters of B.Sc. Nursing syllabus as per CBCS were presented & specific discussions were made. In depth discussion was done on an input given by a member through email as the member wasn't present in the meeting regarding conduction of practical examination for the course Communication & Education Technology in 3rd semester B.Sc Nursing. All present committee members defended the continuation of only theoretical examination in the course as practical evaluation is already incorporated in theoretical evaluation as per INC syllabus.	Members approved the presented teaching & examination scheme of B.Sc. Nursing Syllabus.
4.	Formulating University Elective course for UG and PG programmes	Suggestions of University Elective course for UG and PG programmes that were given by faculty members of MTIN were presented. During discussion, members recommended some courses which includes Stress management, Alternative & complementary Therapies and Preventive Medicine. Members suggested that the course First Aid & Life Support which is already being offered as University Elective course for UG can also be offered for PG. Members suggested having attractive and interesting names of these courses to gain more students	We noted following suggestions and will organize accordingly. For UG: • In 5th Semester: Alternative & complementary Therapies • In 6th Semester: Stress management For PG: • In 1st semester: First Aid & Life Support (instead of the presently offered course Women Health) Foreign languages are already being offered as

		involvement. An input given by a member through email as the member wasn't present in the meeting regarding offering of Foreign Languages as University Elective course was presented by the chair.	university elective courses.
5.	Critical review on question papers of B.Sc. Nursing and M.Sc. Nursing and Result Analysis	The question paper of B.Sc. Nursing and M.Sc. Nursing was critically reviewed, and result analysis was presented. Members were informed about exam paper pattern and available question bank.	More remedial measures for 1st semester B.Sc Nursing students to support them to excel to be taken.
6.	Reviews of stakeholders on syllabus /Curriculum	Alumni feedback & parent's feedback and other stakeholder's feedback on curriculum were discussed.	Discussed in depth
7.	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
8.	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: 29.01.18



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

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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

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

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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**

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.

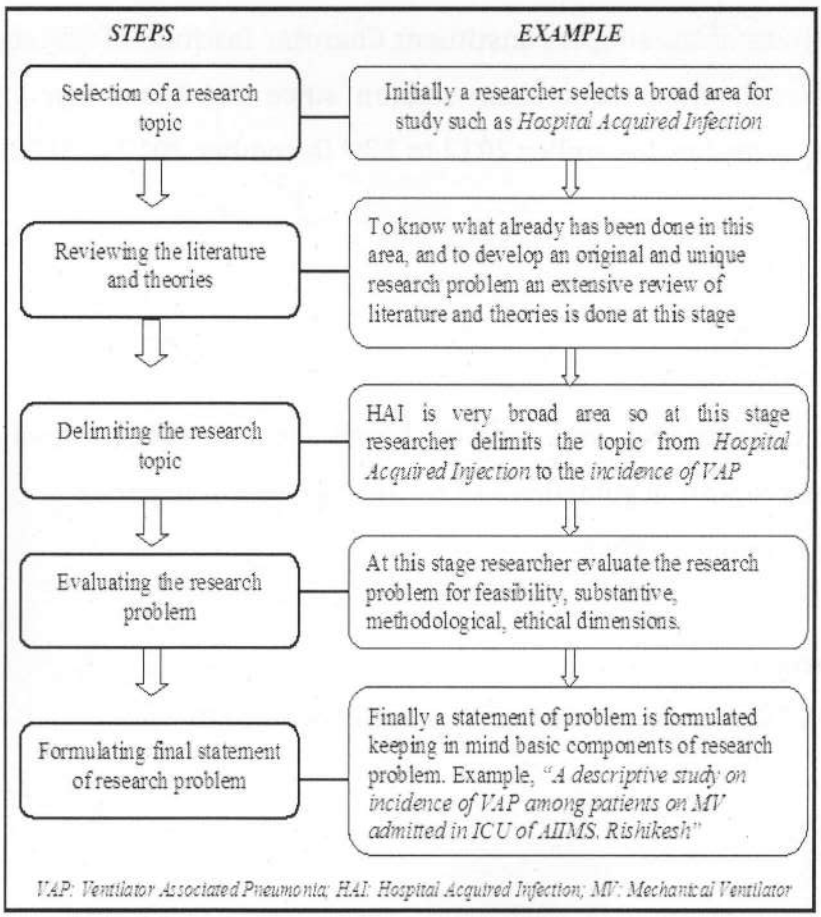
Dr. Suresh Kumar Sharma, Principal, College of Nursing, All India Institute of Medical Sciences, Rishikesh was invited as resource person, all the session were attended by faculty , P.G students and 3rd day last session was attend by U G students also.

Workshop was very fruitful as faculty, Ph.D Scholar and students were actively participated in various group activities.

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







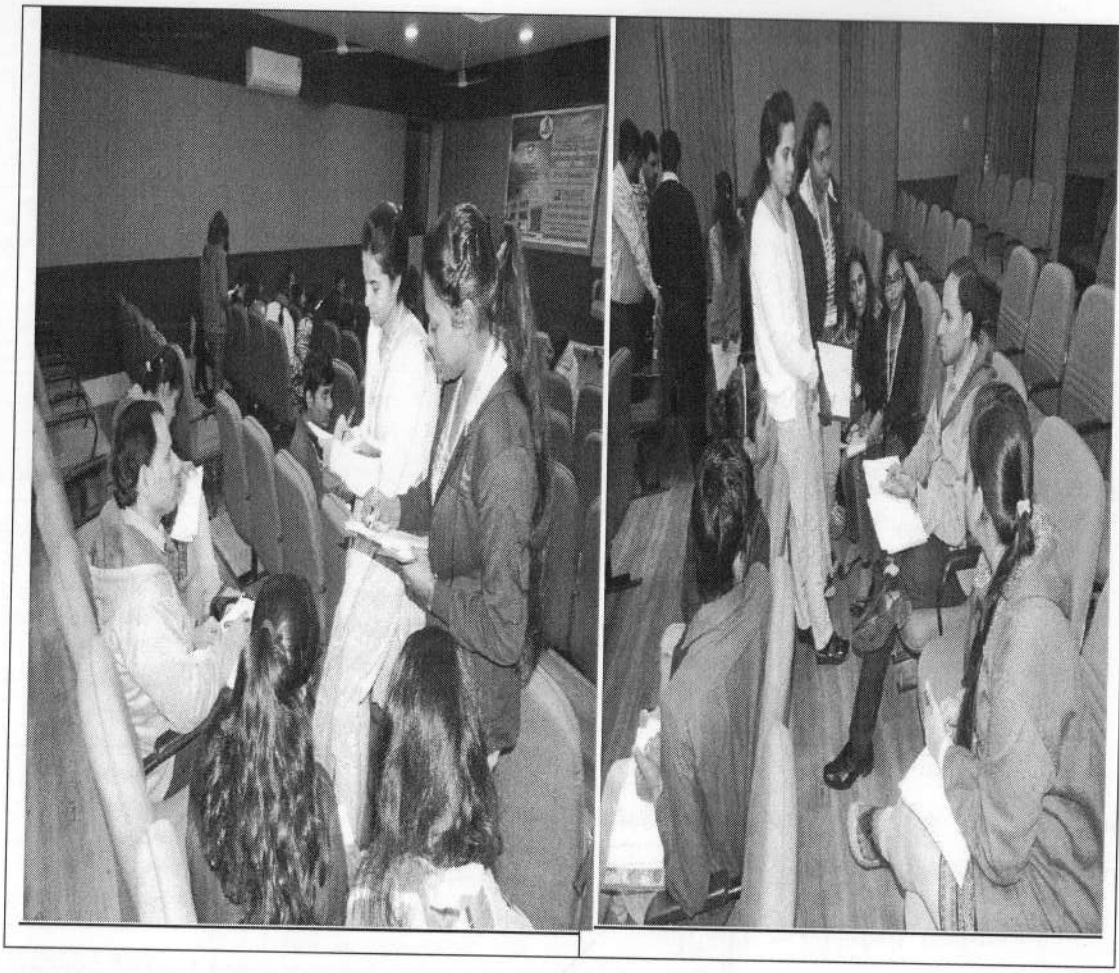
Session 2: Writing Research Objectives

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.



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:

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

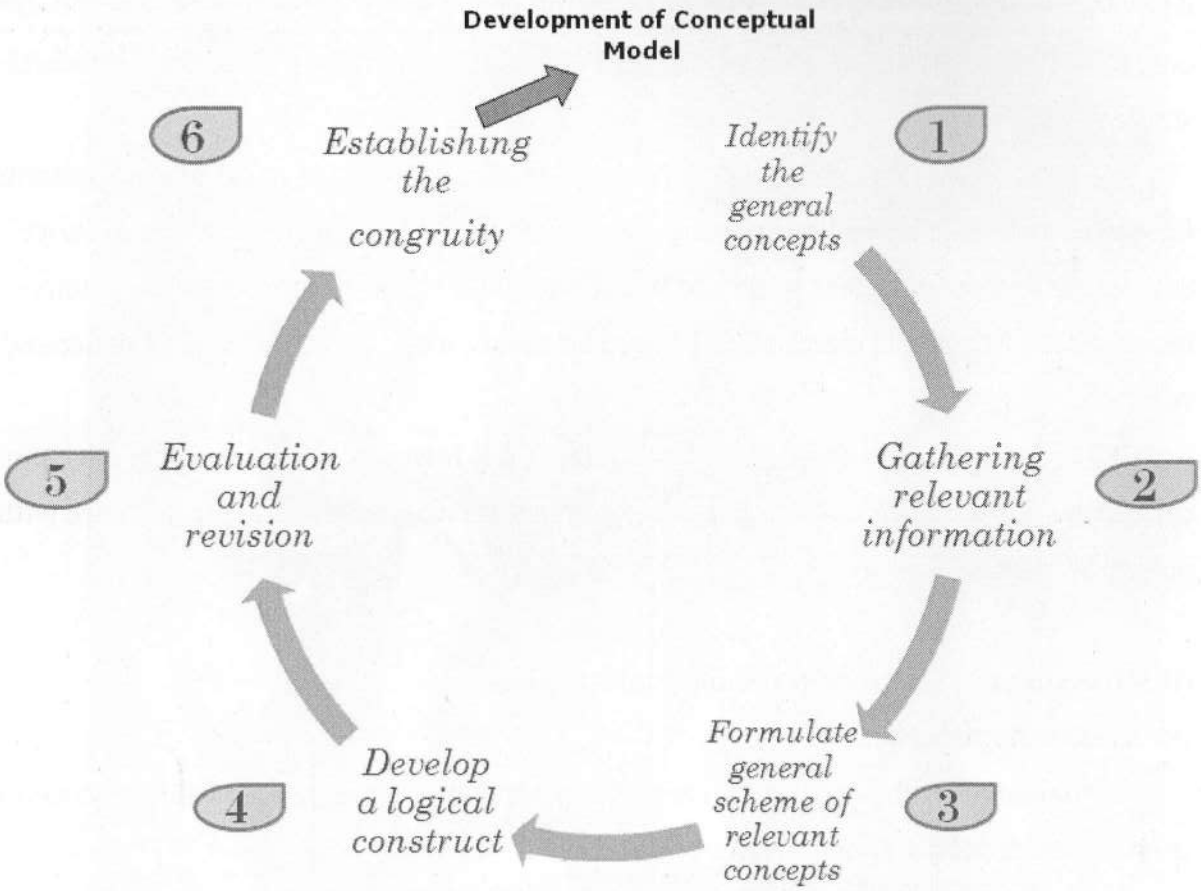
Null hypothesis (H0):

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*


Development of Conceptual Model
1
Identify the general concepts
2
Gathering relevant information
3
Formulate general scheme of relevant concepts
4
Develop a logical construct
5
Evaluation and revision
6
Establishing the congruity





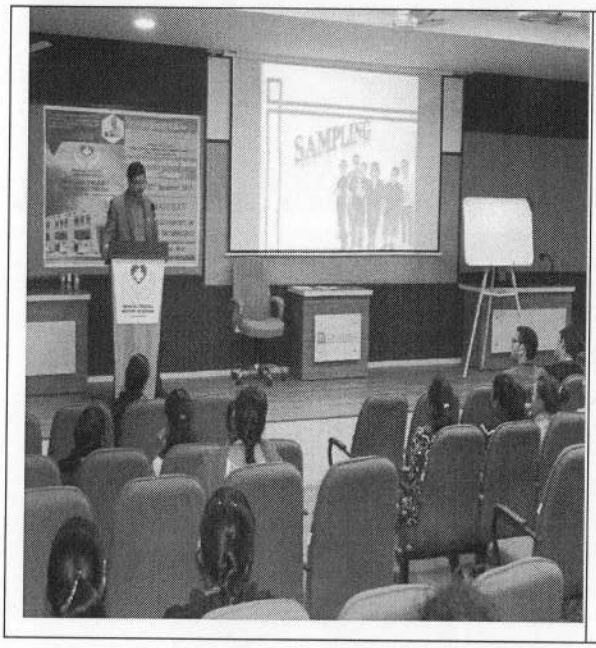


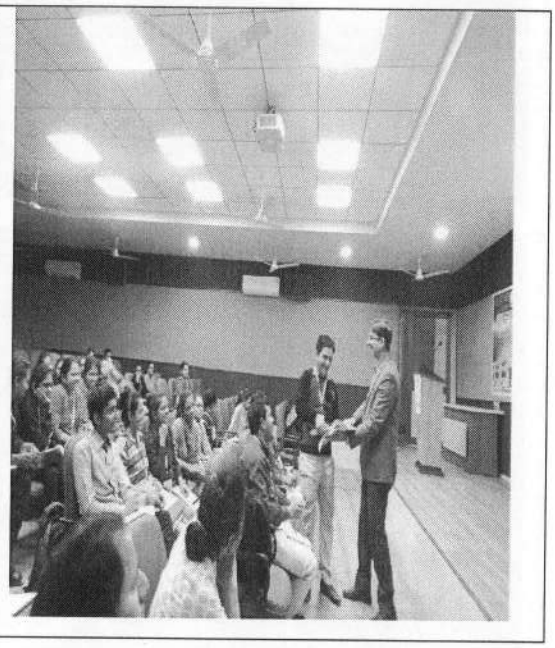


2nd Day:

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

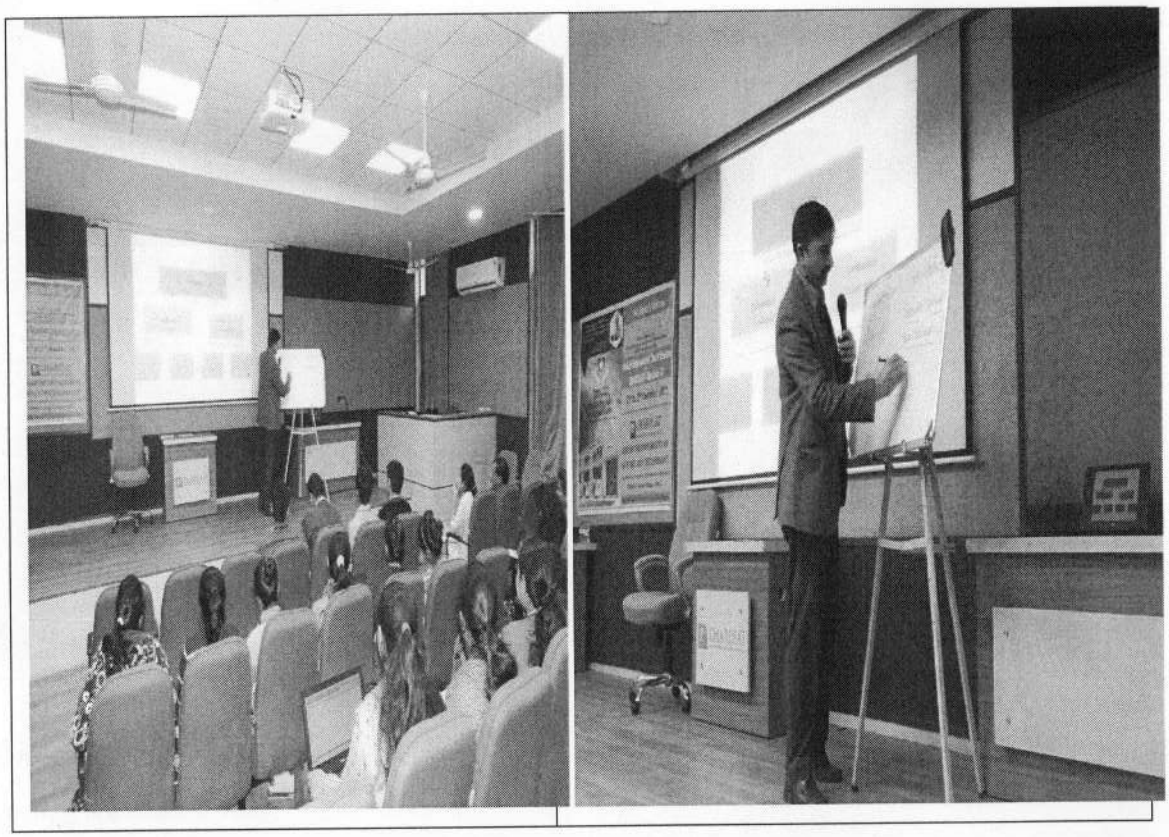




Session 2: RESEARCH DESIGNS: Choosing the right one

Following topics were covered with many activities

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



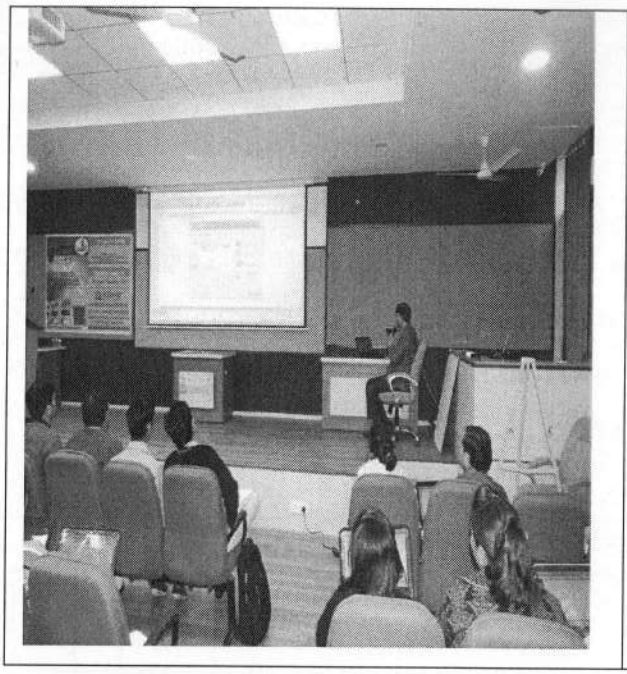
Session 3: Choosing appropriate statistic

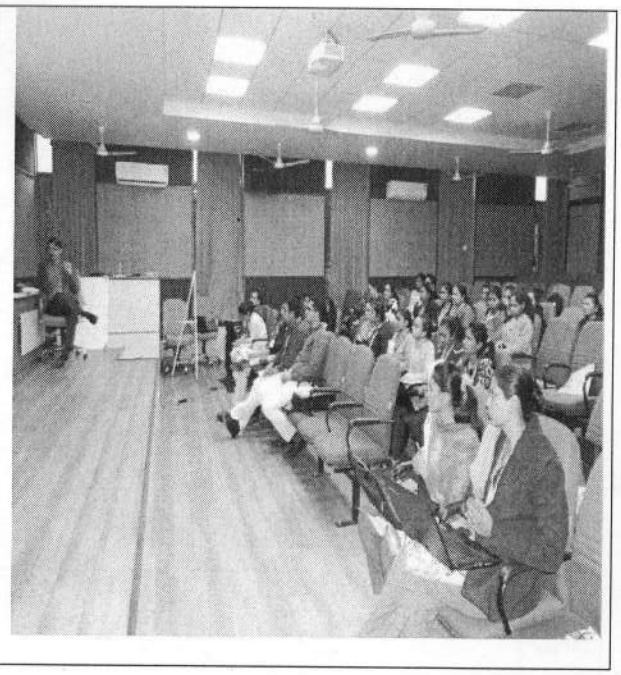
- Normal Distribution
    - **Parametric test**
    - T test, ANOVA
- Non-normal distribution
- (Distribution free test)
    - **Non- Parametric Test**
    - Chi 2 test, Wilcoxan rank test, Mann-Whitney test, and Kruskal-Wallis test

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

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	**Chi² test**	**Mann- Whiteny U Test**	t-test	Mann-Whiteny U Test
3 or more	**Chi² 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

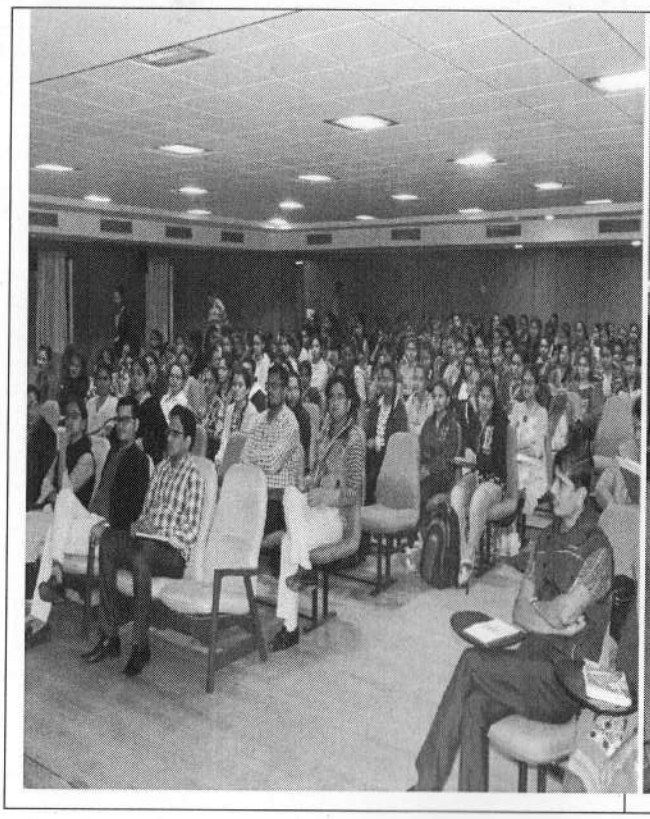


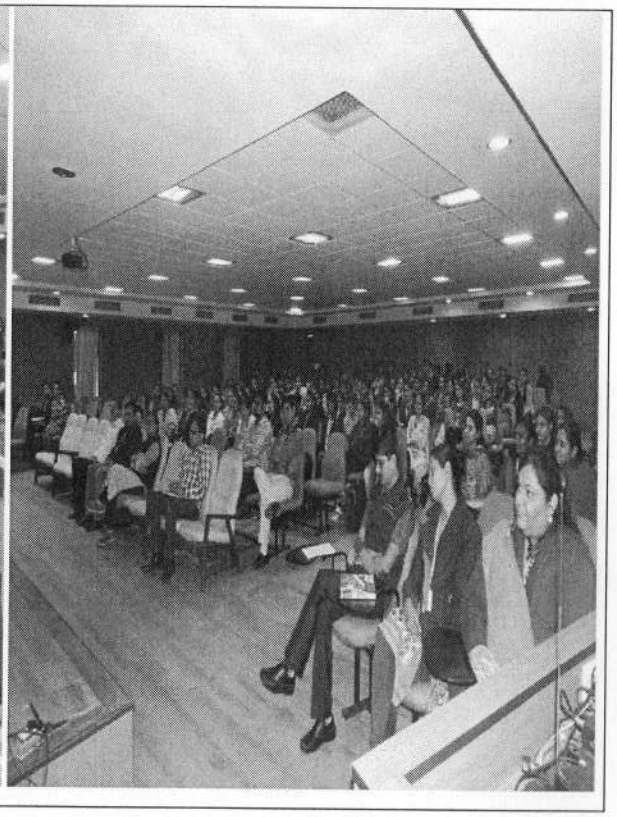


3rd Day:

Becoming Nurse:

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



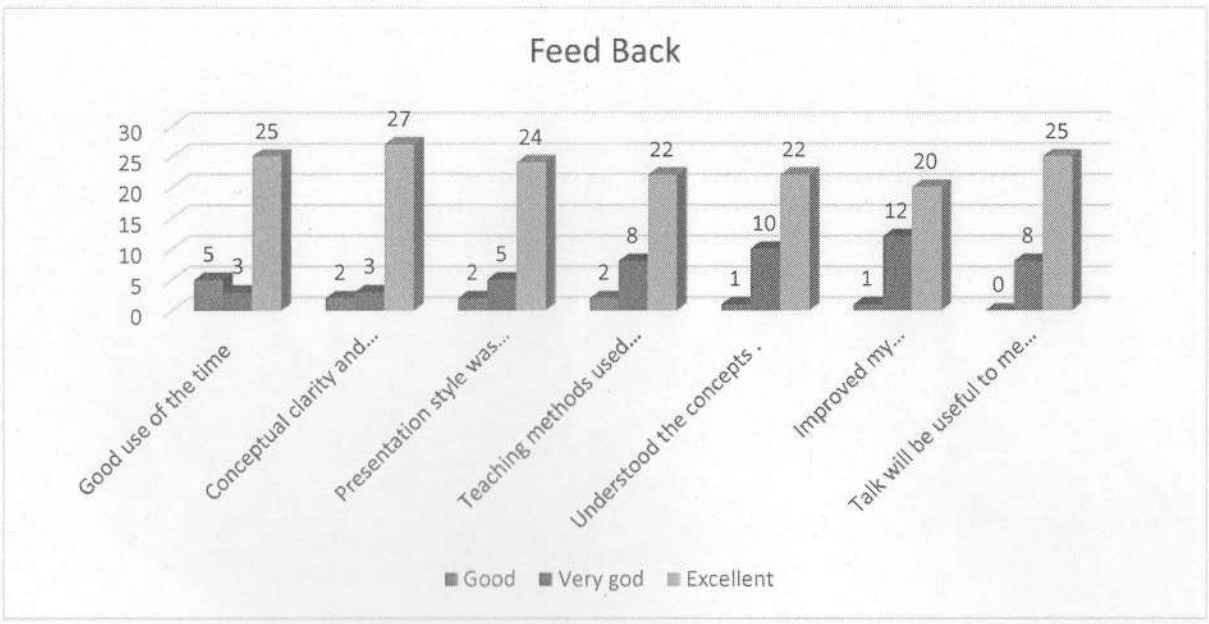


V. Conclusion

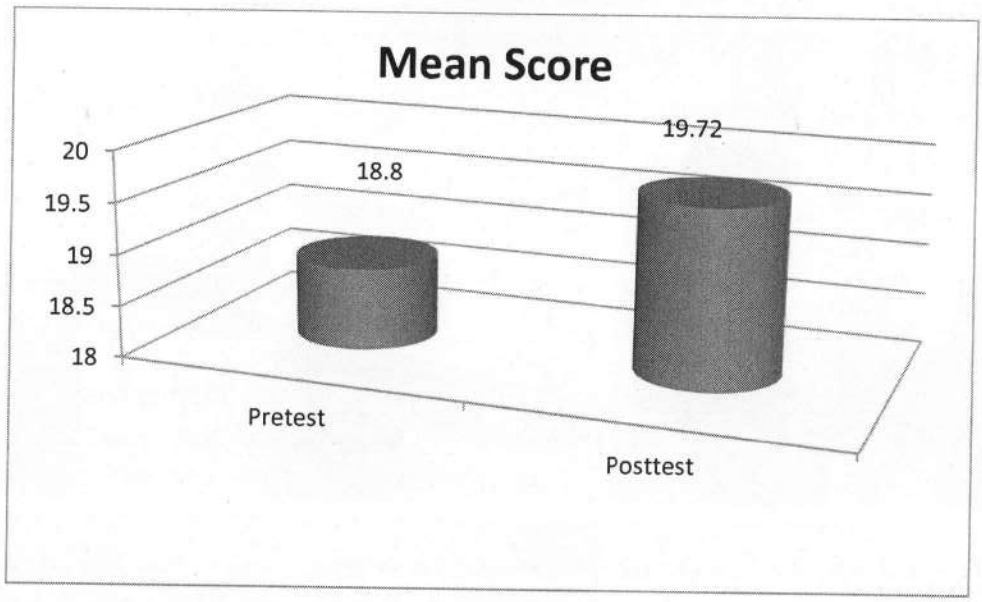
We extend our heartfelt thank to Dr. Anil Sharma, Principal, Manikaka Topawala Institute of Nursing, Changa for giving us opportunity to organize this event. We would extend our thanks CHARUSAT management for giving us all the support. We thank to the participants without them this event was impossible.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

VI. Feedback:

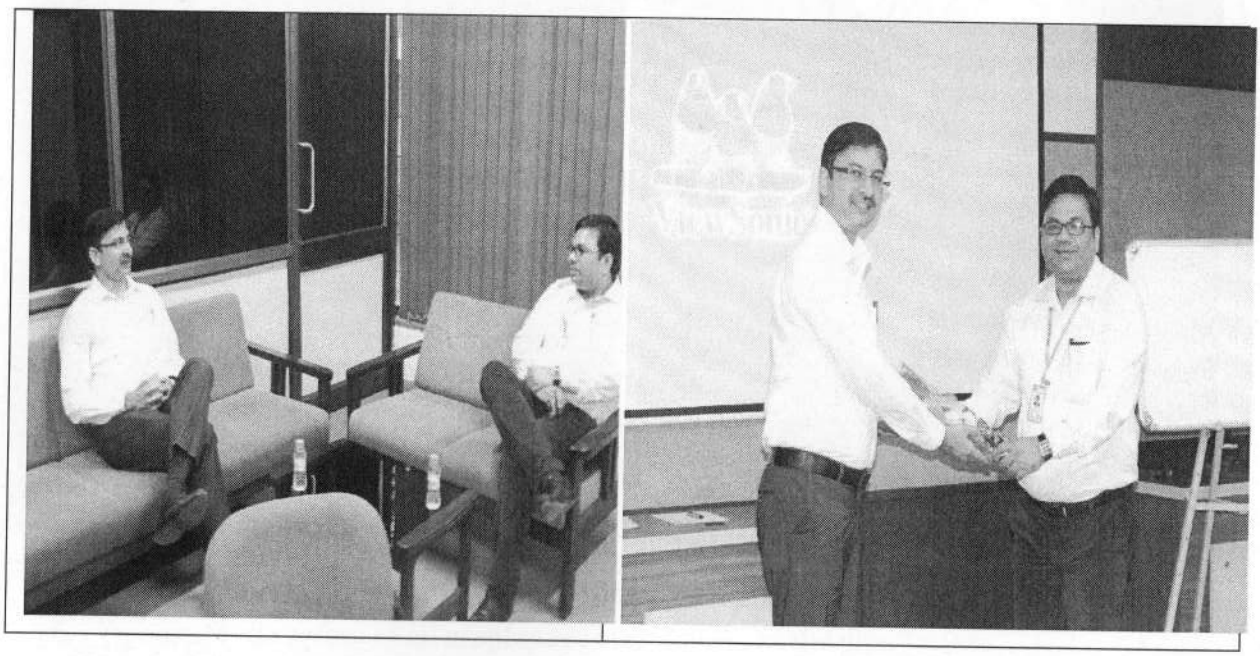
Scale: 5-Excellent; 4-Very Good; 3-Good; 2-Satisfactory; 1-Poor						
Sr. No.		1	2	3	4	5
1	The resource person made good use of the time allotted.	0	0	5	3	25
2	The Resource person had conceptual clarity and know ledge about the topic.	0	0	2	3	27
3	The resource person' presentation style was effective 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 useful to me in future.	0	0	0	8	25

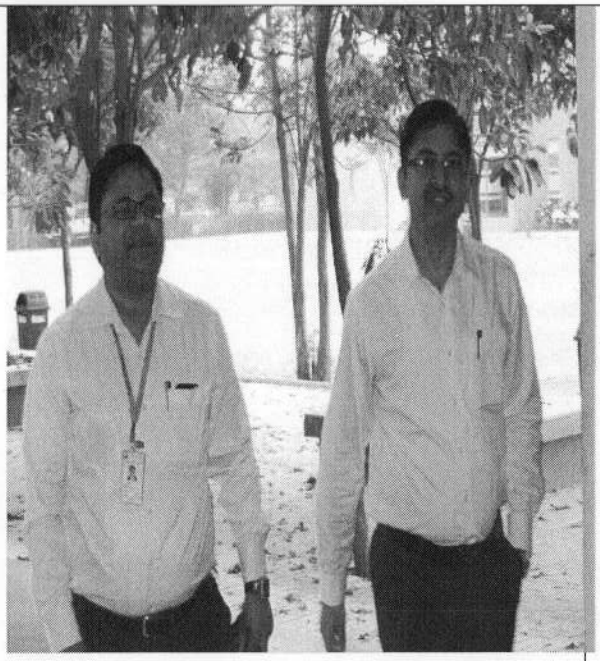


Comparison of Pretest and Posttest Mean Score

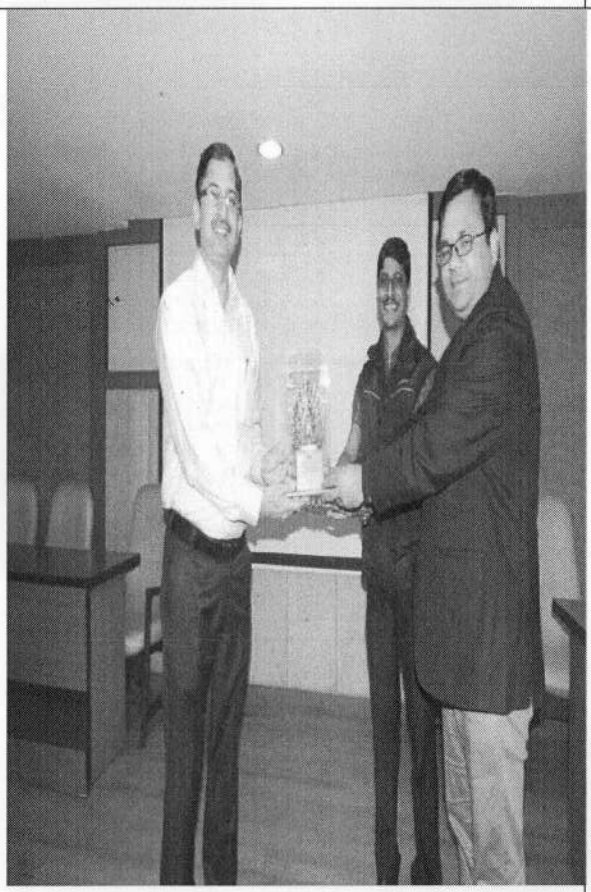


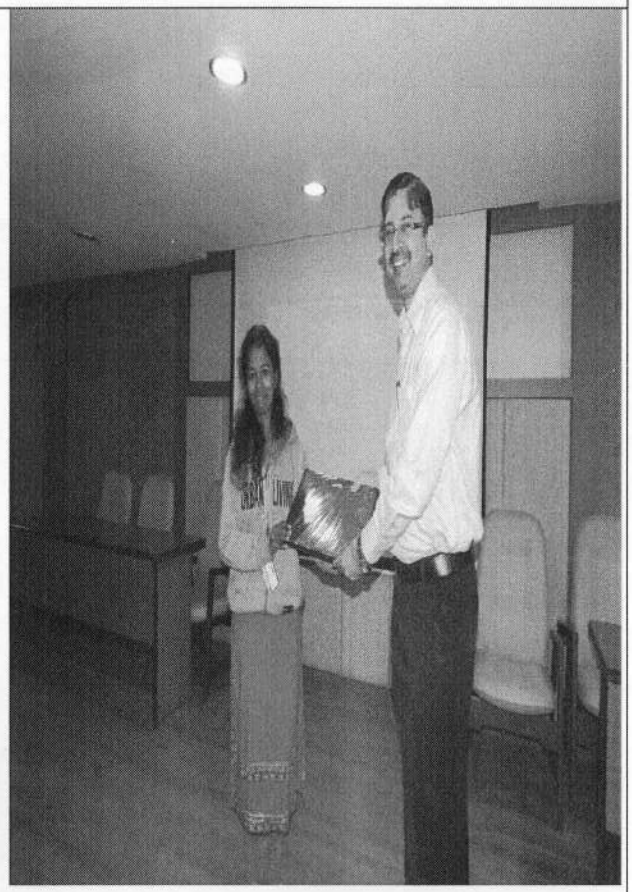
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ANNEXURE - II

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.

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

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

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?

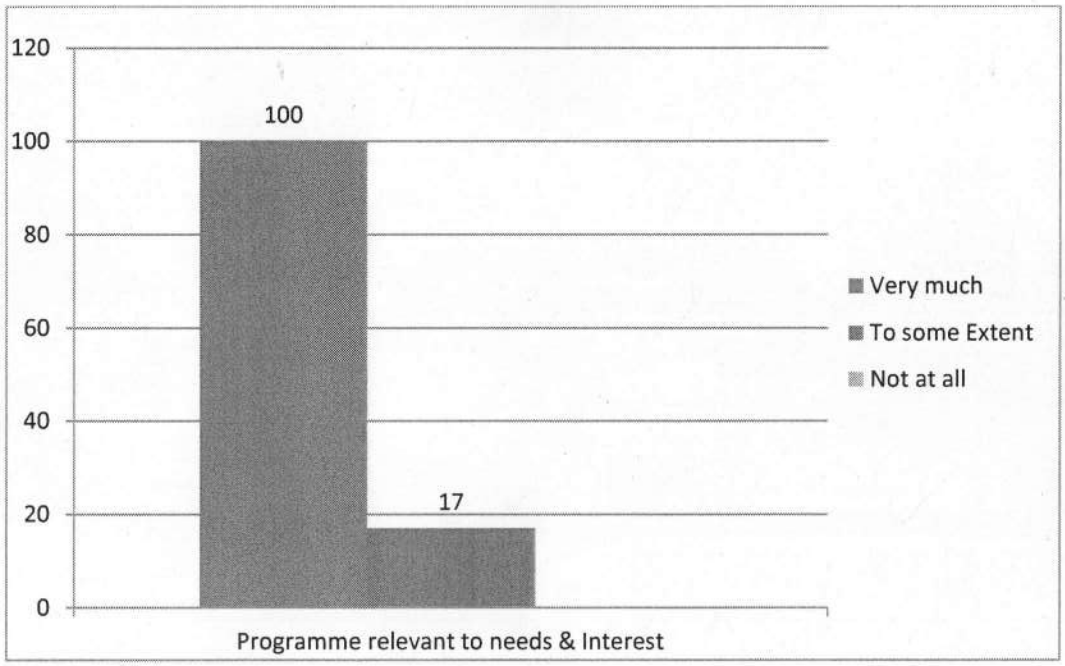
	Excellent	Very Good	Good	Fair	Poor
Coverage	101	11	05	00	00
Clarity	75	33	09	00	00
Utility	92	19	06	00	00

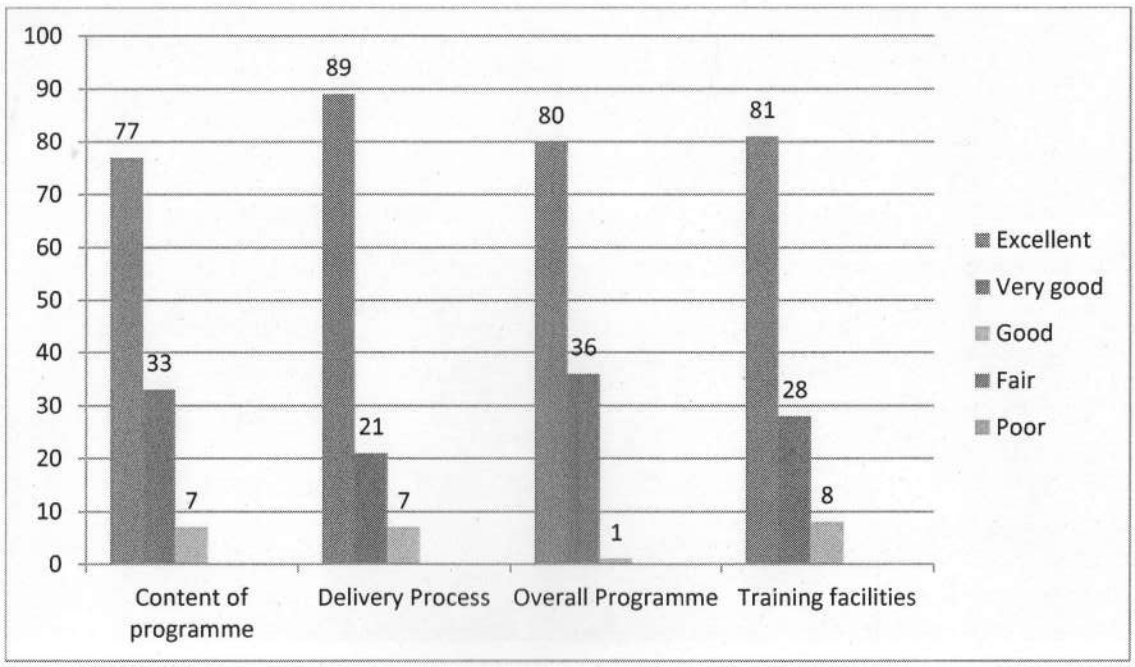
How would you rate the facilitator in terms of the following?

	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

C. Analysis report depicted through graph

1. Programme relevant to needs & Interest







Participants involved in exhibition



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.

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

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:

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

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.

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

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

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?

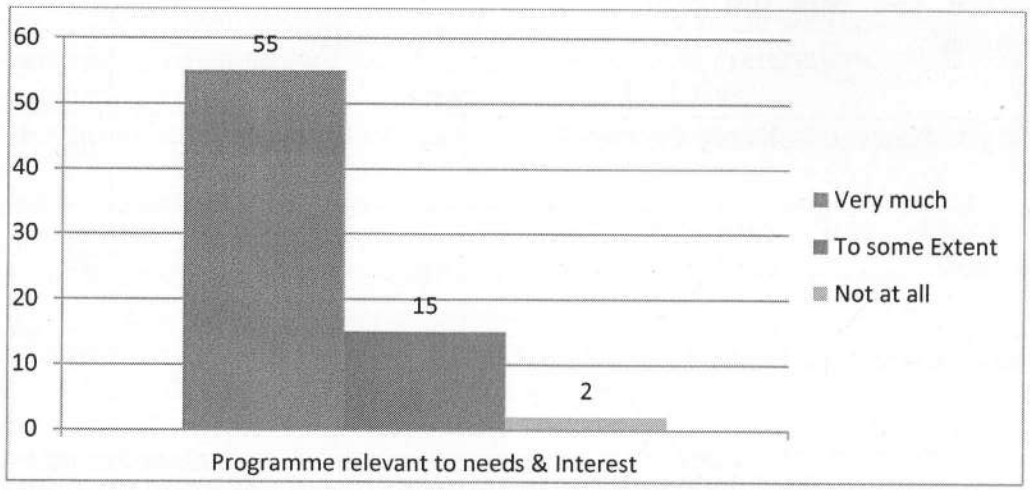
	Excellent	Very Good	Good	Fair	Poor
Coverage	37	24	10	01	00
Clarity	34	27	10	01	00
Utility	35	25	12	00	00

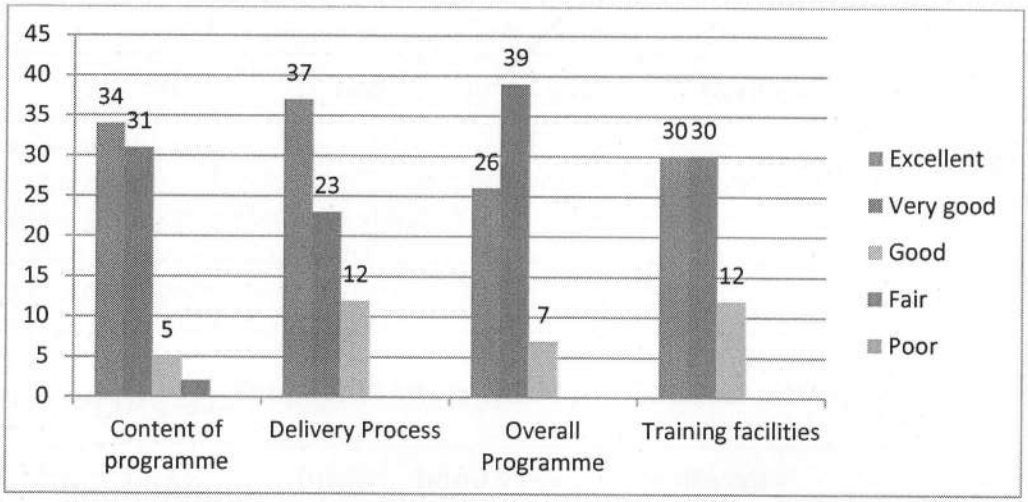
How would you rate the facilitator in terms of the following?

	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

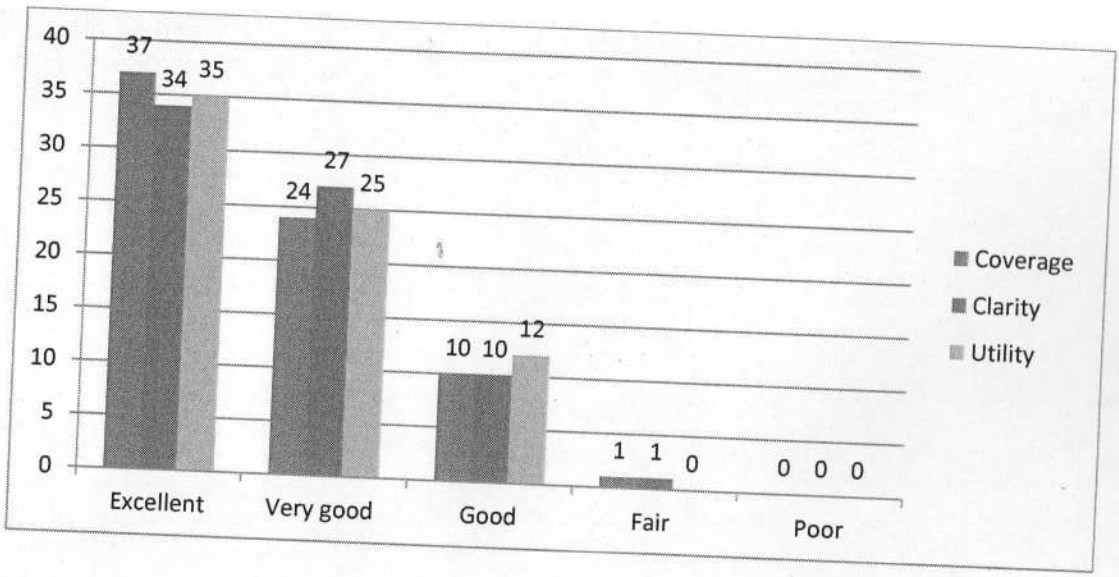
C. Analysis report depicted through graph

1. Programme relevant to needs & Interest

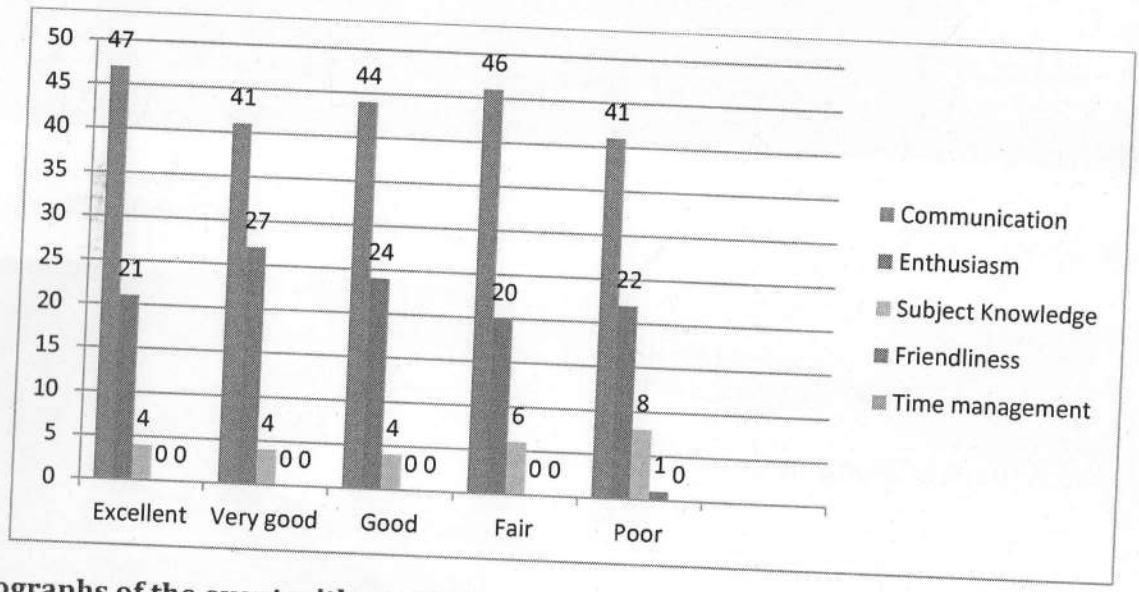




Rating of programme for Content



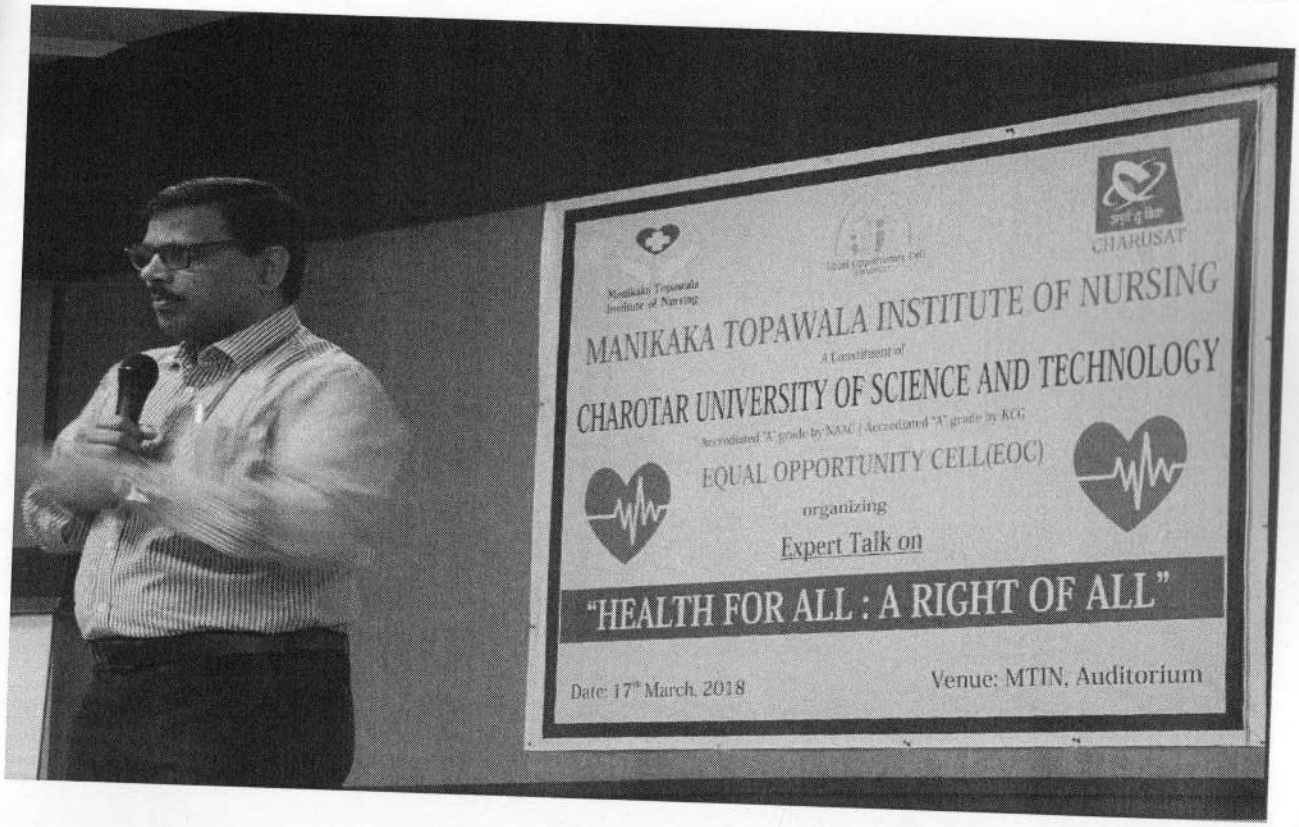
Rating of facilitator:-



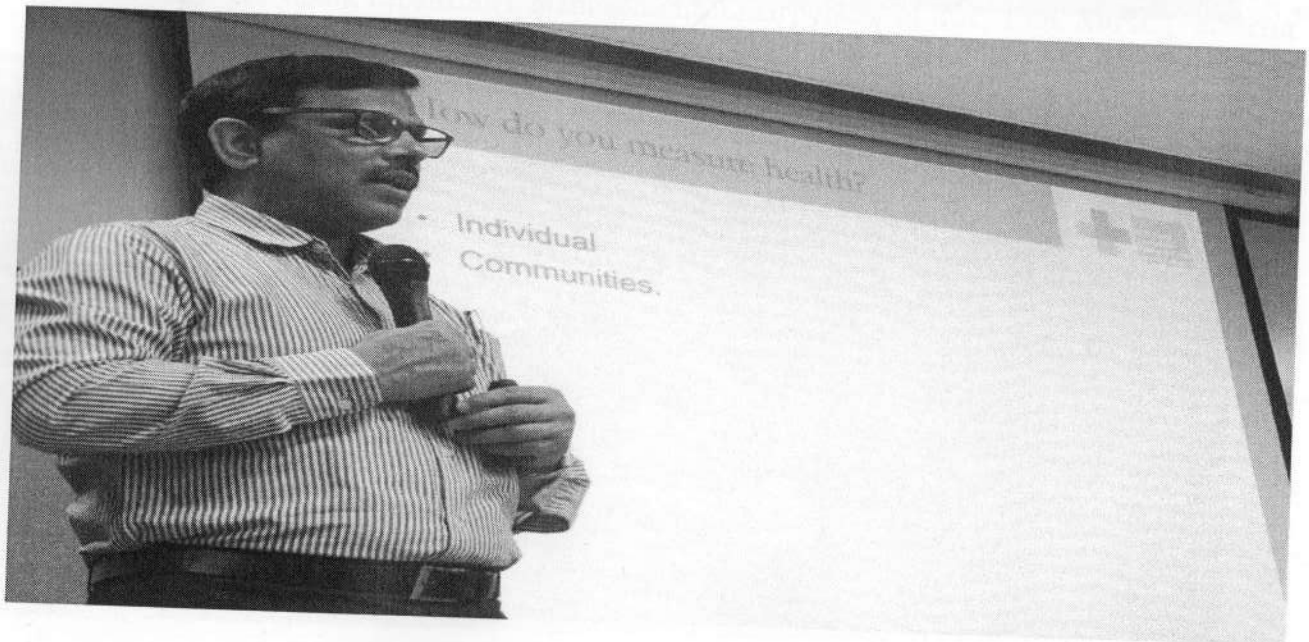
Photographs of the event with captions:
Introduction & welcome address



Dr. Udayshanker Shing sir delivering Lecture



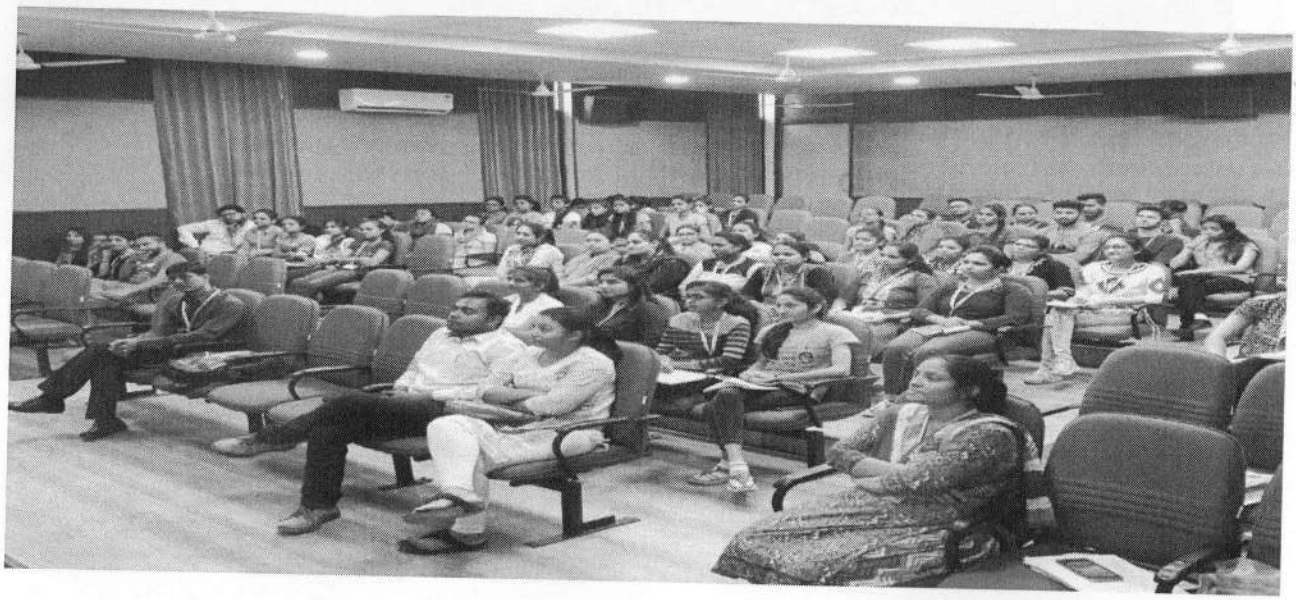
Dr. Udayshanker Shing sir delivering Lecture



Dr. Udayshanker Shing sir delivering Lecture



Students were participated in Expert talk





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.

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:

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.

Day 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.

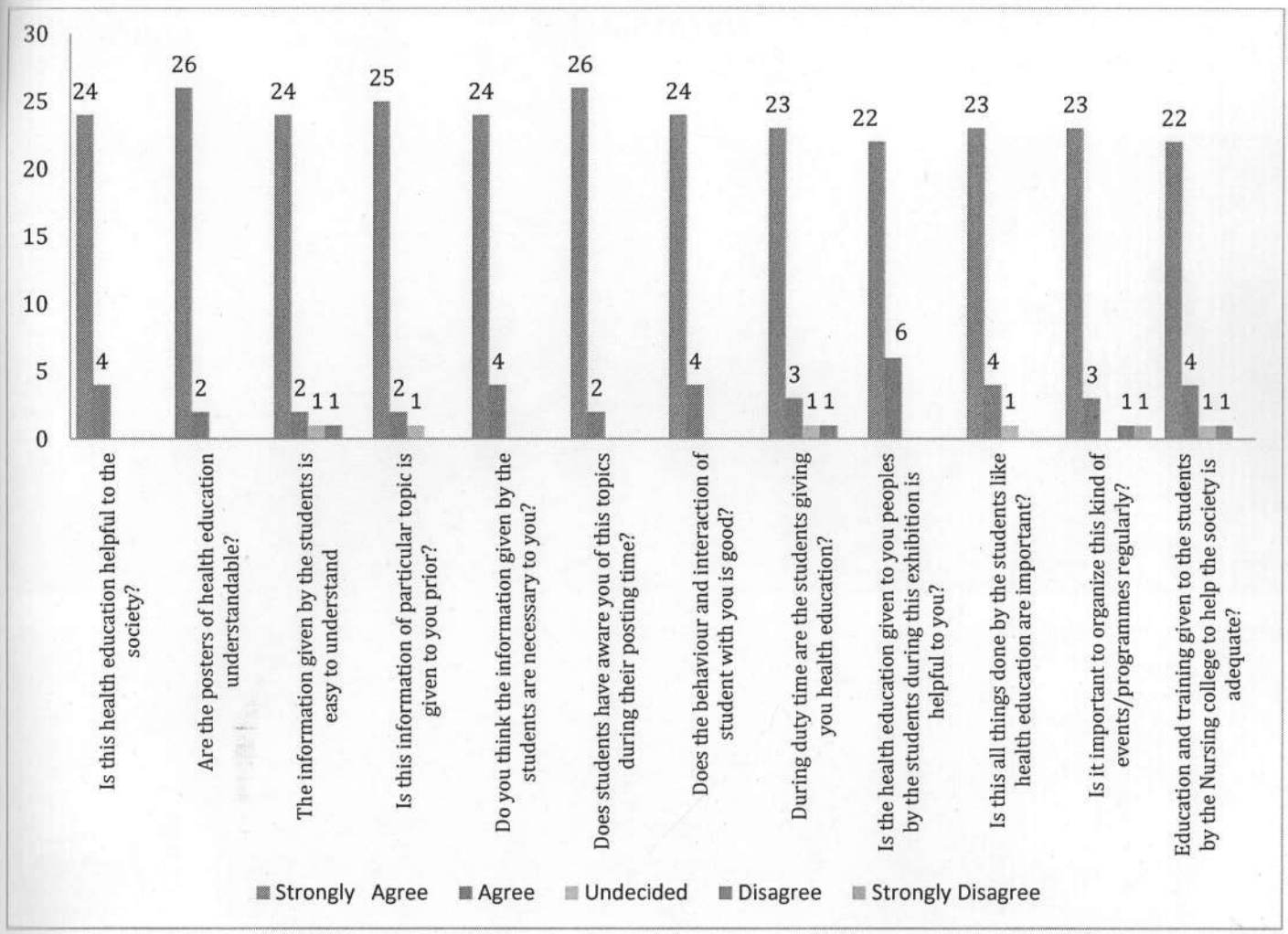
Fact: The vast majority of people with mental health problems are no more likely to be violent than anyone else. Most people with mental illness are not violent and only 3%–5% of violent acts can be attributed to individuals living with a serious mental illness. In fact, people with severe mental illnesses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

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

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	-

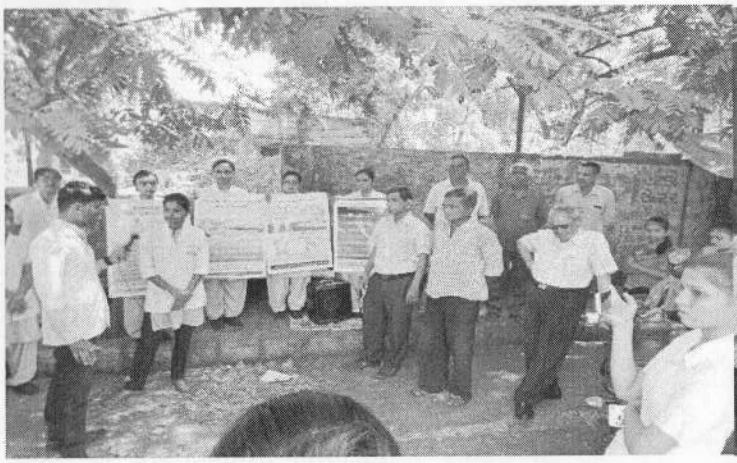


V. Conclusion :

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.

PHOTO GALLERY









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

MANIKAKA TOPAWALA INSTITUTE OF NURSING
CHARUSAT CAMPUS
CHANGA

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

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)

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

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

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

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.

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.

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

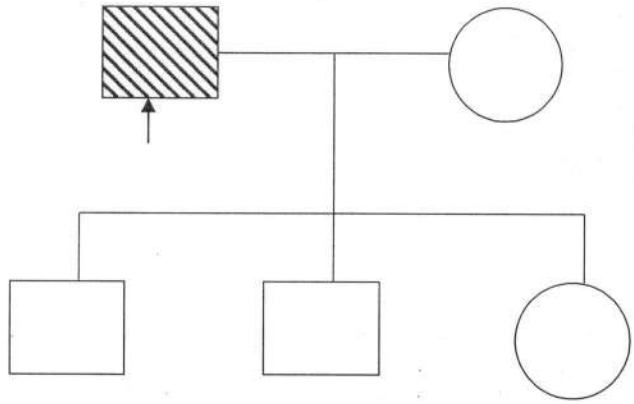
VII. **Socioeconomic history:**

VIII. **Family History:**

- ***Family characteristics***

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

- **Family tree:** two generation



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

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_____						

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

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.

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

Nursing Assessment	Nursing diagnosis	Goals/ EOC	planning	Implementations	Rationale	Evaluation

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:

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:

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:

- 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:

- 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:

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

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

Seal and Signature

MANIKAKA TOPAWALA INSTITUTE OF NURSING CHARUSAT CAMPUS CHANGA

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

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.

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

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY Date : 08/07/2021

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		
		TH	PR	PRJ	TOTAL		Internal	External	Internal	External	Internal	Externa	TOTAL
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		
		TH	PR	PRJ	TOTAL		Internal	External	Internal	External	Internal	Externa	TOTAL
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

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.			

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.			

<u>TOTAL 17 MARKS</u> (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

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

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

B.Sc NURSING DEGREE PROGRAMME – III YEAR

MENTAL HEALTH NURSING

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

B.Sc NURSING DEGREE PROGRAMME – III YEAR

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.

B.Sc NURSING DEGREE PROGRAMME – III YEAR

MENTAL HEALTH NURSING

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.

B.Sc NURSING DEGREE PROGRAMME – III YEAR

MENTAL HEALTH NURSING

OBJECTIVE STRUCTURED PRACTICAL/CLINICAL EXAMINATION (OSPE/OSCE)

STATION NO: 1– EXAMINATION- ACUTE PSYCHOSIS

RESPONSE SHEET

Registration Number: _____ Date: _____

Documentation:

Signature of the Examinee

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

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

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

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

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 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.

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.

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

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

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

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

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

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.

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

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

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.

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		
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/

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

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

MANIKAKA TOPAWALA INSTITUTE OF NURSING
CHARUSAT CAMPUS CHANGA

Seal and Signature

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

		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

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)			

	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

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.		

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.

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		

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/

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

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

_____--

_____

Name & signature of supervisor

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

_____--

_____

Name & signature of supervisor

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 SACHI	JADAV RINAL	PATEL CHARMI
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 rèsource material	Herbal Medicine in mental health	Chiropractic Medicine	Myocardial Infraction	Stroke	End Stage Renal Disease	Hepatic coma

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	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
Unit plan						
Selection & organization of learning outcomes						
Essay & short type questions						
Research articles related curriculum						
Curriculum evaluation						
Framing Philosophy	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
Aims & objectives						
MRP + CRP						
Transcript preparation						
Credit system						
Time table						
Critical evaluation						
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

Students Name	MAKWANA ANGELINA	PATEL EKTA	PATEL RUCHI	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	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
Unit plan				
Selection & organization of learning outcomes				
Essay & short type questions				
Research articles related curriculum				
Curriculum evaluation				
Framing Philosophy	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
Aims & objectives				
MRP + CRP				
Transcript preparation				
Credit system				
Time table				
Critical evaluation				
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

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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Phone# : + 91 - 2697 - 265201/5211 | Fax #: +91-2697-265007 | Email : info.mtin@charusat.ac.in | Website: www.charusat.ac.in
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.

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.

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

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 : 10/01/2019

Submitted By

Name : Mr. Deepak K

Designation : Assistant Professor

Department : Alumni Association

Email : deepak.nur@charusat.ac.in

Endorsed by

10/01/19

Principal

Seal and Signature

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

Action taken report

Following actions were initiated based on alumni feedback on curriculum

Sr.No.	Feedback	Action taken
1.	Need to increase journals numbers.	Subscription for the e-journals renewed for 2018-2019 **(Subscription receipt Annexure I)**
2.	Visit to be planned to various institutes.	Following visits were organized, considering feedback from Alumni Visit to AMUL diary for I semester B.Sc. Nursing students on 8.01.2019 **(Visit Report Annexure II)** Visit to Dinsha Patel Planetarium , Nadiad for B.Sc. Nursing Semester students on 29.11.2018 **(Visit Report Annexure III)**

ANNEXURE - I

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Place of Supply: Anand Gujarat	

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	Dr.Anil Sharma
Name	Principal Incharge
Address	Manikaka Topawala Institute of Nursing
State	CHARUSAT Campus,
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Total							9,500	6,49,800			9,500.00	6,49,800.00	-	-	-					9,500.00	6,49,800.00

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ANNEXURE - II

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY[CHARUSAT]

Faculty of Medical Sciences

MANIKAKA TOPAWALA INSTITUTE OF NURSING

Report of Amul dairy visit

Date: 8/1/2019 **Day:** TUESDAY **Timings:** 1:30 to 4:30PM

I. **Introduction:** on 8th of January, first semester B.Sc nursing students visited the Amul dairy at Anand. The main objective behind this type of visit at first year is to gain knowledge regarding nutritive values of milk, different product of Amul dairy and various sterilization method.

II. **Objectives of the event:**

1. To study and understand the revolution of Amul dairy.
2. To know regarding the organizing pattern of Amul dairy.
3. To understand the production of Amul dairy.
4. To get information regarding cleaning pattern of equipment.

III. **Participants/Beneficiaries:**First semester B.Sc Nursing students

IV. **In detail explanation of the event:**

HISTORY:-

AMUL (A – ANAND, M – MILK, U – UNION, L – LIMITED)

Formed in 1946, it is a brand managed by a cooperative body, the Gujarat Cooperative Milk Marketing Federation Ltd. (GCMMF), which today is jointly owned by 3 million milk producers in Gujarat.Dr.Varghese Kurien, founder-chairman of the GCMMF for more than 30 years (1973–2006), is credited with the success of Amul. AMUL is also the largest exporter of dairy products in the country. AMUL is available

today in over 40 countries of the world. One representative of Amul dairy give orientation to us. The establishment Amul is known as white revolution. Firstly we attend video presentation regarding history and establishment of Amul dairy. Amul is the cooperative sector. Amul- Anand milk union limited has mainly five departments like finance, personal, commercial, milk procurement, and production. The Amul revolution was started as awareness among the farmers. In 1947, the kaira union set up a plant on manufacture high protein weaning food. The main vision of Amul dairy is **"THE TEST OF INDIA"**. Then after we oriented regarding different production of Amul dairy such as a fresh milk, Amul ice cream, butter, cheese, pure ghee and provide information about how to make milk powder and its packing.

Amul created history in following areas:

1. Created dairy co-operative at village level functioning with milk collection center.
2. Computerized milk collection system with electronic scales.
3. First to produce milk from powder from surplus milk.

The initial capacity of 10 lakh liter per day was enhanced from time to time to meet demand and present capacity of the plant is 8 lakh liter per day. Cheese it's made with calcium rich milk .

Thereare different equipment like Milk receiving tank, milk pasteurizer, milk separator, cheese and curd production etc. UHT treatment is requires both sterilizer and aseptic unit. It's used for UHT milk. The temperature for UHT is 135°-150° calicoes, so the product is a treated in a continuous heat exchanger.

STAFFING PATTERN OF AMUL DAIRY:-

BOARD OF DIRECTOR

↓

MANAGING CHAIMAN

↓

GENERAL MANAGER

↓

ASSISTANT GENERAL MANAGER

↓

MANAGER

↓

DEPUTY MANAGER

↓

ASSISTANT MANAGER

↓

SENIOUR EXECUTIVE

↓

SENIOR OFFICER

↓

SENIOR ASSISTANT

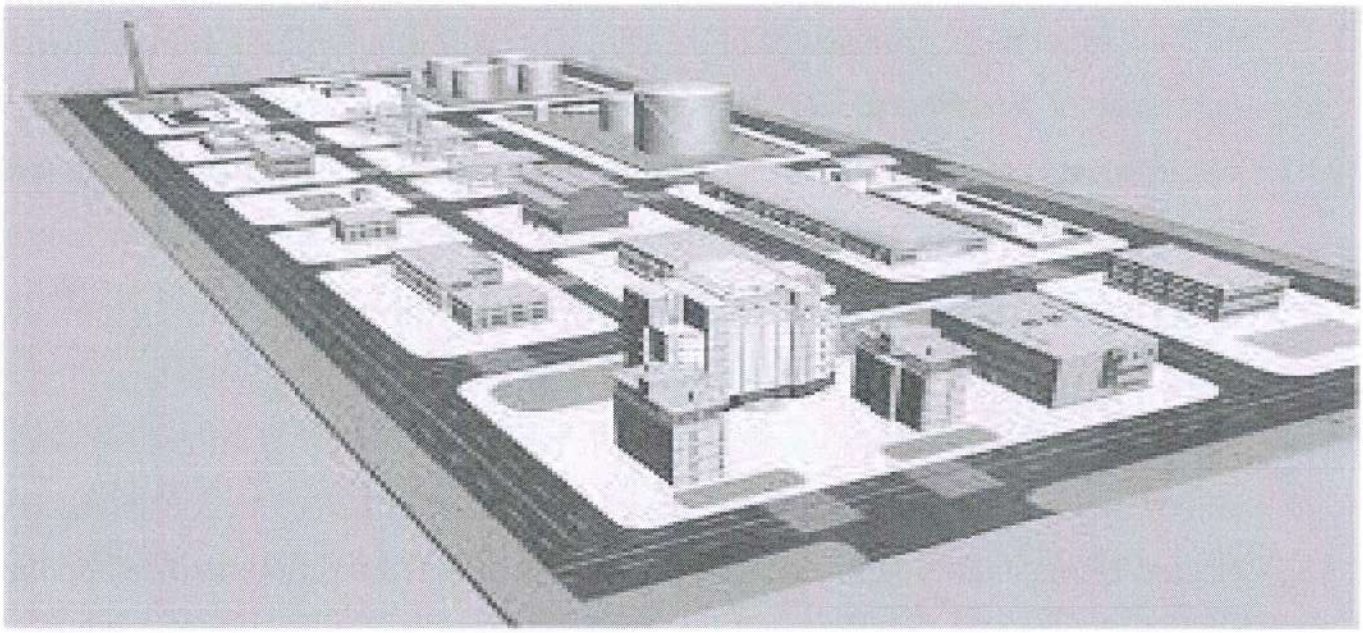
↓

WORKERS

↓

GRADE (A TO E)

PHYSICAL LAYOUT OF AMUL DAIRY:-



FUNCTIONS OF AMUL DAIRY:-

1. **VILLAGE DAIRY COOPERATIVE SOCIETY (VDCS):** The milk producers of a village, having surplus milk after own consumption, come together and form a Village Dairy Cooperative Society (VDCS). The Village Dairy Cooperative is the primary society under the three-tier structure. It has membership of milk producers of the village and is governed by an elected Management Committee consisting of 9 to 12 elected representatives of the milk producers based on the principle of one

member, one vote. The village society further appoints a Secretary (a paid employee and member secretary of the Management Committee) for management of the day-to-day functions. It also employs various people for assisting the Secretary in accomplishing his / her daily duties.

2. **DISTRICT COOPERATIVE MILK PRODUCERS' UNION (MILK UNION):** The Village Societies of a District (ranging from 75 to 1653 per Milk Union in Gujarat) is having surplus milk after local sales come together and form a District Milk Union. The Milk Union is the second tier under the three-tier structure. It has membership of Village Dairy Societies of the District and is governed by a Board of Directors consisting of 9 to 18 elected representatives of the Village Societies. The Milk Union further appoints a professional Managing Director (paid employee and member secretary of the Board) for management of the day-to-day functions. It also employs various people for assisting the Managing Director in accomplishing his / her daily duties.

3. **STATE COOPERATIVE MILK FEDERATION (FEDERATION):** The Milk Unions of a State are federated into a State Cooperative Milk Federation. The Federation is the apex tier under the three-tier structure. It has membership of all the cooperative Milk Unions of the State and is governed by a Board of Directors consisting of one elected representative of each Milk Union. The State Federation further appoints a Managing Director (paid employee and member secretary of the Board) for management of the day-to-day functions. It also employs various people for assisting the Managing Director in accomplishing his daily duties.

4. **MAINTAINNG STRATEGIES:**

- ❖ Quality maintaining
- ❖ Value of money
- ❖ Available resources
- ❖ Services provision

5. PRODUCTION:

- Amul milk
- Amul butter
- Amul cheese
- Amulmalaipaneer
- Amulmastidahi
- Amul buttermilk
- Amul ghee
- Amul cool flavoured milk
- Ice cream

6. SEGMENTATION

Wide range of product categories caters to consumers across all market segments. For example, AmulKool is targeted at children, while teenagers prefer Kool Café, as it has a cool imagery associated with it. Segmentation is not as easy in curd and low fat products, due to mixed audiences, various culinary applications ,eg. ghee, butter and cheese. "In India, the most used spread is ghee, then butter, cheese, low fat butter, margarine, cheese spread and mozzarella cheese.

7. AMUL MILK PASTEURIZATION

Pasteurization is a heat processing process to kill pathogenic bacteria in the food and make it safe to eat. Pasteurization reduces the transmission of diseases even after pasteurization the food can be contaminated so keep it at the required temperature.

8. TRASPORTING:

Amul follows a distinctive transportation model as far as its transportation is concerned. The major production units of Amul are located in Gujarat. Major distribution hubs are located in and around the periphery of the production units. Since Amul produces majorly perishable goods, it becomes mandatory to

follow a proper and smooth transportation of goods. Physical distribution is a very important part of the whole business.

9. ANALYZING THE EFFECTIVENESS OF DAIRY COOPERATIVE (AMUL):

Agricultural cooperatives have been a unique way of addressing the concerns of the producers and consumers regarding pricing, storage, marketing, and other such activities of bringing the commodity to the market. One of such sectors is the dairy, where there are cooperatives in both the developed and developing countries. Amul Dairy, a milk cooperative in India is, synonymous with quality of its milk and milk products as well as fair prices to both the consumer and producer. In this paper, we examine the effectiveness of Amul by comparing the procurement prices offered by the dairy cooperative to the cost of producing milk. We must caution about the conclusions that we draw from this project as the study is conducted in only one village out of the many where Amul operates.

10.VIDYA DAIRY: INDIA'S FIRST STUDENT DAIRY

Anand in Gujarat State is the Mecca for dairymen. World-famous AMUL (Anand Milk Union Ltd.) is located here. So is the Vidya (education) Dairy, the first student dairy in the country. This dairy, equipped with state-of-the-art technology, is a modern training plant. Students here receive excellent all round hands-on training in the plant. Not only that, students also runsVidhya Dairy in a commercially viable way.

V.Feedback Analysis report:(should specify the following)

A. Number of participants:**60**

B. Table of feedback form with number of participants' response in each category. (example as below)

Workshop content and organization	Excellent	Very good	Good	Satisfactory	Poor

1. Effectiveness of the visit in reinforcing/supplementing class room teaching in the concerned course	50	10	--	--	--
2. Explanation by the hospital personnel about the processes/equipment involved	40	10	10	--	--
3. Pre-visit briefing by the concerned faculty member, explaining the objectives of the visit	55	05		--	--
4. Appropriateness of the batch/group to understand the instructions/processes during the visit	40	5	10	5	--
5.General arrangements (transport, schedule, refreshments etc)about the visit	55	05	-	--	-

VI.Conclusion :when we went at Amul dairy and visited it was great experience. We got much knowledge about dairy product, revolution of Amul dairy in Anand, organizing pattern of Amul dairy, various cleaning process of equipment's , different projects and plants of Amul dairy. We knew that Amul dairy is best organization.



ANNEXURE III

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY [CHARUSAT]

Faculty of Medical Sciences

MANIKAKA TOPAWALA INSTITUTE OF NURSING

Report on visit to Dinsha Patel Planetarium

Report on visit to Dinsha Patel Planetarium

Date: 29/11/2018

Day: Thursday

Timings: 1.30 pm-4.00 pm

I. Introduction:

Dinsha Patel Planetarium is one of the popular Museum located in Nadiad Balkan-Ji-Bari Campus, Opposite to RTO Office, Mill Road listed under Non-governmental organization (NGO) in Nadiad. It is located in central Gujarat with 60 seat capacity and full dome Digital Planetarium build M/s Gothoinc Japan and Projector from M/s Digitalis Education Inc. Ltd USA.

II. Objectives:

- To make the students aware about space sciences, and related branches of science, technology and innovations for advancement of economic, social, cultural, health and environment at national and international level.
- To propagate awareness and necessity for the protection and conservation of the environment and there by proper understanding earth as a planet with life important for existence of mankind.

III. Participants/Beneficiaries: 1st semester B.Sc. Nursing of MTIN.

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

CHARUSAT and MTIN organized visit of Dinsha Patel Planetarium, Nadiad on 29th November 2018 for 1st semester B.Sc. Nursing students of MTIN. Total 59 students and one faculty participated in the visit. Students and faculty started to travel at 1.30 pm towards Nadiad. They

reached there at 2.00 pm. All the students and faculty took their seats in the planetarium and show started at 2.15 pm. The show was very interesting with 3D video and it was for 1. 30 hour. During the show following topics were beautifully explained and made all understood.

Firstly the show began with beautiful videos of sky, stars, moon, sun and explained that Astronomy is a science that studies everything outside of the earth's atmosphere, such as planets, stars, asteroids, galaxies; and the properties and relationships of those celestial bodies. Astronomers base their studies on research and observation. Astrology, on the other hand, is the belief that the positioning of the stars and planets affect the way events occur on earth. If you're interested in the solar system and the planets, other celestial objects like asteroids and comets, other galaxies and the rest of the universe, what makes up space, and the possibility of alien life or space travel, astronomy is the field you're considering.

Astronomy is a natural science that studies celestial objects and phenomena. It applies mathematics, physics, and chemistry, in an effort to explain the origin of those objects and phenomena and their evolution.

Objects of interest include planets, moons, stars, galaxies, and comets; the phenomena include supernova explosions, gamma ray bursts, and cosmic microwave background radiation. More generally, all phenomena that originate outside Earth's atmosphere are within the purview of astronomy. A related but distinct subject, physical cosmology, is concerned with the study of the Universe as a whole.

We also understand the following topics in detail.

Solar astronomy:

Here participants had shown about the existence of sun, distance from the earth and other features.

Planetary science

Planetary science is the study of the assemblage of planets, moons, dwarf planets, comets, asteroids, and other bodies orbiting the Sun, as well as extra solar planets. The Solar System has been relatively well-studied, initially through telescopes and then later by spacecraft. This has provided a good overall understanding of the formation and evolution of this planetary system, although many new discoveries are still being made.

The planets were formed 4.6 billion years ago in the proto-planetary disk that surrounded the early Sun. Through a process that included gravitational attraction, collision, and accretion, the disk formed clumps of matter that, with time, became proto-planets. The radiation pressure of the solar wind then expelled most of the unaccreted matter, and only those planets with sufficient mass retained their gaseous atmosphere. The planets continued to sweep up, or eject, the remaining matter during a period of intense bombardment, evidenced by the many impact craters on the Moon. During this period, some of the protoplanets may have collided and one such collision may have formed the Moon

Stellar astronomy

The study of stars and stellar evolution is fundamental to our understanding of the Universe. The astrophysics of stars has been determined through observation and theoretical understanding; and from computer simulations of the interior.

Extragalactic astronomy

The study of objects outside our galaxy is a branch of astronomy concerned with the formation and evolution of Galaxies, their morphology (description) and classification, the observation of active galaxies, and at a larger scale, the groups and clusters of galaxies. Finally, the latter is important for the understanding of the large-scale structure of the cosmos.

Most galaxies are organized into distinct shapes that allow for classification schemes. They are commonly divided into spiral, elliptical and irregular galaxies.

As the name suggests, an elliptical galaxy has the cross-sectional shape of an ellipse. The stars move along random orbits with no preferred direction. These galaxies contain little or no interstellar dust, few star-forming regions, and generally older stars. Elliptical galaxies are more commonly found at the core of galactic clusters, and may have been formed through mergers of large galaxies.

We at last explained about Apollo mission of NASA and other space craft. Apollo was a NASA program that sent people to the moon. There were 11 Apollo flights. The first Apollo flight was in 1968. The first four flights tested the spacecraft. Six of the other seven flights landed on the moon. The first moon landing took place in 1969. The last moon landing was in 1972.Twelve

astronauts walked on the moon. They studied the lunar surface. They collected moon rocks and brought them back to Earth.

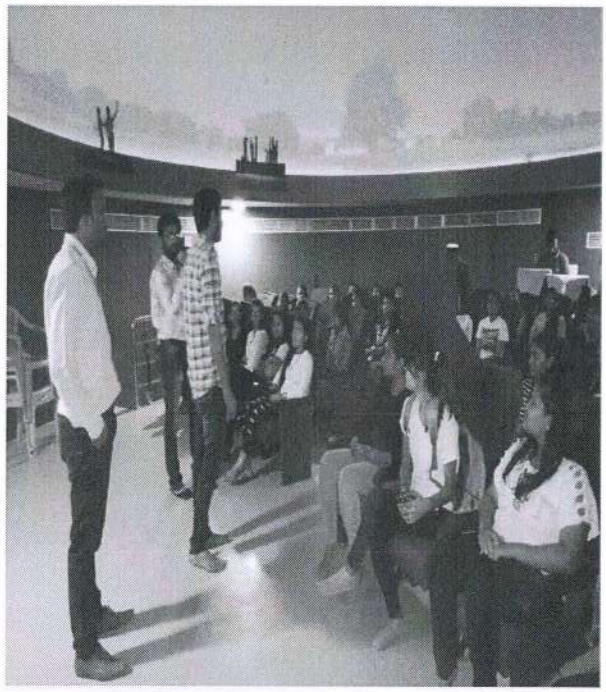
At last all the students enjoyed the visit and left at 3.30 pm from Nadiad to Changa. The following students and faculty participated in visit.

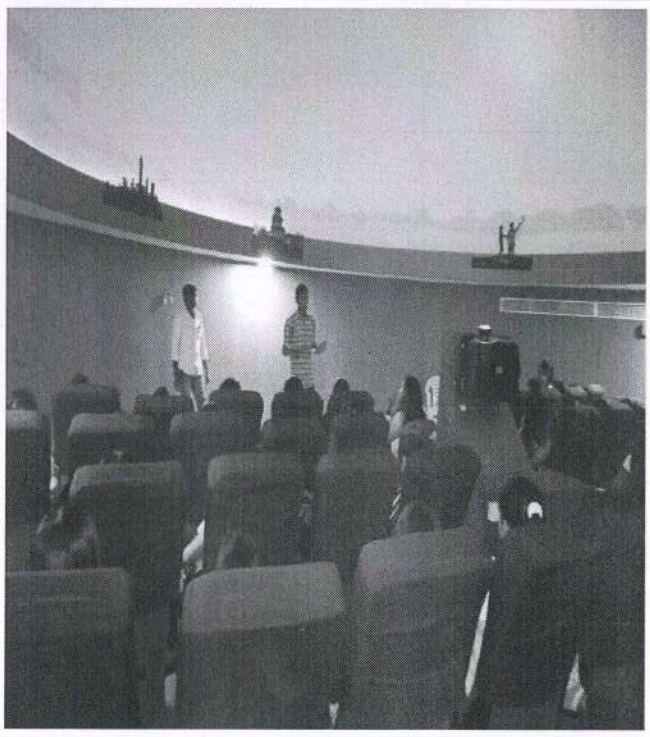
1.	Patel Janki Alpeshbhai	18TBN001
2.	Patel Vratik Sujitkumar	18TBN002
3.	Patel Priyankaben Himmatlal	18TBN003
4.	Patel Helly Yatinbhai	18TBN004
5.	Patel Anjali Sureshbhai	18TBN005
6.	Vahora Shamaben Akilkumar	18TBN006
7.	Patel Nandini Vaishalbhai	18TBN007
8.	Patel Tanviben Mahendrabhai	18TBN008
9.	Patel Shina Jigneshkumar	18TBN009
10.	Macwana Valency Ravikantbhai	18TBN010
11.	Prajapati Jinal Jitendrakumar	18TBN011
12.	Bhavsar Dhyey Rakeshkumar	18TBN012
13.	Sojitra Trusha Shaileshbhai	18TBN013
14.	Pandya Ruchita Jayeshkumar	18TBN014
15.	Patel Hetal Nitinkumar	18TBN015
16.	Patel Vrundaben Rajeshkumar	18TBN016
17.	Patel Mukti Manoj	18TBN017
18.	Patel Happybahen Bhaveshkumar	18TBN018
19.	Makvana Kailashben Vikrambhai	18TBN019
20.	Patel Prachi Harshvadan	18TBN020
21.	Patel Sailvi Ghanshyambhai	18TBN021
22.	Patel Chandani Rameshbhai	18TBN022
23.	Patel Purviben Rohitbhai	18TBN023
24.	Darji Jhanvi Dilipkumar	18TBN024
25.	Patel Vishrutibahen Chetankumar	18TBN025
26.	Patel Vihangiben Jayeshbhai	18TBN026
27.	Patel Amiben Sureshbhai	18TBN027
28.	Patel Dhruvisha Satishbhai	18TBN028
29.	Patel Vedanshu Nimeshkumar	18TBN029

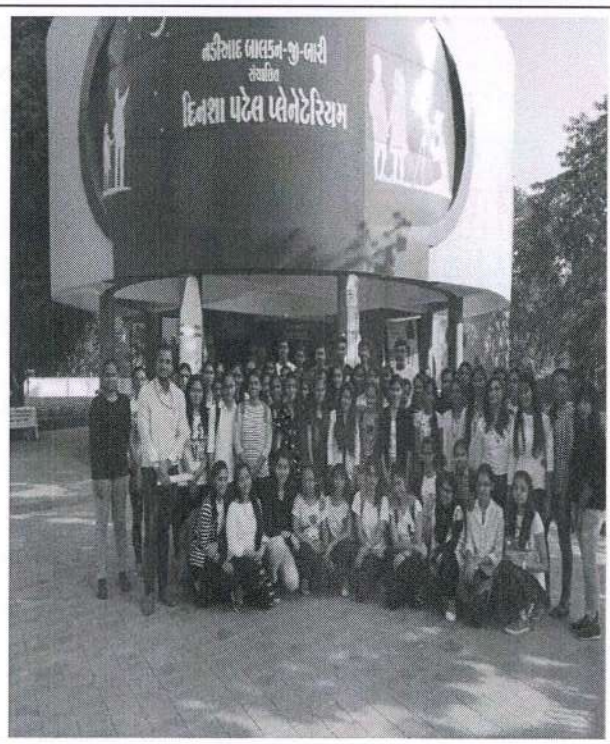
30.	Parmar Akshitaben Shaileshbhai	18TBN030
31.	Parmar Frenkeyben Kaushikbhai	18TBN031
32.	Patel Ayushikumari Gomanbhai	18TBN033
33.	Parmar Sandhyaben Dhirubhai	18TBN034
34.	Parmar Shrutiben Sunilkumar	18TBN035
35.	Patel Rushali Maheshbhai	18TBN036
36.	Vansola Naiya Rahulkumar	18TBN037
37.	Patel Dhruva Pramodbhai	18TBN038
38.	Patel Mansi Jayendrabhai	18TBN041
39.	Patel Prit Pareshbhai	18TBN042
40.	Patel Rutvi Nayan	18TBN043
41.	Ka.Patel Dharmaben Pareshbhai	18TBN044
42.	Patel Zaranaben Jayeshbhai	18TBN045
43.	Kristi Aneri Arunbhai	18TBN046
44.	Patel Aashruti Vijaykumar	18TBN047
45.	Chaudhari Shreyaben Bhilabhai	18TBN048
46.	Limbad Hetalben Amrabhai	18TBN049
47.	Gosai Noopur Sureshbhai	18TBN050
48.	Rohit Sonalben Manubhai	18TBN051
49.	Katara Shakuntlaben Chandubhai	18TBN054
50.	Bhalala Shruti Ramnikbhai	18TBN055
51.	Patel Ayush Ranjitbhai	18TBN057
52.	Rathva Sangitaben Kalyansinh	18TBN058
53.	Ka.Patel Vrunda Manishkumar	18TBN059
54.	Shrimali Kananben Satishkumar	18TBN060
55.	Solanki Mashrubhai Dhanjibhai	18TBN061
56.	Patel Taniyaben Sunilbhai	18TBN062
57.	Vyas Zeelben Navneetbhai	18TBN063
58.	Patel Krupa Bharatkumar	18TBN064
59.	Patel Fenny Rakeshkumar	18TBN065

Photographs:









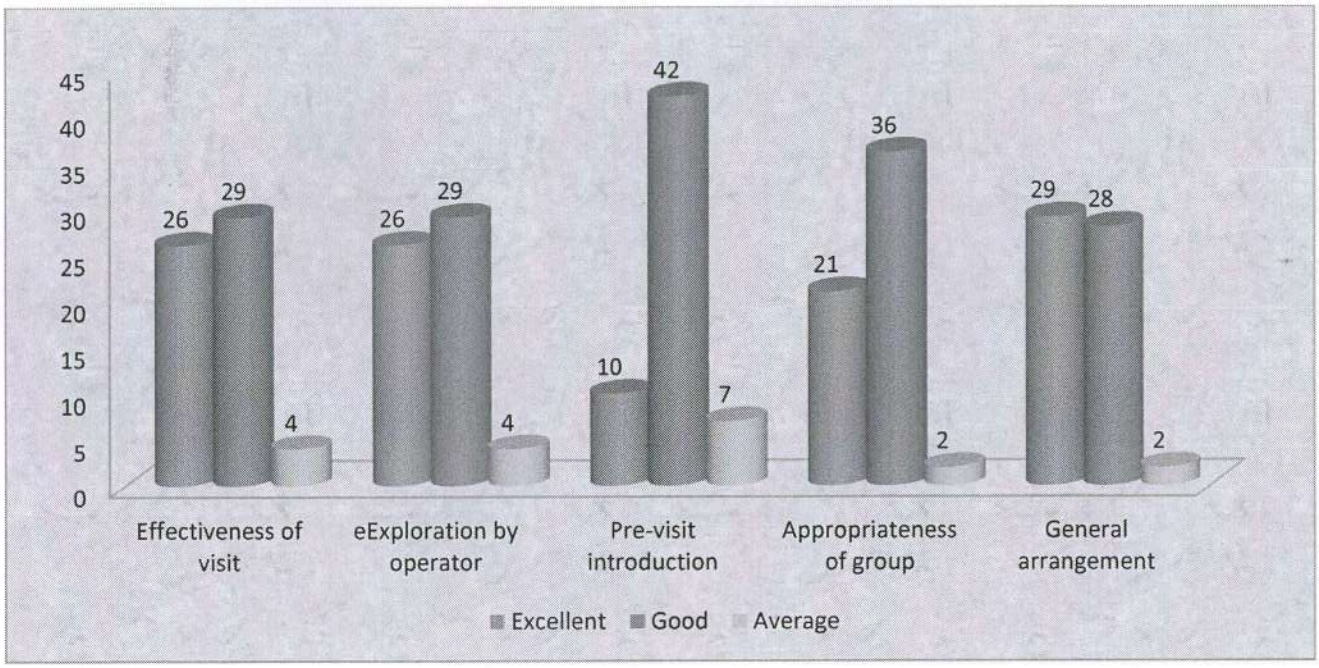
V. Feedback Analysis report: Students

- Number of participants: 59 students
- Table of feedback form with number of students' response in each category

Sr. No	Criteria	Excellent	Good	Average	Poor
1	Effectiveness of the visit in reinforcing / supplementing class room teaching in the concerned course	26	29	4	0
2	Explanation by the operator about the processes / equipment involved	26	29	4	0
3	Pre-visit briefing by the concerned faculty member, explaining the objectives of the visit	10	42	7	0
4	Appropriateness of the batch/group to understand the instructions / processes during the visit	21	36	2	0
5	General arrangements (transport, schedule, refreshment etc.) about the visit	29	28	2	0

- Analysis depicted through graphs-.

Graph-1: Feedback analysis report of students



VI. Conclusion

At the end of the visit we are thankful to CHARUSAT and Principal sir for giving this opportunity to lean in a different and very attractive environment.

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 : 08/09/2018

Date of Submission : 08/09/2018

Submitted By

Name :Mr. Jamin Chauhan

Designation :Assistant Professor

Department : Career Development and Placement Coordinator

Email : jaminchauhan.nur@charusat.ac.in

Endorsed by

08/09/19

Principal

Seal and Signature

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

MANIKAKA TOPAWALA INSTITUTE OF NURSING
CHARUSAT CAMPUS CHANGA

2018-19

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

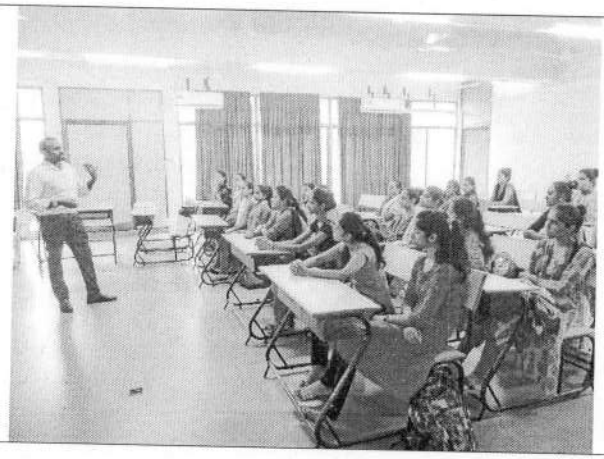
Manikaka Topawala Institute of Nursing, a constituent of Charotar University of Science and Technology undertook a survey to assess their curriculum based on the performance of their alumni in various organizations they worked in. The feedback was collected from the Head of Institutions of Parul Institute 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.

Action Taken -:

Suggestions/Feedback	Action suggested
The feedback suggested that focus should be given on making students more industry ready to be able to take up clinical based jobs.	A placement drive was conducted by the institute inviting Shree Krishna Hospital, Karamsad and Apex Hospital, Ahmedabad for 8th semester students on 29/08/2018 and 31/08/2018 respectively to prepare the 8th semester B.Sc. Nursing students for placements. (Annexure 1)
The feedback suggested a comprehensive personality development of the students to prepare them as finished products for the industry.	A Professional Readiness programme was launched to prepare the students of 8th semester B.Sc. Nursing students for the industry placements between 29/05/2018 to 31/05/2018. (Annexure 2)

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

Event	Placement Drive Shree Krishna Hospital, Karamsad
Date	29/08/2018
Time	10am to 1pm
Venue	Manikaka Topawala Institute of Nursing, CHARUSAT campus
Participants	8th semester B.Sc. Nursing students
No. of participants	18
Objectives of the event	1. The placement drive will equip students to use the skills learnt by them during the B.Sc. Nursing programme. 2. The placement drive would make the students aware about the demands of the healthcare industry.
Short report	A placement drive was conducted by Career Development and Placement Cell of Manikaka Topawala Institute of Nursing, CHARUSAT, Changa for 8th semester B.Sc. Nursing students on 29th August 2018. Shree Krishna Hospital, Karamsad was invited to conduct the placement drive on campus. An HR personnel Mr Nigam Madan, a Nursing educator Mr. Silumbar. M and the Nursing superintendent Mrs. Nimabari Macwan attended the placement drive and conducted the interviews. A total of 18 B.Sc. Nursing students participated in the placement drive. The day started with a brief introduction of Shree Krishna Hospital by Mr Nigam Madan followed by interviews of the students by the expert panel. A total of 11 students were selected through the placement drive. The students were grateful to the Career Development and Placement Cell for organizing the placement drive. It was a highly successful event.

Photograph	

Sign of the event coordinator:

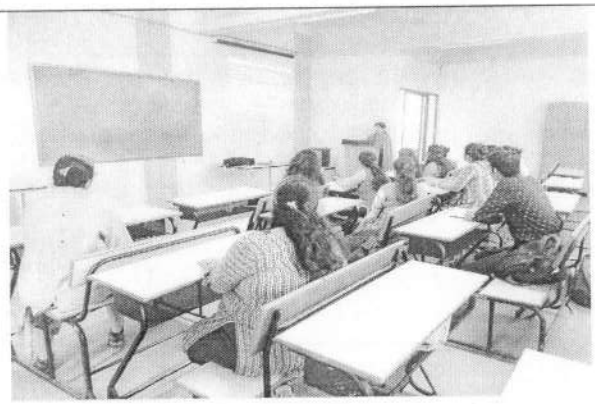
30/08/2018

Placement Drive - Shree Krishna Hospital, Karamsad (29/08/2018)

2018-19 Annex 1

1. Prachi Patel 15BN036 P.P.Patel
2. Kamal Patel 14BN034 K.H.Patel
3. Jinali Shah 15BN052 JMShah
4. Shaily Soni 15BN057
5. Nistha Prajapati 15BN045 Nishtha
6. Dipal Rabari 15BN047 DiRaj
7. Margi Patel 15BN028 MPatel
8. Hinal Patel 15BN005 HPatel
9. Mansi Patel 15BN027 MHPatel
10. Krishna Sharma 15BN054 KrishnaSharma
11. Shivani Rana 15BN050 Rana
12. Vaibhavi Patel 15BN041 Vpatel
13. Shrutika Patel 15BN040 S.S.Patel.
14. Disha Patel 15BN019 DPatel
15. Mamta Rabari 15BN048 Mamta
16. Prajapati Ayushi 15BN043 Ayushi
17. MAHARSHI ASHWINBHAI JANI 15BN004 MAHARSHI
18. Charmi A. Patel 15BN017 C.A.Patel

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

Event	Placement Drive Apex Hospital, Ahmedabad
Date	31/08/2018
Time	10am to 1pm
Venue	Manikaka Topawala Institute of Nursing, CHARUSAT campus
Participants	8th semester B.Sc. Nursing students
No. of participants	3
Objectives of the event	1. The placement drive will equip students to use the skills learnt by them during the B.Sc. Nursing programme. 2. The placement drive would make the students aware about the demands of the healthcare industry.
Short report	A placement drive was conducted by Career Development and Placement Cell of Manikaka Topawala Institute of Nursing, CHARUSAT, Changa for 8th semester B.Sc. Nursing students on 31st August 2018. Apex Hospital, Ahmedabad was invited to conduct the placement drive on campus. An HR personnel Mrs Seema Iyer, and the Nursing superintendent Mrs. Khooshbu Pandit attended the placement drive and conducted the interviews. A total of 3 B.Sc. Nursing students participated in the placement drive. The day started with a brief introduction of Apex Hospital by Mrs Seema Iyer followed by interviews of the students by the expert panel. All students attending the drive were selected through the placement drive. The students were grateful to the Career Development and Placement Cell for organizing the placement drive. It was a highly successful event.
Photograph	

Sign of the event coordinator: 01/09/2018

B.Sc Nursing

1) 15BN003 Nilzita V. Koliveidiya

2) 15BN056 Jalpa Solanki

3) 15BN033 Nidhi Patel N.D. Patel

Annex 2

Professional Readiness Programme (PReP)

Course Objective:

The course will help lay a solid foundation for your study and career. By the end of the course one will have mastered in the basic patterns and structures of the English language and the pronunciation, stress and intonation systems in English. One will learn to speak, read and write English correctly and confidently.

Course Coverage:

- **Basics of English**

1. Parts of speech
2. Countable and Uncountable nouns
3. Verbs and Tenses
4. Degrees of Comparison
5. The definite and the Indefinite articles
6. Vocabulary
7. Feminine Forms
8. Use of Auxiliaries
9. The construction of questions
10. Prepositions
11. What to say
12. Simple descriptions of things/clothes/people.

- **Spoken English**

1. English sounds
2. Stress and Intonation
3. Voice modulation
4. Pronunciations
5. English for various situations
6. Public speaking

- **Written English**

1. Paragraphs
2. Articles
3. Letters
4. Business Correspondence

- **Written English Expression**

  1. The Infinitive – Particles – Gerund
  2. Phrasal Verbs
  3. Common Errors
  4. Vocabulary
  5. Idioms
  6. Synthesis of Sentences
  7. What is Good Speech?

- **Applied Techniques**
  - Structuring of CV and Covering Letter
  - Group Discussion
  - Personal Interview Techniques
  - Mock Interviews through Representatives from Industry

- **Contributor Personality Development**
  - To imbibe and inculcate the spirit of making meaningful contribution to others' life through development of Personality in the light of the Philosophy and Teachings of Swami Vivekananda.

Note:

Training Session Duration : 1 Hour 30 minutes per session
Resource Person : Prof. Dr. Kamal Chakravartty

Charotar University of Science & Technology

Name of Faculty: Prof Dr. Kamal Chakravarthy Date: 29/05/2018 (Session

Department/Institute: MTIN: B.Sc. Nursing Sem 8 Class: Sem 8 [1.30-4.30

2018-19 Annex 2

No.	Name of Students	Student ID	Signature
1	Bamrotiya Geeta Hardeshbhai	14BN001	BGBD
2	Bhatt Vaibhavi Dilipbhai	14BN006	V.D.Bhatt
3	Bavia Riddhi V.	14BN003	Riddhi
4	Bavot Kajal N.	14BN004	K.N.Bavot
5	Bhabhor Vaishali M	14BN005	
6	Bhoi Monika M	14BN002	M.Bhoi
7	Bhuriya Ruchuna Vasantbhai	14BN007	R.Bhuriya
8	Chauhan Nikita Arvindbhai	14BN008	Chauhan N.A.
9	Chauhan Disha Pravin	14BN009	Disha
10	Deshmukh Shivani G.	14BN010	Shivani
11	Ganvit Anjali Dineshbhai	14BN011	Anjali
12	Machhi Bhavana. Vasubhai	14BN012	Bhavana
13			
14	Makwana Himanshi R.	14BN014	Himanshi
15	Malek Khushbu Maiyuddin	14BN015	Khushbu
16	Meda Yamini Lalubhai	14BN016	Yamini
17	Panchal dhruv vasubhai	14BN017	Panchal
18	Panchal Dhruvesh Narendrabhai	14BN018	Dhruvesh
19	Panchal Hiral Rukeshkumar	14BN019	Hiral
20	Panchal Mittal Vasantlal	14BN020	M.V.Panchal
21	Panchal Tanvi Bharatbhai.	14BN021	T.B.Panchal
22	Parmar Anjali Jayeshkumar	14BN022	Anjali
23	Parmar Kumari Priya M.	14BN023	
24			
25	Paswan Shiney Lal	14BN025	Shiney
26	Patel Amvi Ashvinbhai	14BN026	A.A.P.
27	Patel Archi. S.	14BN027	Archi
28	Patel Bansari. R.	14BN028	B.R.Patel
29	Patel Dimpal Q.	14BN029	Dimpal
30	Patel. Heema. Pinakinbhai	14BN030	
31	Patel Hirangi Bhavinbhai	14BN031	Hirangi

32	Isha H. Patel	14BN032	
33	Patel Jigishakumari D.	14BN033	J.D Patel
34			
35	Patel Khushbu S.	14BN035	H.S Patel
36			
37	Patel Mansi Pinalkumar	14BN037	M.P. Patel
38	Patel Margi Rakeshbhai	14BN038	M. R. Patel
39	Patel Megha Bipinkumar	14BN039	M.B. Patel
40	Patel Nishu Atulbhai	14BN040	
41	Patel Priya Upeshbhai	14BN041	Priya
42	Patel Priyanka Pravinbhai	14BN042	PPatel
43	Patel Ridhi Mahendrabhai	14BN043	
44	Patel Riya Hiteshbhai	14BN044	R.H. Patel
45	Patel Riya Vijaybhai	14BN045	Riya.
46	Patel Roshni Kamleshbhai	14BN046	
47	Patel Shivani Kamleshbhai	14BN047	S.K Patel
48	Patel Shreya Hasmukhbhai	14BN048	S.H. Patel
49	Patel Srushtee R	14BN049	S.R.P
50	Patel Tulsi Ashokbhai	14BN050	
51	Patel Twinkle Rameshbhai	14BN051	Twinkle
52	Patel Visangi Ruchir	14BN052	VRPatel
53	Patel Vishruti Chiragbhai	14BN053	VCPatel
54	Yashvi J. Patel	14BN054	YPatel
55	Jayesh Sukhrambhai Rathva	14BN055	RJR
56	Rathod Bhavika Kalitkumar Vasava Pratima Dadubhai	14BN056 14BN060	BKRathod
57	Roy Keuti Kirtibhai	14BN057	Keuti
58	Sevak Bhoomika J	14BN058	B J Jain
59	Yash Jigneshkumar Shah	14BN059	Shah.
60	Vasava Pallavi Dalubhai	14BN022	Pallavi
61	Thakor Asmita	13BN058	Asmita.
62	Makwana Mayuri V.	13BN014	Mayuri.
63	Vhora. ISmail. I.	13BN007	ISmail
64			
65			

Name of Faculty: Prof. Dr. Kamal Chakravarthy

Date: 30/05/2018 (Sess

Department/Institute: MTIN : Bsc. Nursing Sem 8

Class: Sem 8

2018-19 Annex 2

No.	Name of Students	Student ID	Signature
1	Bamrotiya Geeta Hardushbhai	14BN001	
2	Batia Monika Mahendrasinh	14BN002	
3	Barica Riddhi v	14BN003	
4	Baraot Kajal N.	14BN004.	
5	Bhabhor Vaishali Mansukhbhai	14BN005	
6	Bhatt Vaibhavi Dilipbhai	14BN006	
7	Bhuriya Ruchona Vasantbhai	14BN007	
8	Chauhan Nikita Arvindbhai	14BN008	
9	Chauhan Nisha Pravin	14BN009	
10	Deshmukh shivani Ghanshyam	14BN010	
11	Anjali Dineshbhai Gunvit	14BN011	
12	Machhi Bhavana virabhai	14BN012	
13			
14	Mukwana Himanshini R	14BN014	
15			
16	Meda Yamini Lalubhai	14BN016	
17	Panchal dhruv atulbhai	14BN017	
18	Pancheel dhruvesh Narendra bhai	14BN018	
19	Panchal Hiral Rukeshkumar	14BN019	
20	Pancheel Mittal Vasantbhai	14BN020	
21	Panchal Tanvi Bharatbhai	14BN021	
22	Parmar Anjali Jayeshkumar	14BN022	
23	Parmar Kumari Priya m.	14BN023	
24			
25	Parmar Shiney Isaac	14BN025	
26	Patel Amvi Ashvinbhai	14BN026	
27	Patel Archi Sunilkumar	14BN027	
28	Patel Bansari Rakeshbhai	14BN028	
29	Patel Dimpal D.	14BN029	
30	Patel Heema prakashbhai	14BN030	
31	Patel Hirangi Pravinbhai	14BN031	

32	Patel Isha Hasmukh	14BN032	Isha
33	Patel Jigishakumari D.	14BN033	J.D.Patel
34			
35	Patel Khushbu S.	14BN035	K.S.Patel
36			
37	Patel Mansi Pinakinmar	14BN037	M.P.Patel
38	Patel Margi Rakeshbhai	14BN038	M.R.Patel
39	Patel Megha Bipinkumar	14BN039	M.B.Patel
40	Patel Nishu Atulbhai	14BN040	Patel
41	Patel Priya. V	14BN041	Priya
42	Patel Priyanka P.	14BN042	P Patel
43	Patel Riddhi Hasmukhbhai	14BN043	
44	Patel Riya Hiteshbhai	14BN044	R.H.Patel
45	Patel Riya Vijaybhai	14BN045	Riya
46	Patel Roshni Kamleshbhai	14BN046	
47	Patel Shrami Kamleshbhai	14BN047	S.Patel
48	Patel Shreyas H.	14BN048	S.H.Patel
49	Patel Shrishree R	14BN049	S.R.P.
50	Patel Tulsi A.	14BN050	
51	Patel Tanmay R	14BN051	
52	Patel Visangi. R	14BN052	V.R Patel
53	Patel Vishruti.c	14BN053	Patel
54	Yashvi J. Patel	14BN054	Yates
55	Rathva Jayesh Sukhrambhai	14BN055	
56	Rathod Bhumika Kalitkumar	14BN056	B.L.Rathod
57	Kruti K. Roy	14BN057	Kruti
58	Bhoomika J sevak.	14BN058	B.J.Sevak
59	Yash J. Shah.	14BN059	Yash
60	Pallavi Vaghela	14BN060	Pallavi
61	Vhora. Ismail. I.	13BN007	Ismail
62			
63	shreyas. patel	13BN048	S.Patel
64			
65			

Name of Faculty: Prof. Dr. Kamal Chakravarthy

Charotar University of Science & Technology

Date: 31/05/18 (Sessio

Department/Institute: MTIN: BSc Nursing: Sem 8

Class: Sem: 8

Professional Readiness Programme (PRePP) 2018-19 Ann

No.	Name of Students	Student ID	Signature
1	Bamaniya Geeta H.	14BN001	BGH
2	Bana Monika M	14BN002	Monika
3	Baria Riddhi V.	14BN003	Riddhi
4	Barot Kajal N.	14BN004	K.N.Barot
5	Bhabhor Vaishali Mansukhbhai	14BN005	Vaishali
6	Bhatt Vaibhavi D.	14BN006	V.D. Bhatt
7	Bhuriya Ruchaben V.	14BN007	R.Bhuriya
8	Chauhan Nikeka Arvindbhai	14BN008	Chauhan.N.A.
9	Chauhan Nisha Pravin	14BN009	Nisha
10	Deshmukh shivani Ghanshyam	14BN010	Shivani
11	Anjali Dineshbhai Gramvit	14BN011	Agamvit
12	Machhi Bhavana Vishabhai	14BN012	Bhavana
~~13~~			
14	Makwana Himanshiu R	14BN014	HRM
15	Malek Khushbu Maiyuddin	14BN015	Khalek
16	Meda Yamini Lalubhai	14BN016	Ymeda
17	Panchal dhruv ashubhai	14BN017	Panchal
18	Panchal Dhruvesh. N.	14BN018	Dhruvesh
19	Panchal Hiral Rakeshkumar	14BN019	Hpanchal
20	Panchal Mittal Vasantlal	14BN020	M.V. Panchal
21	Panchal Tanvi Bharatbhai	14BN021	T.B Panchal
22	parmar Anjali Jayeshkumar	14BN022	Anjali
23	Parmar Kumari Priyanka	14BN023	
~~24~~			
25	Parmar Shiny Vasant	14BN025	
26	Patel Amvi Ashvinbhai	14BN026	A.A.P.
27	Patel Archie S.	14BN027	Apatel
28	Bansari. R. Patel	14BN028	B.R.Patel
29	Patel Dimpal D.	14BN029	Dpatel
30	Patel Heena pinakinbhai	14BN030	
31	Patel Hetvangi Parimalbhai	14BN031	

32			
33	Patel Jigishakumari D.	14BN033	J.D.Patel
34			
35	Patel Khushbu S.	14BN035	K.S.Patel
36			
37	Patel Mansi Pinalkumar	14BN037	M.P.Patel
38	Patel Margi Rakeshbhai	14BN038	M.R.Patel
39	Patel Megha Bipinkumar	14BN039	MBPatel
40	Patel Nisha A	14BN040	N.A.Patel
41	Patel Priya U	14BN041	Priya
42	Patel Priyanka P.	14BN042	PPatel
43	Patel Riddhi Hasmukhbhai	14BN043	
44	Patel Riya Hiteshbhai	14BN044	R.H.Patel
45	Patel Riya Vijaybhai	14BN045	Riya
46	Patel Roshni K	14BN046	
47	Patel Shivani K	14BN047	J. K. Patel
48	Patel Shreyal H	14BN048	S.H.Patel
49	Patel Shrushtee	14BN049	Shrushtee
50	Patel Tulsi A.	14BN050	
51	Patel Twinkle	14BN051	Twinkle
52	Patel Vinangi R.	14BN052	VRPatel
53	Patel Vishruti C	14BN053	VCPatel
54	Yashvi J Patel	14BN054	YPatel
55	Rathod Jeresh G	14BN055	JGRathod
56	Rathod Bhumika L	14BN056	B.L.Rathod
57	Ray Kruti K	14BN057	Kruti
58	Bhoomika Sevak	14BN058	B.J.Sevak
59	Yash Shah	14BN059	Yash
60	Pallavi Vasava	14BN060	Vallavi
61	Vhorsa Jsmail J	13BN007	Jsmail
62			
63	Patel Shreyas H	13BN048	
64	Thakor Asmita R	13BN058	
65			

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 : **18/10/2018**

Date of Submission : **24/10/2018**

Submitted By

Name :Ms. Rameshwari Zala

Designation : Assistant Professor

Department : Nursing

Email : rameshwarisolanki.nur@charusat.ac.in

Endorsed by

Principal 24/10/18

MANIKAKA TOPAWALA INSTITUTE OF NURSING CHARUSAT CAMPUS CHANGA

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

Seal and Signature

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 2018-19

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 79 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 is very good in all aspects. The creativity innovation and problem solving programme is helping me to get new ideas and that creative which can solve different problems coming across my life.

Action Taken Report; -

The 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	How to assess patient in detail during clinical posting should be taught in detail.	For in depth assessment of patient by students a standard format of Case studies/Care plan was prepared and used during clinical posting. - Annexure -I
2	Students should encourage extracurricular activities.	To encourage students to participate more in extracurricular activities, students were motivated to participate in all the event of university cultural and sports fest, - Spoural Event.- Annexure-II

Manikaka Topawala Institute of Nursing

Community Health Nursing

Care Study format

I. Baseline data
II. Health assessment of the family (includes past and present history)
III. Physical Examination
IV. Investigation & Diagnosis (identifying Problems & prioritizing)
V. Treatment and follow up
VI. Description of disease Condition with prognosis
VII. Approaches/Management (Medical & Nursing Management)
VIII. Health Education
IX. Bibliography

Manikaka Topawala Institute of Nursing

A Constituent of CHARUSAT

COMMUNITY HEALTH NURSING

Care Study Evaluation Performa

Name & ID No:

Semester/Year:

Clinical Topic:

Total: 100 Marks

Sr.No	Criteria	Max marks 100	Obtained marks	Remarks
01	Health Assessment of the family	10		
02	Identification of needs/problems	05		
03	Prioritizing of problems and implementation of care	15		
03	Description of disease condition with Prognosis	10		
04	Approaches used to meet needs/problems	10		
05	Family Care Plan	15		
06	Health Education • Individual • Family	10		
07	A.V Aids used	10		
08	Evaluation & Fallow up	10		
09	Bibliography	05		
Total		**100**		

General Comment:

Signature of Supervisor

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

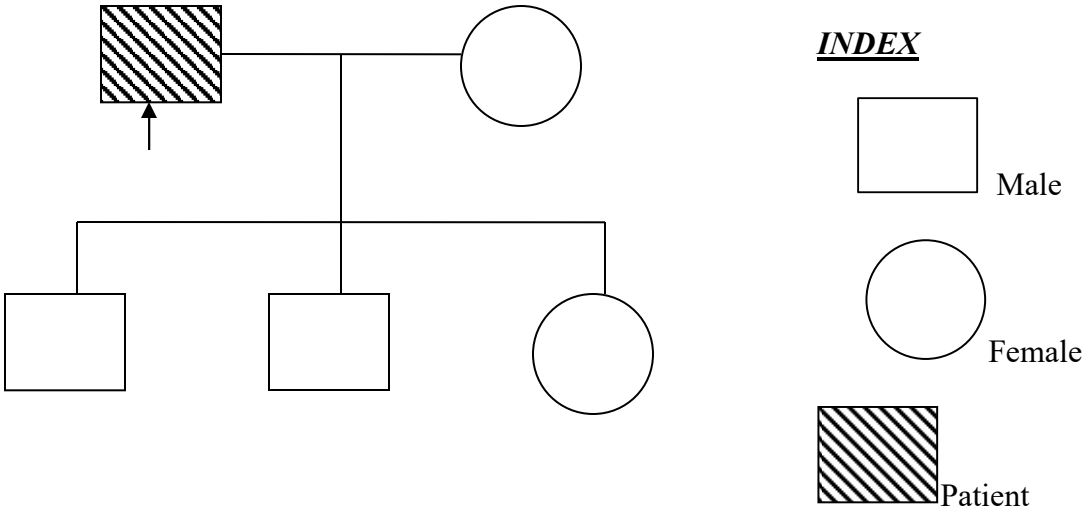
VII. Socioeconomic history:

VIII. Family History:

- ***Family characteristics***

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

- **Family tree:** two generation



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

Test name	Patient value	Normal value	Remarks
On admission, Date_____			
<u>Hematology</u> **<u>Biochemistry</u>** **<u>Microbiology</u>** **<u>Serology</u>** **<u>Urine examination</u>** ***Macroscopic*** ***Microscopic*** **<u>L.F.T.</u>** **<u>Thyroid test</u>** **<u>Chest X-ray</u>** **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. <u>Medications</u>

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

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

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.

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

Nursing Assessment	Nursing diagnosis	Goals/ EOC	planning	Implementations	Rationale	Evaluation

XVII. Prognosis- day wise progress report of the patient's condition

XVIII. Health education

1. **Diet**.
2. **Exercises**.
3. **Medications.**
4. **Rest and sleep.**
5. **Personal hygiene.**
6. **Follow up.**
7. **Others, if any specify_____.**

XIX. Bibliography

Follow Vancouver style of writing bibliography

Manikaka Topawala Institute of Nursing

A constituent of CHARUSAT

Nursing Care Plan

1. **Introduction:**
2. **Baseline data**
    - Name of the patient:-
    - Age:
    - Gender:
    - Address:
    - Diagnosis:
    - Date of Admission:
    - Ward:
    - Marital Status:
    - Education:
    - Occupation:
    - Name of the surgery:
    - Date of the surgery:
    - Day of the care started:
    - Family income:

3. **PATIENT'S CHIEF COMPLAINTS:**
4. **HISTORY OF PRESENT ILLNESS:**
5. **PAST MEDICAL HISTORY:**
6. **PAST SURGICAL HISTORY:**
7. **SOCIO ECONOMIC STATUS:**
8. **PERSONAL HISTORY:**

9. **FAMILY HISTORY OF ANY ILLNESS: (EXPLAIN THROUGH FAMILY TREE)**

Sr.NO.	Name of family member	Age	Sex	Relation with HOF	Education	Occupation	Health status

Physical Examination:

Date and time :

Height :

Weight :

10. **Vital Signs:** Temperature: Pulse:

Respiration : B.P: Systolic/Diastolic

- **General Appearance**

Consciousness : conscious/ Semi- conscious/Unconscious

Body Built : Thin/Moderate/Obese

Activity : Active/Dull

- **Skin**

Colour : Fair/ Brown/ Dark in complexion

Texture : Normal/ Dry

Skin Turgor : Normal / Decreased

Lesions/ Masses : Absent/Macule/Papule/Nodule/Vesicle/Pustule

Discolouration pigmentation/absent : Yellowish/Cynosis/Pallor/Increased

- **Head**

Shape : Normocephalic/Micro/Macro/Hydrocephalic

Scalp : Clean/ Pediculosis/Dandruff presence/ Any Scar

Face : Puffiness/ Moon Face/ Bell's palsy/No complaints

Hair	: Colour - Black/ Brown/ Red/ White
	: Grooming - Not Groomed/ Well Groomed
	: Distribution - Normal/ Scanty/ Bald/ Alopecia

- **Eyes**

Eye Brows	: Symmetrical/ Equally Distributed/ Scanty / Asymmetrical
Eye Lashes	: Absent/ Equally Distributed/Presence of Dandruff
Eye Lid	: Oedmatous / Ptosis / Normal
Pupil Shape	: Round/ Oval /Irregular/ Pin pointed
Sclera	: White/ Raddish/ Yellowish
Vision	: Normal/ Abnormal
Pupillary Reflex	: Reacting to light/Unequal Reaction
Corneal Reflex	: Absent/ Present

- **Ears**

Pinna	: Normally Placed/ Anotia / Microtia/ Macrotia/ Melotia
Capillary Refilling	: Immediate/ Delay
Discharge	: Absent/ Present
Hearing	: Normal/ Actively/ Decreased

- **Nose**

Nasal Septum	: Midline/ Deviated
Nasal Pathway	: Patent / Obstucted / Nasal Polyp
Discharge	: Present/ Absent (Amount, Colour)
Nostrils	: Dry/ Symmetric / Nasal Flaring

- **Mouth**

Lip	: Dry/ Cracked/ Symmetrical / Asymmetrical
- Colour	: Pink/ Pale/ Dark
Tongue	: Moist/ Dry/ Coating / Lesions
- Colour	: Pink/ Pale/ Dark/ Reddish
Teeth	: Dental Caries/ Decay/ Dentures
- Colour	: White/ Yellowish/ Stains
Voice	: Clear/ Harsh/ Aphonia/Dysphonia
Breath odour	: Halitosis – Present / Absent
Gag Reflex	: Present/ Absent

- **Neck**

Range Of Motion	: Possible/ Painful /Absent
Lymph Nodes	: Enlarged/ Not enlarged / Painful
Jugular Vein	: Distended / Not distended

- **Chest (In Male)**

Shape	: Barrel/ Funnel/Pigeon/Oval
Inspection	: Breathing – With Efforts/ Normal without efforts
Palpation	: Symmetry/ Asymmetry/ Flail chest
	Curvature – Scoliosis/Kyphosis
Percussion	: Tone – Resonance/ Hyperresonance/ Hyporesonance
Auscultation	: Normal/Wheezes/Crackles/Stridor/ Pleural friction rub

- **Breast & Axilla (In Female)**

Inspection	: Size , Shape , Symmetry

Skin- Colour , Pigmentation

Nipple – Symmetry, Intactness, Discharge, Bleeding

Palpation : Breast & Axilla – Nodules , Tenderness

- **Heart**

Thorax : Symmetrical / Asymmetrical / Flat

Edema :

Auscultation **:** S1, S2 / Murmur / Gallop

- **Abdomen**

Inspection : Skin colour - Redness/ Pink/ Purple/ Discolouration

Any Scar / Lesion

Palpation : Tenderness- Present / Absent

Percussion : Tone – Tympany/ Dull

Fluid / Mass / Air

Auscultation : Bowel Sound – Increased/ Decreased

Abdominal Girth :

Abdominal reflex : Present / Absent

- **Genital**

Scar : Present / Absent

Discharge / Infection : Present / Absent

Color Of Urine :

Voiding : _____ no. of time / Catheterization

Burning Micturation : Present / Absent

Incontinence : Present / Absent

- **Extremities**

Symmetry : Symmetrical / Asymmetrical

Range Of Motion : Possible/ Painful /Absent

Reflex : Superficial reflexes Right Left

: Deep tendon reflexes

11. Investigation

Sr No	Name Of Investigation	Patient Value	Normal Value	Remarks
1	Haemoglobin	14.2gm	11.0-14.5	Normal

Note: Don't write short form of investigation

12. Medication

Sr No	Name Of Drug	Dose	Route	Frequency	Action	Side Effect	Nursing implication
1.	Inj. Cefotaxime Brand Name: Taxim	1gm/vial Patient Dose: 1gm/500mg	Iv	OD/BD/TID	SPECIFIC	Specific side effects	Nursing care of drug

13. **Application of Nursing Theory:**
14. **Nursing Diagnosis (As Per Priority Base)**
15. **Nursing Care Plan**

Assessment	**Nursing Diagnosis**	**Eoc**	**Planning**	**Implementation**	**Rationale**	**Evaluation**
Subjective Data Objective						

Data						

16. Health Education

1. Diet.
2. Exercises.
3. Medications.
4. Rest and sleep.
5. Personal hygiene.
6. Follow up.

17. Bibliography: (Follow Vancouver style)

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.

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:

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:

- 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:

- 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:

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

S.No/ Drug (Pharmacological name)/ Dose Frequency / Time/Action/Side effects & drug interaction/Nurse's responsibility

4. **Complications:** Prognosis of the patient

VII] Nursing management (Use Nursing Process**)** (Short Term & Long Term Plans)
Assessment /Nursing Diagnosis/Objective/Plan of care/ Rationale/ Implementation /Evaluation

VIII] Day to day progress report of the patient

IX] Health education

XI] Bibliography:

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY [CHARUSAT]

Manikaka Topawala Institute of Nursing

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

CHILD HEALTH NURSING

EVALUATION TOOL FOR CASE STUDY

Name of student:……
ID No:……
Ward: …….
Date of submission:…… **Time……..**

Sr. no	Items	Maximum marks	Marks obtained
1	Identification data of baby	03	
2	History and assessment	05	
3	Child's personal data	10	
4	Case comparison	07	
5	Drug	04	
6	Nursing care plan	10	
7	Progress note of the child	03	
8	Health education	05	
9	Bibliography	03	
	Total	50	

Grade for Overall Performance: Very poor/Poor/Good/Very good/Excellent

Remarks by teacher if any:

Signature of Student **Signature of Evaluator**

MANIKAKA TOPAWALA INSTITUTE OF NURSING

List of students Participated in SPOURAL 2018

Sr.No.	Students Name	Student Id	Event Name
1.	Anjali Ganvit	14BN011	Girls Cricket
2.	Geeta Bamrotiya	14BN001	Girls Cricket
3.	Nikita Chauhan	14BN008	Girls Cricket
4.	Khushbu Malek	14BN015	Girls Cricket
5.	Megha Patel	14BN039	Girls Cricket
6.	Himanshini Makawana	14BN014	Girls Cricket
7.	Vaibhavi Patel	15BN041	Girls Cricket
8.	Nishtha Prajapati	15BN045	Girls Cricket
9.	Jalpa Solanki	15BN056	Girls Cricket
10.	Hiral Ka Patel	15BN005	Girls Cricket
11.	Unnati N Patel	16BN038	Girls Cricket
12.	Prachi Patel	16BN033	Girls Cricket
13.	Krishna Patel	17BN034	Girls Cricket
14.	Sneha Patel	17BN048	Girls Cricket
15.	Bansari Brahmbhatt	17BN004	Girls Cricket
16.	Patel Nihar	15BN035	Kabbadi Boys
17.	Patel Kamal	14BNO34	Kabbadi Boys
18.	Ruthva Jayesh	14BN059	Kabbadi Boys
19.	Vaza Harshad	15BN055	Kabbadi Boys
20.	Pateldarshan	15BN018	Kabbadi Boys
21.	Patel Sidharath	13BN049	Cricket Boys
22.	Pateldarshan	15BN018	Cricket Boys
23.	Ruthva Jayesh	14BN059	Cricket Boys
24.	Patel Kamal	14BNO34	Cricket Boys
25.	Kristi Arpit	13BN010	Cricket Boys
26.	Patel Akshay	16TBN008	Cricket Boys
27.	Patel Harshil	16TBN007	Cricket Boys
28.	Darji Jyoy	13BN005	Cricket Boys
29.	Rana Sahil	16TBN049	Cricket Boys
30.	Akshay	15BN044	Cricket Boys
31.	Panchal Druv	14BN017	Cricket Boys
32.	Maharshi Jani	14BN034	Fotball Boys
33.	Shah Yash	13BN048	Fotball Boys
34.	Patel Kamal	14BNO34	Fotball Boys
35.	Patel Shreyas	14BN048	Fotball Boys
36.	Pancha Dhruv	14BNO17	Fotball Boys
37.	Harshil Patel	16TBN007	Fotball Boys
38.	Rana Sahil	16TBN049	Fotball Boys
39.	Akshay	16TBN008	Fotball Boys
40.	Patel Sidharath	13BN049	Fotball Boys
41.	Priank Bhanat	16TBN032	Fotball Boys
42.	Jalpa Solanki	15BN056	Chess Girls
43.	Patel Sidharath	13BN049	Volleyball Boys
44.	Akshay	16TBN008	Volleyball Boys
45.	Pateldarshan	15BN018	Volleyball Boys
46.	Kristi Arpit	13BN010	Volleyball Boys
47.	Darji Jyoy	13BN005	Volleyball Boys
48.	Panchal Druv	14BN017	Volleyball Boys
49.	Shah Yash	13BN048	Volleyball Boys
50.	Patel Shreyas	14BN048	Volleyball Boys
51.	Satasiya Bhavin	15BN051	Volleyball Boys
52.	Valand Abhay	16TBN027	Volleyball Boys

53.	Gurjar Chrsi	16TBN010	Volleyball Boys
54.	Pandya Kajol	13BN017	Volleyball Girls
55.	Paramar Ami	13BN018	Volleyball Girls
56.	Ganvit Anjali	14BN011	Volleyball Girls
57.	Patel Isha	14BN032	Volleyball Girls
58.	Solanki Jalpa	15BN056	Volleyball Girls
59.	Rabari Mamta	15BN048	Volleyball Girls
60.	Desai Nistha	15BN002	Volleyball Girls
61.	Patel Shrutika	15BN040	Volleyball Girls
62.	Prajapati Princy	15BN046	Volleyball Girls
63.	Patel Bhavya	15BNO15	Volleyball Girls
64.	Patel Harshil	16TBN007	Basketball Boys
65.	Shah Yash	13BN048	Basketball Boys
66.	Patel Sidharath	13BN049	Basketball Boys
67.	Patel Tirth	16TBN022	Basketball Boys
68.	Nickson Das	15MNMS004	Chess Boys
69.	Nickson Das	15MNMS004	Table Tennis Boys
70.	Patel Darshan	15BN018	Table Tennis Boys
71.	Pandya Kajol	13BN017	Kabbadi Girls
72.	Parmar Ami	13BN018	Kabbadi Girls
73.	Patel Bhavisha	13BN021	Kabbadi Girls
74.	Gnavit Anjali	14BN011	Kabbadi Girls
75.	Desai Nistha	15BN002	Kabbadi Girls
76.	Patel Vaibhavi	15BN041	Kabbadi Girls
77.	Sindha Nisha	15BN055	Kabbadi Girls
78.	Patel Mansi	15BN027	Kabbadi Girls
79.	Patel Shrutika	15BN040	Kabbadi Girls
80.	Anjaliganvit	14BN011	Table Tennis Girls
81.	Ekta Malivada	14BN009	Table Tennis Girls
82.	Vaishalibhabhor	14BN005	Table Tennis Girls
83.	Vasavapallavi	14BN060	Table Tennis Girls
84.	Vishruti Patel	14BN053	Table Tennis Girls
85.	Nikita Golivadiya	15BN003	Tug Of War Girls
86.	Ektamaliwad	15BN007	Tug Of War Girls
87.	Hinal Patel	17BN028	Tug Of War Girls
88.	Jinali Shah	15BN052	Tug Of War Girls
89.	Shrutika Patel	15BN040	Tug Of War Girls
90.	Prachi Patel	15BN036	Tug Of War Girls
91.	Princyprajapati	15BN046	Tug Of War Girls
92.	Bhavika Patel	17BN024	Tug Of War Girls

Cultural Activities:

Sr.No.	Students Name	Student Id	Event Name
1.	Vaibhavi patel	15BN040	Dance Solo
2.	Dhruvesh panchal	14BN018	Singing Solo
3.	Keni patel	17BN031	Singing Group
4.	Pallavi vasava	14BN060	Singing Group
5.	Rachana bhuriya	14BN007	Singing Group
6.	Kumara priya	14BN023	Singing Group
7.	Khushbu malek	14BN015	Singing Group
8.	Jinali shah	15BN052	Singing Group
9.	Isha patel	14BN032	Dumbcharase
10.	Priya parmar	14BN022	Dumbcharase
11.	Hinal parmar	17BN018	Dumbcharase

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 : **18/10/2018**

Date of Submission : **24/10/2018**

Submitted By

Name :Ms. Rameshwari Zala

Designation : Assistant Professor

Department : Nursing

Email : rameshwarisolanki.nur@charusat.ac.in

Endorsed by

24/10/18

Principal

Seal and Signature

MANIKAKA TOPAWALA INSTITUTE OF NURSING CHARUSAT CAMPUS CHANGA

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

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

Report on Teachers' Feedback on Curriculum Year 2018-19

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 9 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 include clinical based clinical teaching, nursing rounds, bedside clinics etc.	Clinical based clinical teaching methods adopted in clinical teaching where students are given in-depth case study format to assess and plan care for patients during clinical training. Annexure-I
2	Need to improve communication skills of students	To improve communication skills of students soft skill training course is offered to 8th semester B.

		Sc. Nursing students from 25.05.2018 to 01.06.2018 Annexure-II

Manikaka Topawala Institute of Nursing

Community Health Nursing

Care Study format

I. Baseline data
II. Health assessment of the family (includes past and present history)
III. Physical Examination
IV. Investigation & Diagnosis (identifying Problems & prioritizing)
V. Treatment and follow up
VI. Description of disease Condition with prognosis
VII. Approaches/Management (Medical & Nursing Management)
VIII. Health Education
IX. Bibliography

Manikaka Topawala Institute of Nursing

A Constituent of CHARUSAT

COMMUNITY HEALTH NURSING

Care Study Evaluation Performa

Name & ID No:

Semester/Year:

Clinical Topic:

Total: 100 Marks

Sr.No	Criteria	Max marks 100	Obtained marks	Remarks
01	Health Assessment of the family	10		
02	Identification of needs/problems	05		
03	Prioritizing of problems and implementation of care	15		
03	Description of disease condition with Prognosis	10		
04	Approaches used to meet needs/problems	10		
05	Family Care Plan	15		
06	Health Education • Individual • Family	10		
07	A.V Aids used	10		
08	Evaluation & Fallow up	10		
09	Bibliography	05		
Total		**100**		

General Comment:

Signature of Supervisor

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

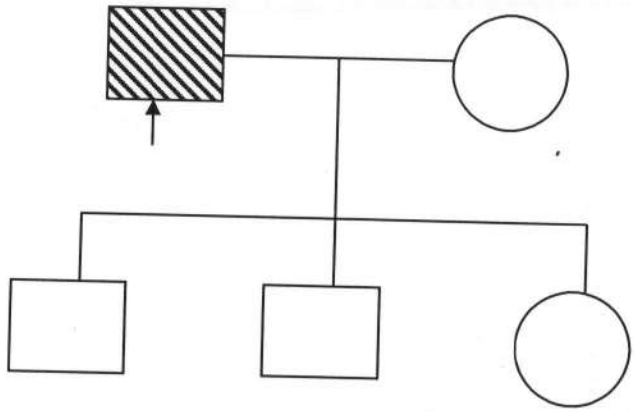
VII. **Socioeconomic history:**

VIII. **Family History:**

- ***Family characteristics***

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

- **Family tree:** two generation



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

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_____						

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

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

Nursing Assessment	Nursing diagnosis	Goals/ EOC	planning	Implementations	Rationale	Evaluation

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.

XVII. Prognosis- day wise progress report of the patient's condition

XVIII. Health education

1. **Diet.**
2. **Exercises.**
3. **Medications.**
4. **Rest and sleep.**
5. **Personal hygiene.**
6. **Follow up.**
7. **Others, if any specify_____.**

XIX. Bibliography

Follow Vancouver style of writing bibliography

Manikaka Topawala Institute of Nursing

A constituent of CHARUSAT

Nursing Care Plan

1. **Introduction:**
2. **Baseline data**
   - Name of the patient:-
   - Age:
   - Gender:
   - Address:
   - Diagnosis:
   - Date of Admission:
   - Ward:
   - Marital Status:
   - Education:
   - Occupation:
   - Name of the surgery:
   - Date of the surgery:
   - Day of the care started:
   - Family income:

3. **PATIENT'S CHIEF COMPLAINTS:**
4. **HISTORY OF PRESENT ILLNESS:**
5. **PAST MEDICAL HISTORY:**
6. **PAST SURGICAL HISTORY:**
7. **SOCIO ECONOMIC STATUS:**
8. **PERSONAL HISTORY:**

9. **FAMILY HISTORY OF ANY ILLNESS: (EXPLAIN THROUGH FAMILY TREE)**

Sr.NO.	Name of family member	Age	Sex	Relation with HOF	Education	Occupation	Health status

Physical Examination:

Date and time :

Height :

Weight :

10. **Vital Signs:** Temperature: Pulse:

Respiration : B.P: Systolic/Diastolic

- **General Appearance**

Consciousness : conscious/ Semi- conscious/Unconscious

Body Built : Thin/Moderate/Obese

Activity : Active/Dull

- **Skin**

Colour : Fair/ Brown/ Dark in complexion

Texture : Normal/ Dry

Skin Turgor : Normal / Decreased

Lesions/ Masses : Absent/Macule/Papule/Nodule/Vesicle/Pustule

Discolouration pigmentation/absent : Yellowish/Cynosis/Pallor/Increased

- **Head**

Shape : Normocephalic/Micro/Macro/Hydrocephalic

Scalp : Clean/ Pediculosis/Dandruff presence/ Any Scar

Face : Puffiness/ Moon Face/ Bell's palsy/No complaints

Hair	: Colour - Black/ Brown/ Red/ White
	: Grooming - Not Groomed/ Well Groomed
	: Distribution - Normal/ Scanty/ Bald/ Alopecia

- **Eyes**

Eye Brows Asymmetrical	: Symmetrical/ Equally Distributed/ Scanty /
Eye Lashes	: Absent/ Equally Distributed/Presence of Dandruff
Eye Lid	: Oedmatous / Ptosis / Normal
Pupil Shape	: Round/ Oval /Irregular/ Pin pointed
Sclera	: White/ Raddish/ Yellowish
Vision	: Normal/ Abnormal
Pupillary Reflex	: Reacting to light/Unequal Reaction
Corneal Reflex	: Absent/ Present

- **Ears**

Pinna	: Normally Placed/ Anotia / Microtia/ Macrotia/ Melotia
Capillary Refilling	: Immediate/ Delay
Discharge	: Absent/ Present
Hearing	: Normal/ Actively/ Decreased

- **Nose**

Nasal Septum	: Midline/ Deviated
Nasal Pathway	: Patent / Obstucted / Nasal Polyp
Discharge	: Present/ Absent (Amount, Colour)
Nostrils	: Dry/ Symmetric / Nasal Flaring

- **Mouth**

Lip	: Dry/ Cracked/ Symmetrical / Asymmetrical
- Colour	: Pink/ Pale/ Dark
Tongue	: Moist/ Dry/ Coating / Lesions
- Colour	: Pink/ Pale/ Dark/ Reddish
Teeth	: Dental Caries/ Decay/ Dentures
- Colour	: White/ Yellowish/ Stains
Voice	: Clear/ Harsh/ Aphonia/Dysphonia
Breath odour	: Halitosis – Present / Absent
Gag Reflex	: Present/ Absent

- **Neck**

Range Of Motion	: Possible/ Painful /Absent
Lymph Nodes	: Enlarged/ Not enlarged / Painful
Jugular Vein	: Distended / Not distended

- **Chest (In Male)**

Shape	: Barrel/ Funnel/Pigeon/Oval
Inspection	: Breathing – With Efforts/ Normal without efforts
Palpation	: Symmetry/ Asymmetry/ Flail chest
	Curvature – Scoliosis/Kyphosis
Percussion	: Tone – Resonance/ Hyperresonance/ Hyporesonance
Auscultation	: Normal/Wheezes/Crackles/Stridor/ Pleural friction rub

- **Breast & Axilla (In Female)**

Inspection	: Size , Shape , Symmetry

Skin- Colour , Pigmentation

Nipple – Symmetry, Intactness, Discharge, Bleeding

Palpation : Breast & Axilla – Nodules , Tenderness

- **Heart**

Thorax : Symmetrical / Asymmetrical / Flat

Edema :

Auscultation : S1, S2 / Murmur / Gallop

- **Abdomen**

Inspection : Skin colour - Redness/ Pink/ Purple/ Discolouration

Any Scar / Lesion

Palpation : Tenderness- Present / Absent

Percussion : Tone – Tympany/ Dull

Fluid / Mass / Air

Auscultation : Bowel Sound – Increased/ Decreased

Abdominal Girth :

Abdominal reflex : Present / Absent

- **Genital**

Scar : Present / Absent

Discharge / Infection : Present / Absent

Color Of Urine :

Voiding : _____ no. of time / Catheterization

Burning Micturation : Present / Absent

Incontinence : Present / Absent

- **Extremities**

Symmetry : Symmetrical / Asymmetrical

Range Of Motion : Possible/ Painful /Absent

Reflex : Superficial reflexes Right Left

: Deep tendon reflexes

11. Investigation

Sr No	Name Of Investigation	Patient Value	Normal Value	Remarks
1	Haemoglobin	14.2gm	11.0-14.5	Normal

Note: Don't write short form of investigation

12. Medication

Sr No	Name Of Drug	Dose	Route	Frequency	Action	Side Effect	Nursing implication
1.	Inj. Cefotaxime Brand Name: Taxim	1gm/vial Patient Dose: 1gm/500mg	Iv	OD/BD/TID	SPECIFIC	Specific side effects	Nursing care of drug

13. Application of Nursing Theory:

14. Nursing Diagnosis (As Per Priority Base)

15. Nursing Care Plan

Assessment	Nursing Diagnosis	Eoc	Planning	Implementation	Rationale	Evaluation
Subjective Data Objective						

Data						

16. Health Education

1. Diet.
2. Exercises.
3. Medications.
4. Rest and sleep.
5. Personal hygiene.
6. Follow up.

17. Bibliography: (Follow Vancouver style)

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.

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:

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:

- 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:

- 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:

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

S.No/ Drug (Pharmacological name)/ Dose Frequency / Time/Action/Side effects & drug interaction/Nurse's responsibility

4. **Complications:** Prognosis of the patient

VII] Nursing management (Use Nursing Process) (Short Term & Long Term Plans) Assessment /Nursing Diagnosis/Objective/Plan of care/ Rationale/ Implementation /Evaluation

VIII] Day to day progress report of the patient

IX] Health education

XI] Bibliography:

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY [CHARUSAT]

Manikaka Topawala Institute of Nursing

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

CHILD HEALTH NURSING

EVALUATION TOOL FOR CASE STUDY

Name of student:.....

ID No:.....

Ward: .....

Date of submission:.....

Time.....

Sr. no	Items	Maximum marks	Marks obtained
1	Identification data of baby	03	
2	History and assessment	05	
3	Child's personal data	10	
4	Case comparison	07	
5	Drug	04	
6	Nursing care plan	10	
7	Progress note of the child	03	
8	Health education	05	
9	Bibliography	03	
	Total	50	

Grade for Overall Performance: Very poor/Poor/Good/Very good/Excellent

Remarks by teacher if any:

Signature of Student

Signature of Evaluator

Annexure –I

Manikaka Topawala Institute of Nursing

Fourth Year B.Sc. Nursing, Semester -8

CS 410 Soft Skills Training

Semester -VIII

Course code	Course title	Teaching scheme				Examination scheme				
		Contact Hrs.			Credit	Theory		Practical		Total
		Theory	Practical	Total		Internal	External	Internal	External	
NR404.01	Midwifery and Obstetrical nursing-I	-	9	9	4.5	-	-	50	50	100
NR405	Community Health Nursing-III	-	8	8	4	-	-	50	50	100
NR406.01	Medical Surgical Nursing (Adult and Geriatric)	-	17	17	8.5	-	-	50	50	100
NR407	Child Health	-	6	6	3	-	-	50	50	100
NR408	Mental Health	-	4	4	2	-	-	50	50	100
NR409	Research project	-	2	2	1	-	-	50	50	100
CS 410	**Soft Skills training**	-	**2**	**2**	**1**	-	-	50	50	100
Total		-	48	48	24	-	-	350	350	700

Credit (practical) -1 **Contact Hours/week (practical) - 2**

Objective: By the end of the soft skills training program, the students should be able to:

- Develop effective communication skills (spoken and written).
- Develop effective presentation skills.
- Conduct effective business correspondence and prepare business reports which produce results.
- Become self-confident individuals by mastering inter-personal skills, team management skills, and leadership skills.
- Develop all-round personalities with a mature outlook to function effectively in different circumstances.
- Develop broad career plans, evaluate the employment market, identify the organizations to get good placement, match the job requirements and skill sets.
- Take part effectively in various selection procedures adopted by the recruiters.

Unit	Components	Proposed Hours
1	Soft Skills : An Introduction	3
2	Interpersonal Skills	6
3	Motivational Skills	6
4	Attitude, People Skills and Team Building	6
5	Work Place Etiquettes, Work Ethics	6

6	Critical Thinking Skills	6
7	Cross Cultural Communication	6
8	Behavioral Skills	6

Total Hours : 45

Unit 1:Soft Skills: An Introduction

- Communication Skills: Heart of soft skills
- Soft skills at workplace
- Soft skills and Johari Window
- Emotional Quotient: key part of soft skills
- Five Domains of Emotional Quotient
- Personality Assessment Tools: Aptitude test, IQ,EQ Test
- Personal, Social and Communicative Competence

Unit 2:Interpersonal Skills

- Assertive skills
- Listening skills
- Social skills
- Negotiation Skills

Unit 3:Motivational Skills

- Introduction to motivation Skills
- Roles and significance of motivational skills for nurse
- Tips and Techniques of motivating patients
- Motivational tools for nurse
- Motivating self and others

Unit 4:Attitude, People Skills and Team Building

- Building Positive Attitude
- Self-confidence
- Barriers to Achieving SC and techniques of overcoming them
- Essentials and Principles of People Skills
- Leadership Skills: leadership styles, insights from great Leaders
- Team Skills: Team building and leadership, evolution of groups into teams, group

Unit 5:Work Place Etiquettes, Work Ethics

- Etiquttes-Bacics, Workplace Etiquettes, and PC Etiquettes
- Ethical values in Nursing/Medical field
- Values, Ethics and communication; Ethical Dilemmas
- Work Ethics and work Responsibilities in Medical field
- Ethical communication in Nursing
- An introduction to work ethics; Difference between Ethics and Morals

Unit 6:Critical Thinking Skills

- Introduction to critical thinking
- The tools of critical thinking
- Using critical thinking skills in Nursing
- Tools for drawing a conclusion-using logic
- Tools for evaluating a conclusion
- How to use critical thinking skills at work place
- Tools for evaluating the facts

Unit 7:Cross Cultural Communication

- Introduction to cross cultural Communication with reference to globalization and communication across the cultures
- Getting Started With Cross Cultural Communication
- Cross-cultural Communication Conflicts and Tactics
- Dealing with patients belonging to different cultures
- Hot Spots in Cross Cultural Communication

Unit 8:Behavioral Skills

Minutes of 13th Adhoc Board of Studies Meeting

Date: August 3, 2019
Time: 10:00 am
Venue: Conference Room, MTIN-CHARUSAT

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

The 13th 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. Siddaram Sarate, Assistant Professor, MTIN
- Mr. Vipin Vageriya, Assistant Professor, MTIN
- Mr. Deepak K., Assistant Professor, MTIN
- Ms. Anjali Tiwari, Assistant Professor, MTIN
- Dr. T Sivabalan, Professor and Vice Principal, Dean, Allied Sciences PIMS – DU, Loni, Maharashtra
- Mr. Manjunathan Chandran, Nursing Superintendent, Apollo Hospitals - Apollo CBCC Cancer Care-Ahmedabad

Following members were not present in the meeting:

- Dr. Pragna Dabhi, Registrar, Gujarat Nursing Council

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.	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 in depth discussions were made.	Teaching & examination scheme of B.Sc. Nursing Syllabus was approved.
3.	Review teaching & examination scheme of M.Sc. Nursing Syllabus for 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.	Teaching & examination scheme of M.Sc. Nursing Syllabus was approved.
4.	Critical review on question papers of B.Sc. Nursing and M.Sc. Nursing and Result	The question paper of B.Sc. Nursing and M.Sc. Nursing was critically reviewed, and result analysis was presented. The committee suggested that in	Question paper pattern and result analysis were approved.

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Phone# : + 91 - 2697 - 265201/5211 | Fax #: +91-2697-265007 | Email : info.mtin@charusat.ac.in | Website: www.charusat.ac.in
AEGIS : SHRI CHAROTAR MOTI SATTAVIS PATIDAR KELAVANI MANDAL

	Analysis	question papers of PG programme at least 25% of the questions should be applied and multiple choice questions should be avoided. The committee discussed that after declaration of result for the failed students following remedial measures should be taken: • Student and teacher counselling • Extra learning library hours • Tutorials • Question bank • Evaluation of question paper and item analysis of objective questions.	Suggestions will be forwarded to Exam reform or Academic council board of university.
5.	Examiner panel of UG & PG programmes of Nursing	Examiner panel presented to members with explanation that examiner panel will be prepared every academic year as per INC and CHARUSAT norms.	Examiner panel was approved.
6.	INC circulars about teaching and examination Approved and passed.	Specific in depth discussion was done regarding three INC circulars. <u>INC Circular 1:</u> Inclusion of Climate change, air pollution and heat wave & their impact on health in B.Sc Nursing syllabus: In-depth discussion was done regarding the same. <u>INC Circular 2:</u> Integration of MLHP in B.Sc Nursing curriculum: In-depth discussion was done regarding the same. <u>INC Circular 3:</u> Need of strict adherence to the scheme of examination laid down by INC: In-depth discussion about all the points stated in the circular was made. Exhaustive deliberation was made about all the points specified in the circular, which were already being followed since the inception of MTIN except of only one point (i.e. 'if a candidate fails in either theory or practical paper, he/she to re-appear for both the papers (Theory & Practical)'.	Following resolution passed: • Climate change, air pollution and heat wave & their impact on health topic will be included in 7th semester/4th year B.Sc Nursing curriculum in the course of Community Health Nursing-II. • Separate course of MLHP with 3 credit included in 8th semester/4th year B.Sc Nursing. • Point mentioned as "if a candidate fails in either theory or practical paper, he/she has to re-appear for both the papers (Theory & Practical)" will be recommended to be added in academic regulation for both B.Sc. and M.Sc. Nursing.

7.	Pedagogy involvement in nursing program	Specific in depth discussion was done on various pedagogical methods used by the institute. The committee appreciated the use of innovative methods and suggested to include other methods like drills on topics like mob violence, violence against staff nurses, child abduction, patient missing and bomb attack drills. Committee also suggested to use LMS and community based nursing education model in teaching learning process	Pedagogy methods were approved.
8.	Any other item with the permission of Chairman	There were no item presented.	-

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

Dated: 03.08.2019

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

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AT. CHANGA - 388 421
TA. PETLAD, DIST. ANAND (GUJARAT)

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 : 12/06/2020

Submitted By

Name : Mr. Deepak K

Designation : Assistant Professor

Department : Alumni Association

Email : deepak.nur@charusat.ac.in

Endorsed by

12/06/20

Principal

Seal and Signature

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(b) Action taken report

Following actions were initiated based on alumni feedback on curriculum

Sr. No.	Feedback	Action taken
1.	Using of advanced technology resources to aid in online submission of projects/assignments rather than handwritten assignments will help student manage time effectively.	To address the feedback, Microsoft team software was introduced on 30.05.2020 for all the semesters of B.Sc. Nursing and M.Sc. Nursing. **Annexure I (Mail related to implementation of Microsoft teams)**
2.	Need to improve in clinical practice as practical knowledge of OT is very important during placement.	This feedback was addressed with case scenarios discussion to 5th semester students on 30.03.2020 **Annexure II(Time table)** (Due to pandemic students were withdrawn from the clinical postings, to compensate clinical training, case scenarios were given to students) **Annexure III(Case scenarios)**

ANNEXURE - I

CHARUSAT
CHARUSAT UNIVERSITY OF SCIENCE AND TECHNOLOGY

Deepak Krishnamurthy <deepakk.nur@charusat.ac.in>

Request to help in set up of Online Academic Environment

Atul Patel <atulpatel.mca@charusat.ac.in> Sat, May 30, 2020 at 3:46 PM
To: Charusat Family <charusatfamily@charusat.ac.in>

Dear Family Members,

We are in phase to set up a new academic environment with multipurpose services to help us in chalking out academic plans and taking online education to the next level in the current scenario.

I am happy to share that the process has initiated with the help of Microsoft 365 Support Team.

Your kind support and cooperation is highly appreciated in deploying new environments.

The primary task is to download **Microsoft Teams** in your computer and mobile devices.

The next step will be generation of new Microsoft Accounts (for staff & students) with lots of new important features that can be accessed.

All features will be discussed in detail through the training sessions within a short time.

All of you are requested to Download Microsoft Teams and encourage all the students of our University for the same. (For free access of Microsoft Tools maximum downloads required)

Seeking for your strong support..

Thanking you,

Atul Patel
Professor, Dean, Principal
Smt. Chandaben Mohanbhai Patel Institute of Computer Applications
Faculty of Computer Science and Applications
Charotar University of Science and Technology
Changa.

CHARUSAT
CHAROTAR UNIVERSITY OF SCIENCE & TECHNOLOGY
अमृतं तु विद्या

MANIKAKA TOPAWALA INSTITUTE OF NURSING

CHARUSAT Campus, Changa

5th semester/ III year B.Sc. Nursing (2017-21 Batch) **Room No- 106**

From 30/03/2020 to 04/04/2020

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9.00-10.00 am	MSN-III Ms.Glory	MSN-III Mr. Divya	MSN-III Mr. Divya	MHN Ms. Shalini	MHN Mr. Jayesh P.	MSN-III Mr.Anil P.
10.00 – 11.00 am	MHN Ms. Shalini J	MHN Ms. Shalini J	MHN Ms. Hetal S.	MHN Ms. Hetal S.	MSN-III Ms.Glory	MHN Ms. Hetal S.
11.00 – 12.00 pm	MSN-III Mr.Anil P.	MSN-III Ms.Glory.	MSN-III Mr.Anil P.	MHN Mr. Jayesh P.	MHN Ms. Shalini J	MSN-III Ms.Glory
12.00 -12.45 pm	LUNCH BREAK					
12.45 -1.30 pm	MSN-III Mr.Anil P.	MHN Ms. Shalini J	MSN-III Mr.Anil P.	MSN-III Mr.Anil P.	MSN-III Mr. Swapandeep	MHN Ms. Shalini
1.30 -2.30 pm	MHN Ms. Shalini J	MSN-III Mr.Anil P.	MHN Ms. Hetal S.	MHN Mr. Jayesh P.	MHN Ms. Shalini	MHN Ms. Hetal S.
2.30 -3.30 pm	MHN Ms. Hetal S.	MHN Ms. Hetal S.	MSN-III Mr.Anil P.	MHN Ms. Hetal S.	*Mentor Mentee Ms.Sapna Mr.Jayesh Ms.Franny Ms.Priyanka Ms.Jalpa*	MSN-III Ms.Glory
3.30 -4.30 pm	MSN-III Ms.Glory	MSN-III Ms.Glory	MHN Ms. Shalini J	MSN-III Ms.Glory	MHN Ms. Hetal S.	MHN Ms. Hetal S.

No PPT Day 01.04.2020

Class CO-ORDINATOR

TIME TABLE COORDINATOR

PRINCIPAL

Annexure. II

ANNEXURE III

Scenario- 02

Title: 36 year old male patient admitted with unconsciousness and multiple trauma on body, diagnosed with head injury.		
Learning objectives:		
	By all patient data student will be able to learn about 1. How a patient comes to hospital with present condition and different complains 2. How to assess for head and spinal region. 3. Critical thinking on given condition and develop critical thinking skill. 4. How to make nursing care plan in priority according to given sign and symptoms.	
Events:	No past medical and surgical history. Patient brought in unconsciousness to emergency room. On first inspection, its look like there is open head injury with bleeding.	
Action points: (critical events in scenario)	History shows no previous injuries. Physical examination indicates head injury with open wound Investigation – CT scan is showing mild lesions on head with increased ICP Battle sign is present Racoons eyes present	
Patient behaviour:	• Patient admitted to ICU for management of disease. Patient is admitted five days. • Dyspnoea is present • Patient is moving hand and legs • Patient is on oxygen • Suturing is done • Need prevention of infection as suturing is done • GCS score is 12	
SIM info:	Type	- Suturing is done at the time of admission
	Dressing	- Dressing is done by staff every day in evening

Scenario- 02

	Medical equipment	- patient is on central line - patient is on oxygen
	Medicine	• Antibiotics, painkillers and osmotic diuretics drugs are on. • **Write medication in assignments accordingly(refer book)**
Vital signs:	Airway	normal
	Breathing	Present but showing tachypnea
	Circulation	Blood pressure in high- 165/110 mmhg
	Disability	-
Changes in progress:	• GCS score remain same after 3 days of treatment. GCS score-12 • Vitals are normal after 3 days • Dyspnea is present • Fever is present • difficulty speaking or slurred speech • raccoon eyes, or unequal pupils • patient is able to speak • patient is fully oriented	
Keywords for debriefing:	1. Patient's consciousness and how consciousness is important in head injury cases. 2. How to assess the physical examination. 3. How did you prioritize the nursing care plans? 4. What actions have taken as a part of nursing care? 5. What is the importance of GCS score in this case? 6. Take-home messages out of this scenerio? *Teacher will discuss with student such questions after completing your assignment.	
References:		

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 : 08/08/2019

Date of Submission : 08/08/2019

Submitted By

Name :Mr. Jamin Chauhan

Designation :Assistant Professor

Department : Career Development and Placement Coordinator

Email : jaminchauhan.nur@charusat.ac.in

Endorsed by

Principal 08/08/19

Seal and Signature

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MANIKAKA TOPAWALA INSTITUTE OF NURSING
CHARUSAT CAMPUS CHANGA

2019-20

Manikaka Topawala Institute of Nursing

Faculty of Medical Sciences

Charotar University of Science and Technology (CHARUSAT)

Accredited Grade "A" by NAAC

Teacher Feedback on Curriculum

Action Taken:

Suggestions/Feedback	Action suggested
The feedback suggested that the curriculum should develop innovation and creativity among the students.	The creativity, problem solving and innovation course in 4th semester B.Sc. Nursing already prepares the students for the mentioned skill. (Annexure 1)
The feedback suggested inculcation of teamwork among the students and also develop a spirit of spirit de corps between them.	The students of B.Sc. Nursing are already being posted for clinical duties in groups so as to enhance the spirit of teamwork among them. (Annexure 2) The research thesis taken up in 8th semester B.Sc. Nursing is also carried out in a team of 10 students.

Annex 1

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY
FACULTY OF MANAGEMENT STUDIES
DEPARTMENT OF HUMANITIES AND SOCIAL SCIENCES

HS133 A/B/C/D/E/F/G/H
Creativity, Problem Solving and Innovation (Sem-IV)

I. Credits and Schemes:

Sem	Course Code	Course Name	Credits	Teaching Scheme	Evaluation Scheme				
				Contact Hours/Week	Theory		Practical		Total
					Internal	External	Internal	External	
IV	HS133 A/B/C/E/F/G/H	Creativity, Problem Solving and Innovation	02	02	--	--	30	70	100

II. Course Objectives

To facilitate learners to:

- gain familiarity with the mechanics of creativity and problem solving
- develop an attitude for innovation
- develop creative thinking skills using cone of learning components leading to understanding of strategies of creativity, problem solving and innovation
- explore applications of the concepts of creativity and problem solving skills in personal, social, academic, and profession life.

III. Course Outline

Module No.	Title/Topic	Classroom Contact Hours
1	**Introduction to Creativity, Problem Solving and Innovation** • *Definitions of Creativity and Innovation* • *Need for Problem Solving and Innovation* • *Scope of Creativity in various Domains* • *Types and Styles of Thinking* • Strategies to develop Creativity, Problem Solving and Innovation skills	06
2	**Questioning, Learning and Visualization** • *Strategy and Methods of Questioning* • *Asking the Right Questions* • *Strategy of Learning and its Importance* • *Sources and Methods of Learning* • *Purpose and Value of Creativity Education in real life* • *Visualization strategies - Making thoughts Visible* • *Mind Mapping and Visualizing Thinking*	06

3	**Creative Thinking and Problem Solving** • Creative Thinking and its need • Strategy of Thinking Fluency • Generating all Possibilities • SCAMPER Technique • Divergent Vs Convergent Thinking • Lateral Vs Vertical Thinking • Fusion of Ideas for Problem Solving • Applying strategies for Problem Solving	**06**
4	**Logic, Language and Reasoning** • *Basic Concepts of Logic* • *Statement Vs Sentence* • *Premises Vs Conclusion* • *Concept of an Argument* • *Functions of Language: Informative, Expressive and Directive* • *Inductive Vs Deductive Reasoning* • *Critical Thinking & Creativity* • *Moral Reasoning*	**06**
5	**Contemporary Issues and Practices in Creativity and Problem Solving** • *Cognitive Research Trust Thinking for Creatively Solving Problems* • *Case Study on Contemporary Issues and Practices in Creativity and Problem Solving*	**06**
	Total	**30**

IV. Instruction Methods and Pedagogy

The course is based on practical learning. Teaching will be facilitated by Slides Presentations, Reading Material, Discussions, Case Studies, Puzzles, Ted Talks, Videos, Task-Based Learning, Projects, Assignments and various Individual and Interpersonal activities like, Critical reading, Group work, Independent and Collaborative Research, Presentations, etc.

V. Evaluation:

There will be no end semester university examinations. Students will be evaluated continuously in the form of internal as well as external evaluation. The evaluation is schemed as 30 marks for internal evaluation and 70 marks for external evaluation. The concerned teacher shall evaluate students distribute the marks (out of 30 as Internal and out of 70 as External) and submit them.

Evaluation Scheme

The students' performance in the course will be evaluated on a continuous basis through the following components:

Sl. No.	Component	Number	Marks per incidence	Total Marks
1	Attendance	100 %	--	20
2	Individual Activity Participation	As stipulated by the Resource Person(s) in the Training		20
3	Group Activity Participation			20
4	Presentation			30
5	Feedback on Improvement			10
			Total	**100**

VI. Learning Outcomes

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

- Demonstrate creativity in their day to day activities and academic output
- Solve personal, social and professional problems with a positive and an objective mindset
- Think creatively and work towards problem solving in a strategic way
- Initiate new and innovative practices in their chosen field of profession

VII. Books / Reference Books / Reading

Text Books

1. R Keith Sawyer, Zig Zag, The Surprising Path to Greater Creativity, Jossy-Bass Publication 2013
2. Michael Michalko, Crackling Creativity, The Secrets of Creative Genus, Ten Speed Press 2001

Reference Books

3. Michael Michalko, Thinker Toys, Second Edition, Random House Publication 2006
4. Edward De Beno, De Beno's Thinking Course, Revised Edition, Pearson Publication 1994
5. Edward De Beno, Six Thinking Hats, Revised and Update Edition, Penguin Publication 1999
6. Tony Buzan, How to Mind Map, Thorsons Publication 2002
7. Scott Berkum, The Myths of Innovation, Expended and revised edition, Berkun Publication 2010
8. Tom Kelly and David Kelly, Creative confidence: Unleashing the creative Potential within Us all, William Collins Publication 2013
9. Ira Flatow, The all Laughed, Harper Publication 1992
10. Paul Sloane, Des MacHale & M.A. DiSpezio, The Ultimate Lateral & Critical Thinking Puzzle book, Sterling Publication 2002

Additional Readings

11. Keith Sawer, Group Genius, The Creative Power of Collaboration, Basic Books Publication 2007
12. Edward De Beno, Lateral Thinking, Creativity Step by Step, Penguin Publication 1973
13. Nancy Margulies with Nusa Mall, Mapping Inner Space, Crown House Publication 2002
14. Tom Kelly with Jonathan Littman, The Art of Innovation, Profile Publication 2001
15. Roger Von Oech, A Whack on the Side of the Head. Revised edition, Hachette Publication 1998
16. Roger Von Oech, A Kick in the Seat of the Head, William Morrow 1986
17. Jonah Lehrer, Imagine How Creativity Works, Canongate Books Publication 2012
18. James M Higgins, 101 Creative Problem Solving Techniques, New Management Publication 1994
19. Soctt G Isaksen, K Brain Doval, Donald J Treffinger, Creative Approach to Problem Solving, Sage Publication 2000
20. Donald J Treffinger, scott G Isaksen, K Brain stead Dorval Creative Problem Solving An Introduction, Prufrock Press 2006
21. H Scott Fogler & Steven E. LeBlance, Strategies for Creative Problem Solving, Prentice Hall Publication 2008
22. Dave Gray, Sunni Brown and James Macanufo, Game Storming, O'reilly Publication 2010.
23. Howard Gardner, Creating minds, Basic Books Publication 1993
24. Mihaly Csikzentmihalyi, Creativity–Flow and Psychology of Discovery and Invention, Harper Publication 1996
25. Martin Gerdner, W. H., Ahal Insight, Freeman Publication 1978
26. Paul Sloane, Test Your Lateral Thinking IQ, Sterling Publication1994
27. Paul Sloane & Des Machale Intriguing, Lateral Thinking Puzzles, Sterling Publication 1996

Articles / Videos / Other Suggested Materials

- Internet Search based May TED talks and other sources for videos, slide shares, problems, etc

2019-20 Annex 2

MANIKAKA TOPAWALA
INSTITUTE OF NURSING

Manikaka Topawala Institute of Nursing

A Constituent of Charotar University of Science and Technology
Accredited Grade "A" by NAAC & KCG.

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Email : mtin@charusat.ac.in • Website : www.charusat.ac.in

Ref: CHA/ADM/NUR/19/03/071

Date: 6th March, 2019

To,
The Medical Superintendent,
Sheth Vadilal Sarabhai General Hospital,
Ahmedabad.

Sub: Permission for Clinical posting of 2nd year Basic B.Sc. Nursing students

Dear Sir/Madam,

We, Manikaka Topawala Institute of Nursing (formerly known as Charotar Institute of Nursing), a constituent of CHARUSAT, accredited with grade 'A' by NAAC are requesting you to kindly permit us to post our 2nd year B. Sc. Nursing students for their clinical experience in Medical Surgical Nursing as per their B.Sc. Nursing curriculum plan from 11th March to 20th April, 2019. There will be maximum 30 students would be posted at a time. Students will be rotated according to the rotation plan and their clinical timings will remain 08.00 am to 3.00 pm.

As per the signed MOU, we have enclosed a Demand Draft, the details of which are as below:

DD No. & Date	985742 & 28/02/2019
Issuing Bank	State Bank of India
Amount (As per MOU)	2,95,000 /-
Payable at	Ahmedabad
In favor of	Medical Superintendent, VS Hospital, Ahmedabad

The duty schedule is attached herewith.

Thanking you in anticipation.

Yours truly
Principal

11/3/19

Enclosures:

1. Demand Draft
2. Student list
3. Clinical Rotation

CC:

1. Nursing Superintendent, V.S. Hospital

11/3/19
Sheth Vadilal Sarabhai General Hospital &
Sheth Chinai Maternity Hospital
Ellisbridge, Ahmedabad-06

Manikaka Topawala Institute of Nursing
A constituent of
Charotar University of Science and Technology
III Semester/Second Year B.Sc. Nursing
Batch 2017-2021

Sr No	Id No	Student Name	Group
1.	17BN001	BARAIYA SURBHEEBEN NARENDRASINH	Group A
2.	17BN002	BARIA NEHALBEN KIRTIBHAI	
3.	17BN003	BHABHOR BHAVANABEN RANJITBHAI	
4.	17BN004	BRAHMBHATT BANSARIBEN JITENDRAKUMAR	
5.	17BN005	JADAV VRUNDABEN AJABSINH	
6.	17BN006	JOSHI DRASHITIBEN RAJENDRAKUMAR	
7.	17BN053	PRAJAPATI JAYANABEN PRAVINBHAI	
8.	17BN007	MACWAN PRINCYBEN MUKESHBHAI	Group B
9.	17BN008	MACWAN RIPAL BINYAMIN	
10.	17BN009	MACWAN SNEH KIRANKUMAR	
11.	17BN010	MAKWANA STUTIBEN MAHESHBHAI	
12.	17BN021	PARMAR VAIBHAV ISHVARBHAI	
13.	17BN012	PADHIYAR ZINALBEN RAJESHBHAI	
14.	17BN054	PRAJAPATI TANVI KAMLESHBHAI	
15.	17BN013	PAREKH KRUSHALIBEN PINKESHBHAI	Group C
16.	17BN014	PARMAR ANJALIBEN SURESHKUMAR	
17.	17BN015	PARMAR AYUSHI JITENDRASINH	
18.	17BN016	PARMAR BHAGAVATIBEN VINUBHAI	
19.	17BN017	PARMAR HEENA VINODBHAI	
20.	17BN018	PARMAR HINAL JAYANTIBHAI	
21.	17BN055	RATHOD HINAL NARENDRABHAI	
22.	17BN019	PARMAR MANSI MAHESH	Group D
23.	17BN020	PARMAR TRUPTIBEN DINESHBHAI	
24.	17BN011	OZA CHANDNI BHARATKUMAR	
25.	17BN057	RAVAL JEVIN JITENDRABHAI	
26.	17BN023	PATEL AVI JITENDRAKUMAR	
27.	17BN024	PATEL BHAVIKABEN SANJAYKUMAR	
28.	17BN056	RATHOD PINTUBEN RAMANBHAI	
29.	17BN022	PATEL ASHVI RAJESHBHAI	
30.	17BN025	PATEL CHARMI SHITALBHAI	Group E
31.	17BN026	PATEL DEVANSHI ANANTKUMAR	
32.	17BN027	PATEL HARSHITABEN DIXITKUMAR	
33.	17BN028	PATEL HINALBEN VIPULBHAI	
34.	17BN029	PATEL JAYSHRIBEN RAJUBHAI	
35.	17BN030	PATEL JHINALBEN KAUSHIKKUMAR	
36.	17BN031	PATEL KENI SANJAYKUMAR	
37.	17BN032	PATEL KHUSHBU PANKAJBHAI	Group F
38.	17BN033	PATEL KHUSHI MANOJKUMAR	

39.	17BN034	PATEL KRISHABEN SANDIPKUMAR	
40.	17BN035	PATEL MAITRIBEN JAYESHBHAI	
41.	17BN036	PATEL MANALI MINESHKUMAR	
42.	17BN037	PATEL MANSI BHASKARBHAI	
43.	17BN039	PATEL MAUSAMBEN BHAVESHKUMAR	
44.	17BN058	SHELAT JAHNAVIBEN YOGESHKUMAR	
45.	17BN038	PATEL MANSIBEN HARSHADBHAI	Group G
46.	17BN040	PATEL NANCY AMITKUMAR	
47.	17BN041	PATEL NEHABEN SUDARSHANBHAI	
48.	17BN042	PATEL NIYATI SURESHBHAI	
49.	17BN043	PATEL RIDDHI NILESH	
50.	17BN049	PATEL SRUSHTIBEN KAMLESHBHAI	
51.	17BN045	PATEL SARGIBEN RAJESHBHAI	
52.	17BN059	SOLANKI SHREYA DIPAKKUMAR	
53.	17BN046	PATEL SHIVANIKUMARI ARVINDBHAI	Group H
54.	17BN047	PATEL SHRUTI VIPINBHAI	
55.	17BN048	PATEL SNEHABEN KALPESHKUMAR	
56.	17BN044	PATEL ROSHANI MANHARBHAI	
57.	17BN050	PATEL VIDHI SANJAYBHAI	
58.	17BN051	PATEL VIKESHA DILIPBHAI	
59.	17BN052	PATEL VRAJ PRAVINBHAI	

Group Wise Rotation

Date	V S Hospital
11/03/19 to 16/03/19	Group A Group B Group C Group D
18/03/19 to 23/03/19	Group A Group B Group C Group D
25/03/19 to 30/03/19	Group A Group B Group C Group D
01/04/19 to 06/04/19	Group E Group F Group G Group H
08/04/19 to 13/04/19	Group E Group F Group G Group H

15/04/19 to 20/04/19	Group E Group F Group G Group H

Ward wise rotation plan of students at V.S. Hospital

Date	Medical Ward	Surgical Ward	Orthopedic ward	ICCU & Cath lab.
11/03/19 to 16/03/19	Group A	Group B	Group C	Group D
18/03/19 to 23/03/19	Group D	Group A	Group B	Group C
25/03/19 to 30/03/19	Group C	Group D	Group A	Group B
01/04/19 to 06/04/19	Group E	Group F	Group G	Group H
08/04/19 to 13/04/19	Group H	Group E	Group F	Group G
15/04/19 to 20/04/19	Group G	Group H	Group E	Group F

2015-19 batch

Annex 3

S.N.	Title	Specialty	Guided by	Name of Student	ID no.
1.	A study to assess the knowledge and attitude regarding organ donation among adults working in the selected industries in central region of Gujarat with a view to develop an information booklet.	Mental Health Nursing	Ms. Anju Jackson	Patel Shrutikaben Patel Muktiben Sureshbhai Patel Mohinikumari Vasava Priyankaben Prajapati Nishthaben Patel Maitriben Nikulbhai	15BN031 15BN040 15BN030 15BN059 15BN045 15BN024
2.	"A descriptive study to assess body weight misperception associated with unhealthy eating habits among higher secondary school students studying in selected school of Anand district."	Mental Health Nursing	Mr. Jamin Chauhan	Patel Bhumi Sureshbhai Parmar Priyaben Vinodbhai Sindha Nishaben Shantilal Patel Charmiben Atulbhai Ka.Patel Hinalben Patel Nidhiben Manojbhai	15BN016 15BN010 15BN055 15BN017 15BN005 15BN034
3.	" A study to assess the effectiveness of music (intervention) on level of anxiety and pain among women undergoing for IUDs insertion in selected hospital of Anand Kheda district"	Mental Health Nursing	Mr. Meet Patel	Patel Hemaliben Bharatbhai Patel Hetavi Chandrakant Patel Manali Kamleshbhai Pithdiya Hina Harishbhai Shah Palak Rajeshbhai Sharma Krishna Nileshkumar	15BN020 15BN021 15BN025 15BN042 15BN053 15BN054
4.	A Descriptive study to assess the knowledge and attitude Regarding premenstrual syndrome	Mental Health Nursing	Ms. Hetal Shah	Patel Darshankumar Patel Disha Rakeshbhai Jani Maharshi Ashwinbhai	15BN018 15BN019 15BN004 15BN046

	Anand district.			Prajapati Princi Solanki Jalpaben Nareshbhai Vaza Harshadkumar	15BN056 15BN060
5.	A study to assess knowledge and attitude regarding modern drug delivery system among staff nurses working at selected hospitals of Anand and Kheda district of Gujarat state in a view to prepare standard operating protocol(SOP).	Child Health Nursing	Mr. Arpan Pandya	Patel Prachi Prahlad Patel Rutuben Prafulkumar Patel Margi Rashmikant Patel Nidhiben Patel Bhakti Narendrakumar Maliwad Ekta Parsottamdas	15BN036 15BN039 15BN028 15BN033 15BN014 15BN007
6.	A study to assess the effectiveness of Reminiscing Activities on Wheel Of Life among old age people residing in selected geriatric House.	Medical Surgical Nursing	Franny Emmanuel	Patel Bhavya Rajendrakumar Patel Ameeben Rakeshkumar Patel Mansi Pareshkumar Patel Purviben Hiteshbhai Prajapati Akshaykumar Suthar Apexaben Naranbhai	15BN015 15BN012 15BN026 15BN038 15BN044 15BN058
7.	'A study to evaluate effectiveness of Nutritional candy on Haemoglobin level among anaemic adolescent girls on selected schools of Anand District.	Obstetrics and Gynecology Nursing	Ms. Jalpa Prajapati	Patel Arpitaben Patel Mirali Kamleshkumar Desai Nishta Soni Shaily Hiteshkumar Parekh Payalben Ashokbhai Chauhan Khyatiben	15BN013 15BN029 15BN002 15BN057 15BN008 15BN001
8.	Nomo phobia: A Descriptive study to assess prevalence of mobile dependence syndrome	Nursing Management	Mr. Bapu Khodnapur	Rana Shivani Deepak Kumar	15BN050 15BN023

	among under graduate students at CHARUSAT University, Changa-Gujarat.	and administration		Patel Kinjalben Dineshbhai Patel Nidhi Satishbhai Golivadiya Nikitaben Patel Mansiben Hiteshkumar Prajapati Aayushiben	15BN032 15BN003 15BN027 15BN043
9.	A Study to assess the relation between weight of the school bag and prevalence of neck and back pain among school students of Anand District.	Medical Surgical Nursing	Ms. Glory Waghela	Patel Vaibhavikumari Patel Aeshaben Ashokbhai Patel Nihar Kanubhai Rabari Mamtaben Kanubhai Rajwadi Kinjalben Jashubhai Patel Nidhiben Manojbhai	15BN041 15BN011 15BN035 15BN048 15BN049 15BN034
10.	"A study to evaluate Play Based Learning on Social Development Among school Age children at Selected Schools of Anand District, Gujarat"	Child Health Nursing	Ms. Binal Joshi	Patel Purvi Kalpesh Rabari Dipalben Jadavbhai Leuva Kajal Mukeshbhai Shah Jinali Mukeshbhai Patel Jinal Bharatbhai Satasiya Bhavinkumar	15BN037 15BN047 15BN006 15BN052 15BN022 15BN051

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 : **25/09/2019**

Date of Submission : **05/10/2019**

Submitted By

Name :Ms. Rameshwari Zala

Designation : Assistant Professor

Department : Nursing

Email : rameshwarisolanki.nur@charusat.ac.in

Endorsed by

Principal 05/10/19

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

Seal and Signature

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 2019-20

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 60 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 is very good in all aspects. During this Covid-19 pandemic, The arrangement and management of learning by online class is excellent. . Overall arrangement was good .

Action Taken Report; -

The 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	Need to More Focus on Practical aspect of Learning.	Case base scenario were demonstrated and discussed with student through to gain practical knowledge. - Annexure-I (Case Scenario sample Attached.)
2	Some sessions about NCLEX-RN for students to go abroad should be taken.	An expert session on "NCLEX - RN Session for final year students was organized "on 31st August 2019.- Annexure-II (Report attached)

Case-4

General objective—

To conduct the in depth case study by using nursing process.

Specific objectives

• To collect information regarding the bio-demography and present/past history of the case

. • To obtain detail knowledge about disease condition EA/TEF including signs and symptoms causes, medical surgical and nursing management, pharmacological and complications

. • To obtain knowledge upon various diagnostic procedures performed regarding the disease.

To identify child progress and management of case

. • To perform a physical examination of case.

• To provide holistic nursing care using appropriate nursing theory.

• To provide health education to parents

Patient profile-

Informants: mother and grandmother of neonate

Bio-demographical Information:

Name: B/O Ranu

Age/Sex: 3 days /Female

Date of admission: 2012/09/24

Diagnosis: ???

Ward: Surgical Intensive Care Unit (SICU)

Chief Complaints

• Excessive Salivation since birth

• Bluish after each feed attempt since birth

• Difficulty in breathing since birth

• Coughing after immediate (1 st) feeding

• Abdominal distension after 24 hour of birth

History of Present Illness –

According to mother, baby was born at CHC after term gestation. Baby seems normal immediately after birth and cry immediately. But after 30 minute of birth when mother tries for feeding she observed excessive salivation from baby's mouths and baby turn to bluish when she feed baby. After feeding baby immediately vomits and baby had difficulties in breathing. After that they bought baby at MLB hospital, where she diagnosed as EA with TEF. Later they bought baby to MLB for further surgical management.

Growth and Development

Physical development:

• Failure to gain weight as per age

• Current weight: 1830 gram

• Current height: 46cm

• Head circumference: 34 cm

• Chest circumference: 31 cm

• Abdominal girth: 33cm

History of Past Illness

No any other problems except atresia and fistula

Obstetric and birth history

Antenatal:

• *Maternal illness during pregnancy*: not significant

• *Medication used during pregnancy*: Iron and Albendazole

• *Antenatal checkup*: 4 times

• *Period of gestation*: Completed 40 weeks gestation.

• The mother had taken two dose of TD vaccine.

Natal:

• *Place of delivery*: PHC delivery

• *Type of delivery*: Normal delivery with tear

• *Condition of baby at birth*: Immediately cried soon after birth.

• *Birth weight :* 2300gm

Postnatal:

• Mother had not any visible problems

• Baby is admitted in hospital.

Immunizations

She is 5 days aged newborn and till the date she had not immunized for BCG Vaccine due to her congenital anomaly.

Nutritional History

• Baby used to vomits immediately after each feeds

• Baby was kept in NPO

Family History

• ***Type of family*:** Nuclear family

• ***Number of family member***: 2

• ***Any hereditary disorders in the family****:* No

• ***Any history of TB, HTN, DM or other chronic illness in the family****:* History of TB in the maternal family (to the grandfather) and grandfather of patient was died due to respiratory problem

Vital signs:

• *Temperature*: 96.9°F

• *Respiration*: 48/minute

• *Pulse*: 136/minute

Other measurements:

• *Length*: 46cm

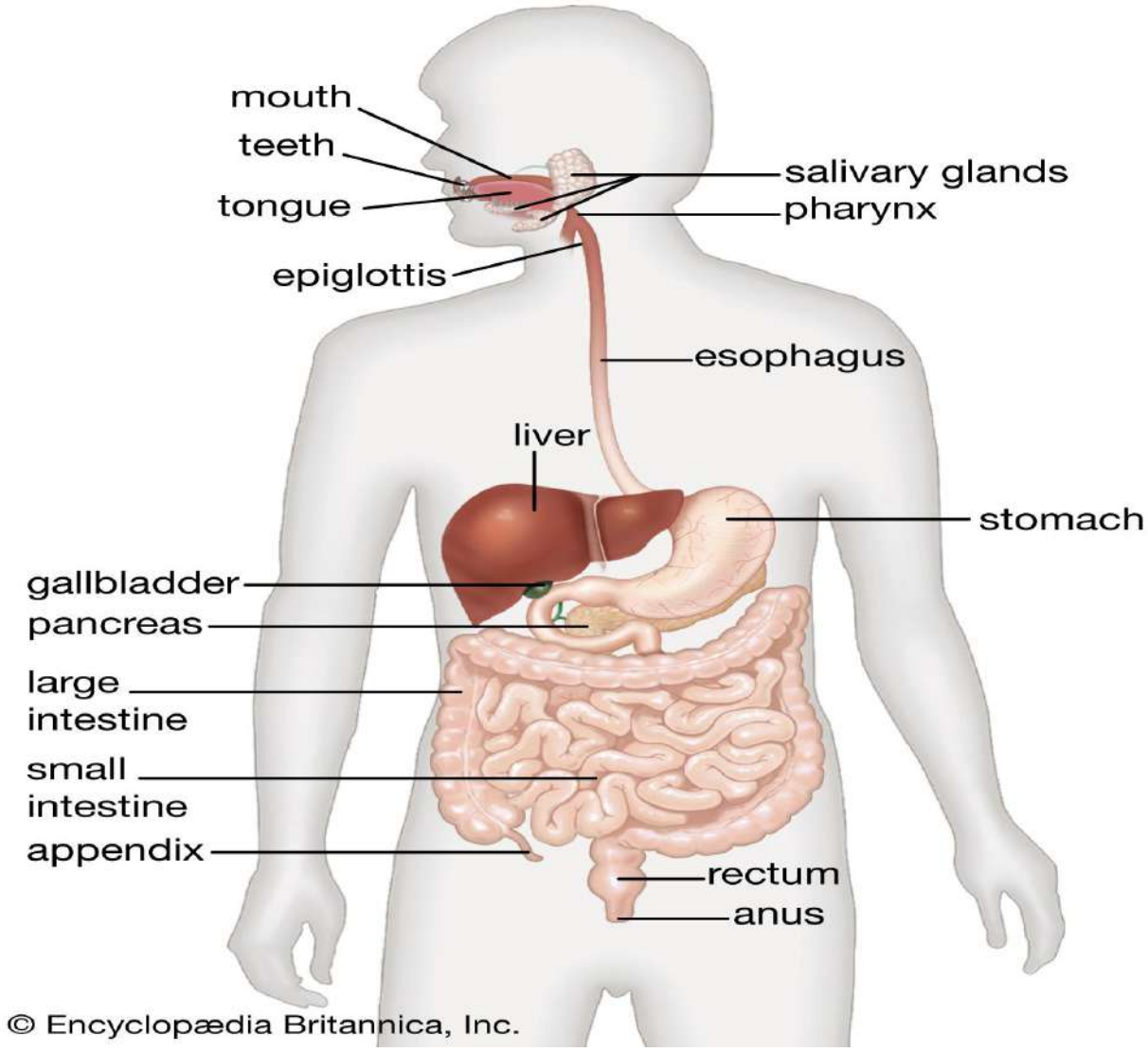
• *Weight*: 1.83Kg

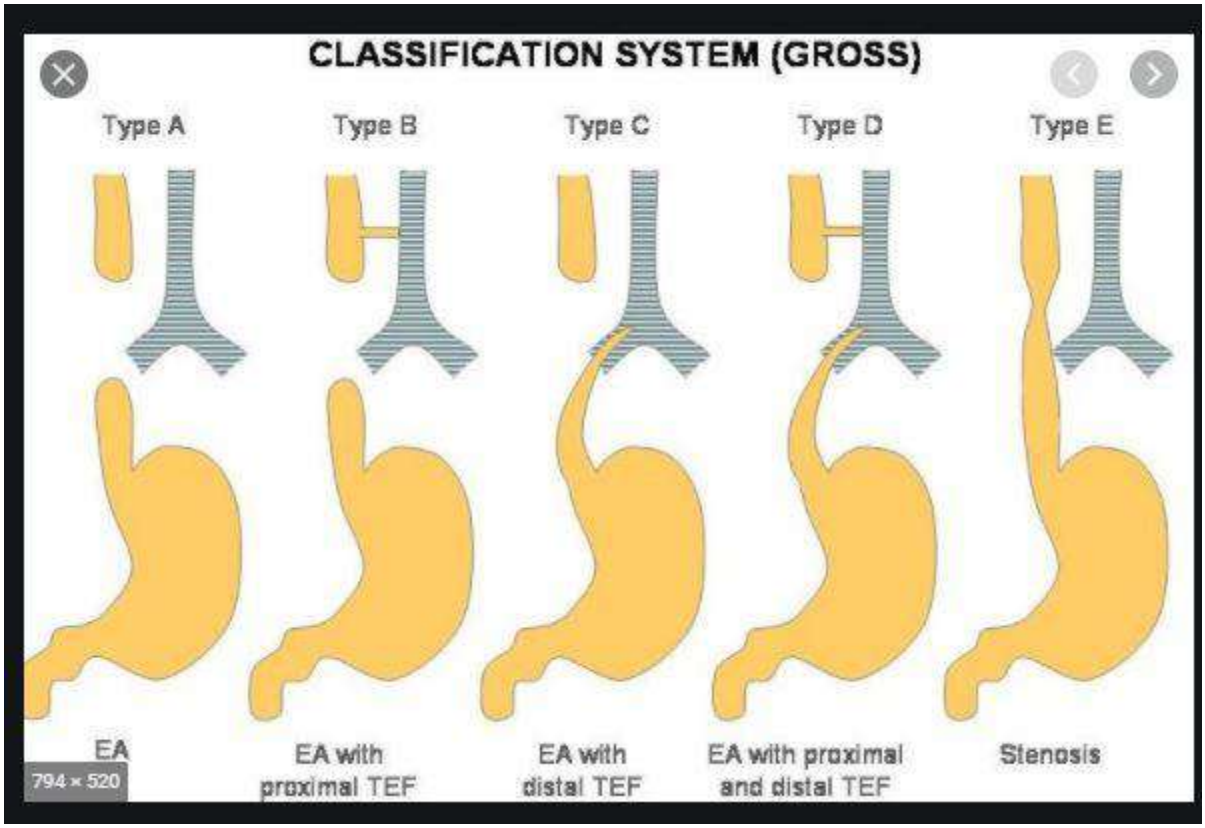
• Head circumference: 34 cm

• Chest circumference: 31 cm

At clinical examination—

- There was Excessive Salivation
- Dry skin and decreased skin turgor,
- Shortness of breathing and abdominal distension.


mouth
teeth
tongue
epiglottis
salivary glands
pharynx
esophagus
liver
stomach
gallbladder
pancreas
large intestine
small intestine
appendix
rectum
anus
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Class group discussion-

1. Define TEF.
2. Which are the types of TEF?
3. What is the prevalence this disease?
4. Enlist the causative factor?
5. Which are the common surgery plan for TEF?
6. What is difference between EA and TEF, GERD?

Community Health Nursing

Case scenario

Scenario 1 A 35 year old women is seen for easy fatigue for many months. She is now 24 weeks pregnant with her 3rd child in 3 years. She does not see any obstetrician and does not take any vitamins. Lately, she has developed a taste for eating ice. She has no other complaint. Family and past history are negative. She does not smoke or drink. Physical examination is positive for pale conjunctiva, mild spooning of nails and an II/VI systolic murmur at left lower sternal border. Stools are negative for occult blood.

- Labs: Complete blood count (CBC) - Hg 7.1 gm/dl, Hct 23%, WBC 5,400/mm3 (differential is normal), platelets 450,000/mm3; Mean Corpuscular volume (MCV) is 74 fl (normal 85-95 fl); Red cell Distribution Width (RDW) is 17.1% (normal 13-15).

- What is the daily requirement of iron for a normal adult? Is it different for females or pregnant women?
- How reliable is physical examination in diagnosing anemia?
- Could she have 'anemia of chronic disorder'? What are the known mechanisms of anemia of chronic disorder?
- What is your therapeutic strategy for treatment of iron deficiency anemia?
- In which part of GI tract is iron absorbed? What else is necessary for iron absorption?
- Are there any problems associated with iron therapy?
- Is there a role for Blood transfusion?
- How you can promote the health of women, explain with valid example.

Scenario 2 Alan is 34 years old. He works as a salesman and travels extensively. He is admitted to hospital for investigation of acute abdominal pain. He has a 6 week history of nausea and vomiting and is feverish with abdominal pain and tenderness on admission. He says that he had a chest infection 4 months ago, and on examination he is found to have oral thrush.

Following tests and investigations, Alan's abdominal pain is found to be caused by cytomegalovirus (CMV) colitis.

After counselling, he is tested for HIV and found positive. He is to start on anti-viral treatment.

You are providing Alan nursing care during this hospital admission. Alan's wife visits and asks you to explain his condition and treatment.

Another patient in the ward asks you if Alan has AIDS and expresses concern about Alan being in the next bed.

- Explain about the disease.
- Write Nursing Diagnosis.
- Describe the Nursing process.
- Write the Health education on specific prevention.
- How you can do the counselling for another patient in the ward. What else needs to be done?
- Elaborate the treatment strategies for Mr.Alan.

Scenario 3 A 34-year-old male patient names Chaganbhai comes for collecting medicine. A drug dispenser ask patient for prescription but patient forgot prescription and asking for medicine verbally for the health problem. A drug dispenser gave medicine on patient request and patient left after collecting medicine.

- What are the points need to follow by drug dispenser before dispensing drug to patient?
- How will you improve drug dispensing practice of dispenser?
- Write the Roles and responsibilities of MLHP to resolve the problem of patients.

Scenario 4 A 60 year old male patients Mr.Kanubhai who is a known case of Hypertension and is on Tablet Amlodipine 5 mg once per day has come to you for follow up. His Blood Pressure is 160/90 mm Hg. He doesn't have any other complaints. In his last visit his BP was 140/90.

- What should you do?
- What should you assess?
- List out possible diagnosis?
- What else needs to be done?
- Describe the Nursing process?
- Write health education for Mr. Kanubhai.
- Write Tertiary Prevention on it?

Scenario 5 Mr.Jigar pokhriyal 23 year old tobacco addict has come to your center for fever treatment. You examine his oral cavity and find leukoplakia lesions in his buccal mucosa. What will be your next step?

- What should you assess?
- What should you do?
- List out possible diagnosis?
- Describe the Nursing process?
- Write health education for Mr. Jigar Pokhriyal.
- How will you counsel him?

Scenario template

Category: **Theme:** **Learning objectives:**	Family planning services Reversible contraception- combine oral contraceptive pills
	• To understand the process of counselling clients about the combined oral contraceptive pill. • To understand the common questions expected from the client and the expected answer to articulate. • To structure the consultation in an ethical and comprehensive manner.
Events:	Ms. XYZ, 19 years old university student come to your family planning clinic with a request for emergency contraceptive pill from you. She has had two prescriptions for emergency hormonal contraception dispensed in the past three months. She said that her boyfriend isn't much in favor of using physical barrier method of contraception like condoms. What would you cover in your counselling/discussion session with her?

Action points:
(critical events in scenario)
	• Opening the consultation:
	  ○ Introducing self
	  ○ Confirming the client's name and OP number
	  ○ Checks the client's understanding of types of contraception available.
	  ○ Conducts a general assessment of the client.
	• Explore the client's ideas, concerns and expectations:
	  ○ Explore what the client currently understands about the combine oral contraceptive pills.
	  ○ Ask if the client has any concerns about the combine oral contraceptive pills.
	  ○ Explore the patient's expectations of the combine oral contraceptive pills.
	• Explaining about combined oral contraceptive pills:
	  ○ Explain what the combine oral contraceptive pills is.
	  ○ Explain the advantages of the combine oral contraceptive pills.
	  ○ Explain the disadvantages of the combine oral contraceptive pills.
	  ○ Explain the contraindications of the combine oral contraceptive pills.
	  ○ Explain how to take the combine oral contraceptive pills.
	• Closing the consultation/counselling session:
	  ○ Summarise the key points back to the client.
	  ○ Thank the patient for their time

Scenario template

Patient behavior:(for simulated patients or operators)	• Client is tensed and anxious as she had an unprotected intercourse within last 15 hours. • After brief introduction she is ready to explain herself and understand about various contraceptive methods. • After receiving information, she is very positive towards accepting the use of feasible reversible contraceptive method in future.	
Information to participants:	• The OSCE checklist contains the main areas of the counselling session. • One point will be assigned for each step of the counselling session done correctly. • The mode of OSCE evaluation would be through online method. • Perform the complete counselling procedure • You will have to write the details of the counselling session according to the client's scenario. Add you Name and ID number to the note and it should be signed by you. • You will have to mail the pdf copy of your written note to anjalitiwari.nur@charusat.ac.in. • After the completion of the evaluation phase of the OSCE, you would have an in-depth discussion regarding the case scenario with the evaluator/coordinator.	
SIM info:	Type	Counselling regarding combined oral contraceptive pill
	Dressing	-
	Medical equipment	• Thermometer • Sphygmomanometer • Weighing machine • Height scale
	Medicine	• A sample pack of combined oral contraceptive pills.
General assessment with Vital signs:	Temperature	98.8°F
	Pulse	96 beats/min
	Respiration	28 breaths/min
	Blood pressure	130/80 mm of hg
	Height	156 cms

Scenario template

	Weight	59 kgs
	Disability	Nil
	Menstrual history	• Age at menarche: 15 years • Cycle: regular • Duration: 4-5 days • Interval: 28 to 30 days • Associated ailments: Nil
	Contraceptive use history	• H/o use of emergency hormonal contraceptive pills (2 times in past 3 months)
Changes in progress:	• After initial reassurance, client becomes calm and relaxed and opens up about herself and shows willingness to understand about combined oral contraceptive pills. • The client also shares her misconception that combined oral contraceptive pills leads to infertility if used for a longer duration of time. • The client requests for time in decision making regarding use of combined oral contraceptive pills.	
Keywords for debriefing:	• Feedback • Group discussion • Students' reflection. • Take home points.	
References:	Alka Kriplani, J.B. Sharma, Seema Singhal. Textbook of Contraception. Avichal Publishing Company, New Delhi.	

Scenario- 01

Title: 16 year old female patient admitted with the complains of ear pain, tinitus, mild loss of hearing, and diagnosed with Otitis media.		
Learning objectives:		
	By all patient data student will be able to learn about 1. How a patient comes to hospital with different complains 2. How to assess the physical examination. 3. Critical thinking on given condition and develop critical thinking skill. 4. How to make nursing care plan in priority according to given sign and symptoms.	
Events:	Past medical history shows the previous admission to hospital due to an infection of upper respiratory system. History shows no previous ENT infections. No surgical history	
Action points: (critical events in scenario)	Physical examination indicates upper respiratory infection since 2 weeks Investigation – investigation shows increased in WBC count. Nursing team discussing about infection and how middle ear infection has direct link with upper respiratory tract infection. One staff think about patient should go for CT scan also, just to confirm this infection is not reached up to brain.	
Patient behaviour:	Patient admitted to ENT ward for management of disease. Patient admitted since three days. Patient is complaining of otalgia, hearing loss at right side of ear, discomfort, nausea and vomiting, ringing sensation in both ear, fever, loss of appetite, or vertigo	
SIM info	Medicine	• Antibiotics, painkillers, fever, loss of appetite, or vertigo and antiemetic drugs are on. • **Write medication in assignments accordingly(refer books)**
Vital signs:	Airway	normal
	Breathing	Tachypnea is present- 26 breaths/mint

Scenario- 01

	Circulation	normal
	Disability	-
Changes in progress:	• Patient feel little relief after getting medication • Mild ear pain is still present at night time • Patient is improving in vitals • But patient is complaining of hearing problem • Insomnia is present • No fever since 1 day	
Keywords for debriefing:	1. Risk of brain infection because of ENT infection 2. How did you prioritize the nursing care plans? 3. What actions have taken as a part of nursing care? 4. What if the patient had been 50 years old, would you have changed anything? 5. Take-home messages out of this scenerio? *Teacher will discuss with student such questions after completing your assignment.	
References:		

Scenario template

Brief Title:	Alzemer disease condition (Not to be disclosed to students)
Learning objectives:	Student will be able to • Identify the probable diagnosis of the patients based on DSM-V criteria • Perform and record verbatum of the patient. • Perform MSE. • Critical thinking on given condition and develop critical thinking skill. • How to make nursing care plan in priority according to given sign and symptoms.
Significant Events:	NS
Case scenario (highlighting the critical aspect of the scenario)	Ms. X aged 58 years old having the complaints of repetitiveness, memory loss, and executive function loss. Identify the symptoms and diagnosis.
Patient's condition on admission	The patient was referred to the specialty memory clinic at the age of 58 with a 2-year history of repetitiveness, memory loss, and executive function loss. Examples of functional losses were being slower in processing and carrying out instructions, not knowing how to turn off the stove, and becoming unable to assist in boat docking which was the couple's pastime. She stopped driving a motor vehicle about 6 months before her memory clinic consultation. Her past medical history was relevant for hypercholesterolemia and vitamin D deficiency. She had no surgical history. She had no history of smoking, alcohol, or other drug misuse. Laboratory screening was normal. There was no first-degree family history of presenile dementia. Neurocognitive assessment at the first clinic visit revealed a Mini Mental State Examination (MMSE) score of 14/30; poor verbal fluency (patient was able to produce only 5 animal names and 1 F-word in 1 min) as well as poor visuospatial and executive skills She had fluent speech without semantic deficits. Her neurological examination was pertinent for normal muscle tone and power, mild ideomotor apraxia on performing commands for motor tasks with no suggestion of cerebellar dysfunction, normal gait, no frontal release signs. Her speech was fluent with obvious word finding difficulties but with no phonemic or semantic paraphrasic errors. Her general physical examination was unremarkable without evidence of presenile cataracts. She had normal hearing. There was no evidence of depression or psychotic symptoms.
Other relevant information	Magnetic resonance imaging scan at age 58 revealed mild generalized cortical atrophy. She is white with 2 years of postsecondary education. Retirement at age 48 from employment as a manager in telecommunications company was because family finances allowed and not because of cognitive challenges with work. Progressive

Scenario template

	cognitive decline was evident by the report of deficits in instrumental activities of daily living performance over the past 9 months before her initial consultation in the memory clinic. Word finding and literacy skills were noted to have deteriorated in the preceding 6 months according to her spouse. At the time of the initial assessment, her mother was deceased at age 79 after a hip fracture with a history long-term smoking and idiopathic pulmonary fibrosis. Her family believes that there is possible German and Danish descent on her father's side. Her father was alive and well at age 80 at the time of her presentation with a history coronary artery disease. He is still alive and well with no functional or cognitive concerns at age 87 at the time of writing this report. Her paternal grandfather died at approximately age 33 of appendicitis with her paternal grandmother living with mild memory loss but without known dementia or motor symptoms until age 76, dying after complications of abdominal surgery. Her paternal uncle was diagnosed with Parkinson disease in his 40s and died at age 58. Her maternal grandmother was reported to be functionally intact, but mildly forgetful at the time of her death at age 89. The maternal grandfather had multiple myocardial infarctions and died of congestive heart failure at age 75. She was the eldest of 4 siblings (ages 44 to 56 at the time of presentation); none had cognitive problems. She had no children.
Progress:	After treatment with a cholinesterase inhibitor, her MMSE improved to 18/30, tested 15 months later with stability in function. Verbal fluency improved marginally with 7 animals and 3 F-words. After an additional 18 months, function and cognition declined (MMSE=13/30) so memantine was added. The stabilizing response to the cholinesterase inhibitor added some degree of confidence to the diagnosis.
Points for discussion	• Probable diagnosis of the patients based on DSM V criteria • Precautions to minimize side effect of anti psychotic drugs • How to overcome resistance of the patients in psychotherapy • Prioritize the nursing care plans • Identified specific nursing intervention • Take-home messages out of this scenerio

Scenario template

Brief Title:	Borderline personality disorder (Not to be disclosed to students)
Learning objectives:	Student will be able to • Identify the probable diagnosis of the patients based on DSM-V criteria • Perform and record verbatum of the patient. • Perform MSE. • Critical thinking on given condition and develop critical thinking skill. • How to make nursing care plan in priority according to given sign and symptoms.
Significant Events:	She has made two suicide attempts by overdosing on prescribed medications, one as a teenager and one six months ago; she also reports chronic suicidal ideation, explaining that it gives her relief to think about suicide as a "way out."
Case scenario (highlighting the critical aspect of the scenario)	Mary is a 26-year-old who presents with a history of non-suicidal self-injury, specifically cutting her arms and legs, since she was a teenager.Identify the symptoms and diagnosis.
Patient's condition on admission	During the time admission , she has symptoms as below: • Anger • Anxiety • Concentration Difficulties • Emotion Deregulations • Impulsivity • Mood Cycles • Risky Behaviours • Self-Injury • Suicidal thoughts
Other relevant information	When she is stressed, Mary says that she often "zones out," even in the middle of conversations or while at work. She states, "I don't know who Mary really is," and describes a longstanding pattern of changing her hobbies, style of clothing, and sometimes even her job based on who is in her social group. At times, she thinks that her partner is "the best thing that's ever happened to me" and will impulsively buy him lavish gifts, send caring text messages, and the like; however, at other times she admits to thinking "I can't stand him," and will ignore or lash out at him, including yelling or throwing things. Immediately after doing so, she reports feeling regret and panic at the thought of him leaving her. Mary reports that before she began dating her current partner she sometimes engaged in sexual activity with multiple people per week, often with partners whom she did not

MANIKAKA TOPAWALA INSTITUTE OF NURSING

A Constituent of CHARUSAT

We Heartily Welcome

Ms. Bharrati Bhatt

Renowned NCLEX-RN Trainer

NCLEX-RN Session for Final Year Students

Date: 31st August, 2019 | Venue: MTIN Auditorium

CHARUSAT
CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

Accredited Grade "A" with NAAC (Govt. of India)

CHARUSAT Campus, Changa - 388421

Aegis: Shri Charotar Moti Sattavis Patidar Kelavani Mandal

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

[CHARUSAT]

Faculty of Medical Sciences

MANIKAKA TOPAWALA INSTITUTE OF NURSING

Report of Lecture on

"NCLEX-RN counseling"

Date of event	: 31/08/2019
Date of Submission	: 03/09/2019
Organizers	: Mr. Jamin Chauhan
Venue	: MTIN lecture hall-106

Submitted By

Name	: Mr. Jamin Chauhan
Designation	: Assistant Professor
Department	: Career Development and Placement Coordinator
Email	: jaminchauhan.nur@cahrusat.ac.in

Endorsed by

03/09/2019

Seal and Signature

PRINCIPAL

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TOPAWALA INSTITUTE OF NURSING
CHARUSAT CAMPUS, CHANGA
AT. CHANGA - 388 421
TAL. PETLAD, DIST. ANAND

Date: 31/08/2019 **Day: Saturday** **Timings: 10am to 11am**

I. **Introduction:** The career development and placement cell of Manikaka Topawala Institute of Nursing Organized a expert lecture on 'NCLEX-RN counseling' for 8th semester B.Sc. Nursing students on 31st August 2019 at MTIN by Ms. Bharrati Bhatt, renowned NCLEX-RN trainer.

II. **Agenda:** NCLEX-RN counseling

III. **Objectives of the event:** The students would be able to gain understanding regarding the examination of NCLEX-RN.

IV. **Participants/Beneficiaries:** 8th semester B.Sc. Nursing students

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

The career development and placement cell of Manikaka Topawala Institute of Nursing Organized a expert lecture on 'NCLEX-RN counseling' for 8th semester B.Sc. Nursing students on 31st August 2019 at MTIN by Ms. Bharrati Bhatt, renowned NCLEX-RN trainer. The session started with an Introduction to Ms. Bharrati Bhatt by Mr. Jamin Chauhan. Then, Ms. Bharrati opened the lecture giving an introduction of the examination. The NCLEX exam, also known as the National Council Licensure Examination, is a standardized test that every US state regulatory board uses to determine if a candidate is ready to become licensed as an entry-level nurse. There are 2 types of NCLEX exams and which test you take depends on the role that you seek.

NCLEX-PN: For practical or vocational nurses (LPNs/LVNs), the most entry-level of the licensed nursing positions

NCLEX-RN: For registered nurses (RNs), who need additional education and have greater responsibility

The National Council Licensure Examination (NCLEX-RN® exam) has one purpose: To determine if it's safe for you to begin practice as an entry-level nurse. It is significantly different from any test that you took in nursing school. While nursing school exams are knowledge-based, the NCLEX-RN® tests application and analysis using the nursing knowledge you learned in school. You will be tested on how you can use critical thinking skills to make nursing judgments. Mam, also explained the pre-requisites for applying for the exam. She also advised the students to start preparing for the exam well in advance. Ms. Bharrati, also gave information on the centers offering the exam. She gave a step wise process on how the exam should be given and the lengthy process of preparation. She assured the students that she would always be available for any guidance regarding NCLEX exam. The students put forth their

queries in relation to the session and the exam which Ms. Bharrati addressed with minutest of details. About 58 students benefitted from the lecture.

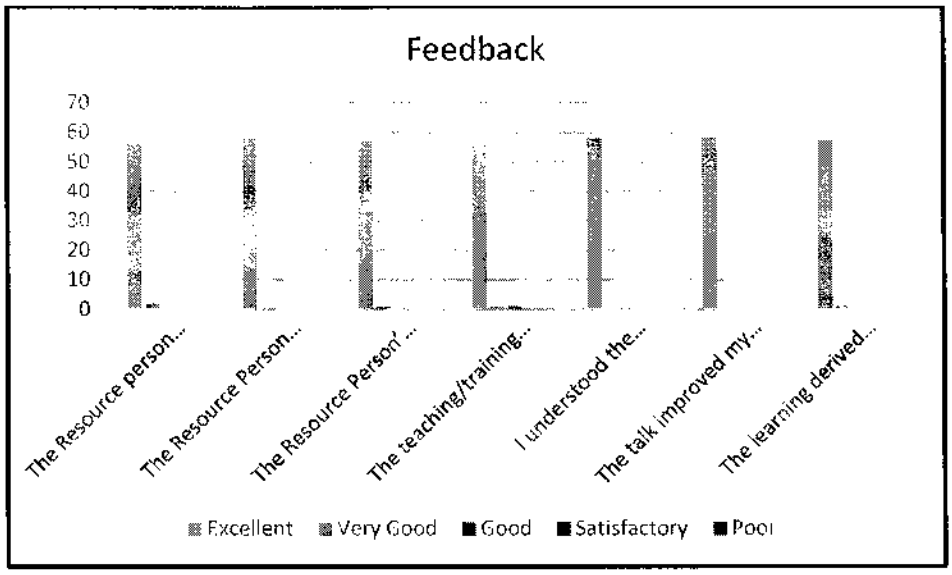
VI. Feedback Analysis report: (should specify the following)

A. Number of participants: 58

B. Table of feedback form with number of participants' response in each category. (example as below)

	Scale: 5-Excellent; 4- Very Good; 3- Good: 2- Satisfactory; 1-Poor					
S. No.	**Statements**	**5**	**4**	**3**	**2**	**1**
1	The Resource person made good use of the time allotted.	**56**	**02**	**00**	**00**	**00**
2	The Resource Person had conceptual clarity and knowledge about the topic.	**58**	**00**	**00**	**00**	**00**
3	The Resource Person' presentation style was effective in helping to learn.	**57**	**01**	**00**	**00**	**00**
4	The teaching/training methods used were appropriate for the audience.	**56**	**01**	**01**	**00**	**00**
5	I understood the concepts as presented in the talk.	**58**	**00**	**00**	**00**	**00**
6	The talk improved my understanding of the topic.	**58**	**00**	**00**	**00**	**00**
7	The learning derived for the talk will be useful to me in future.	**57**	**01**	**00**	**00**	**00**

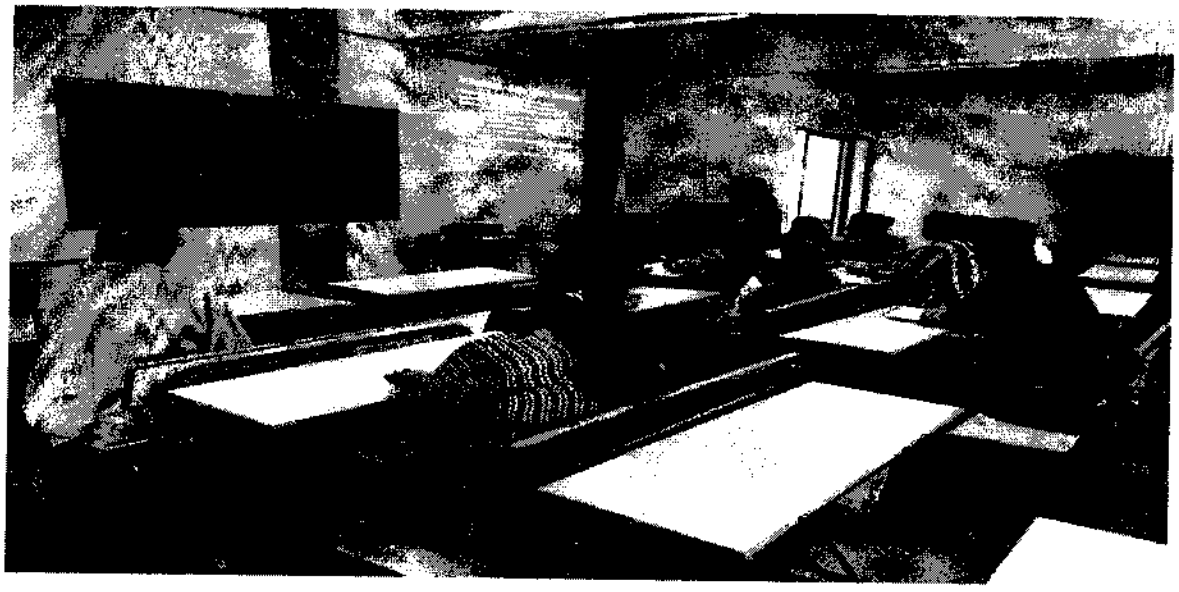
C. Analysis depicted through graphs. (example as below)



Glimpse of the session



NCLEX-RN Session by Ms. Bharrati Bhatt, Date 31/08/2019



NCLEX-RN Session by Ms. Bharrati Bhatt, Date 31/08/2019

VII. Conclusion

The career development and placement cell of Manikaka Topawala Institute of Nursing Organized a expert lecture on 'NCLEX-RN counseling' for 8th semester B.Sc. Nursing students on 31st August 2019 at MTIN by Ms. Bharrati Bhatt, renowned NCLEX-RN trainer. About 58 students benefitted from the lecture. Ms. Bharrati gave a detailed account of the NCLEX exam and encouraged students to opt for it. She also appreciated the institute for organizing such a lecture and inviting her as a resource person. The event was a success.

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY[CHARUSAT]
Faculty of Medical Sciences
MANIKAKA TOPAWALA INSTITUTE OF NURSING

Name of Event - *NCLEX –RN Session for Final year Students*
Date of Event - 31/08/2019

ATTENDANCE SHEET

Sr.No.	ID No.	Name	Attendance
1	15BN001	CHAUHAN KHYATIBEN RAMESHBHAI	Present
2	15BN002	DESAI NISHTHA HEMALKUMAR	Present
3	15BN003	GOLIVADIYA NIKITABEN VISHNUBHAI	Present
4	15BN004	JANI MAHARSHI ASHWINBHAI	Present
5	15BN005	KA.PATEL HINALBEN BHAVESHKUMAR	Present
6	15BN006	LEUVA KAJAL MUKESHBHAI	Present
7	15BN007	MALIWAD EKTA PARSOTTAMDAS	Present
8	15BN008	PAREKH PAYALBEN ASHOKBHAI	Present
9	15BN010	PARMAR PRIYABEN VINODBHAI	Present
10	15BN011	PATEL AESHABEN ASHOKBHAI	Present
11	15BN012	PATEL AMEEBEN RAKESHKUMAR	Present
12	15BN013	PATEL ARPITABEN RUSHIKESHBHAI	Present
13	15BN014	PATEL BHAKTI NARENDRAKUMAR	Present
14	15BN015	PATEL BHAVYA RAJENDRAKUMAR	Present
15	15BN016	PATEL BHUMI SURESHBHAI	Present
16	15BN017	PATEL CHARMIBEN ATULBHAI	Present
17	15BN018	PATEL DARSHANKUMAR VIKASBHAI	Present
18	15BN019	PATEL DISHA RAKESHBHAI	Present
19	15BN020	PATEL HEMALIBEN BHARATBHAI	Present
20	15BN021	PATEL HETAVI CHANDRAKANT	Present
21	15BN022	PATEL JINAL BHARATBHAI	Present
22	15BN023	PATEL KINJALBEN DINESHBHAI	Present
23	15BN024	PATEL MAITRIBEN NIKULBHAI	Present
24	15BN025	PATEL MANALI KAMLESHBHAI	Present
25	15BN026	PATEL MANSI PARESHKUMAR	Present
26	15BN027	PATEL MANSIBEN HITESHKUMAR	Present
27	15BN028	PATEL MARGI RASHMIKANT	Present
28	15BN029	PATEL MIRALI KAMLESHKUMAR	Present
29	15BN030	PATEL MOHINIKUMARI NAVINBHAI	Present
30	15BN031	PATEL MUKTIBEN SURESHBHAI	Present
31	15BN032	PATEL NIDHI SATISHBHAI	Present

32	15BN033	PATEL NIDHIBEN DHARMESHBHAI	Present
33	15BN034	PATEL NIDHIBEN MANOJBHAI	Present
34	15BN035	PATEL NIHAR KANUBHAI	Present
35	15BN036	PATEL PRACHI PRAHLAD	Present
36	15BN037	PATEL PURVI KALPESH	Present
37	15BN038	PATEL PURVIBEN HITESHBHAI	Present
38	15BN039	PATEL RUTUBEN PRAFULKUMAR	Present
39	15BN040	PATEL SHRUTIKABEN SHAILESHBHAI	Present
40	15BN041	PATEL VAIBHAVIKUMARI BABUBHAI	Present
41	15BN042	PITHDIYA HINA HARISHBHAI	Present
42	15BN045	PRAJAPATI NISHTHABEN RAJENDRABHI	Present
43	15BN046	PRAJAPATI PRINCI MAHENDRABHAI	Present
44	15BN047	RABARI DIPALBEN JADAVBHAI	Present
45	15BN048	RABARI MAMTABEN KANUBHAI	Present
46	15BN049	RAJWADI KINJALBEN JASHUBHAI	Present
47	15BN050	RANA SHIVANI DEEPAK KUMAR	Present
48	15BN051	SATASIYA BHAVINKUMAR RAMESHBHAI	Present
49	15BN052	SHAH JINALI MUKESHBHAI	Present
50	15BN053	SHAH PALAK RAJESHBHAI	Present
51	15BN054	SHARMA KRISHNA NILESHKUMAR	Present
52	15BN055	SINDHA NISHABEN SHANTILAL	Present
53	15BN056	SOLANKI JALPABEN NARESHBHAI	Present
54	15BN057	SONI SHAILY HITESHKUMAR	Present
55	15BN058	SUTHAR APEXABEN NARANBHAI	Present
56	15BN059	VASAVA PRIYANKABEN SURESHBHAI	Present
57	15BN060	VAZA HARSHADKUMAR MANUBHAI	Present
58	14BN034	PATEL KAMAL HARESHBHAI	Present

31/08/19

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 : **25/09/2019**

Date of Submission : **05/10/2019**

Submitted By

Name :Ms. Rameshwari Zala

Designation : Assistant Professor

Department : Nursing

Email : rameshwarisolanki.nur@charusat.ac.in

Endorsed by

05/10/19

Principal

Seal and Signature

MANIKAKA TOPAWALA INSTITUTE OF NURSING CHARUSAT CAMPUS CHANGA

CHARUSAT CAMPUS CHANGA

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

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 2019-20

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 8 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	Students need to be oriented regarding their courses to be studied	Commencement programm for 1st year B.Sc. Nursing students organised from 30.09.2019 to 03.10.2019 to give brief orientation of the subjects they are going to study in each semester of B.Sc. Nursing program. Annexure-I
2	Need to have scope of recent development and innovations in curriculum	To explore students regarding development and innovations in

		nursing field group research projects was carried out by 8th semester B.Sc. Nursing from 22.06.2020 to 01.12.2020 Annexure-II

Report of Commencement celebration programmeof 1st year B.Sc. Nursing and GNM

Date: 30.09.2019 to 03.10.2019

Day: Monday, Tuesday and Thursday

Timings: 9.00 am-4:30 pm

I. Introduction:

Manikaka Topawala Institute of Nursing, a constituent of CHARUSAT organized 3 days commencement programme for 1st year B.Sc. Nursing (2019 batch) and 1st year GNM on 30.09.2019 to 03.10.2019. During these three days students and parents are provided information about the functioning of institute, course orientation, course structure, exam and grading system, rules- regulations, different cells of university and its importance.

II. Agenda:

Venue: MTIN auditorium

Day	Time	Program	Faculty in-charge
Day-1 30/9/2019	9:00-10.00 am	Registration and distribution of kit	Ms. Sapna Patel, Ms. Priyanka Talpada, Students
	10:00-11:00 am	Inaugural and welcome by principals	
	10:00-10:10 am	Welcome speech by Dr. B.G. Patel	
	10:11-10:20 am	Welcome address by Dr. Anil Sharma, Principal, MTIN	
	10:21-10:30 am	Welcome address by Dr. Darshan Patel, Principal, CIPS	
	10:30-10.40 am	Welcome address by Dr. BalaGanapathy, In-charge Dean of Faculty of	

	10:41-11:00 am	Medical Sciences &Principal, ARIP, CHARUSAT video	
	11:01-11.15 am	MTIN Video	Ms. Franny Emmanuel
	11.16-11.30 am	All faculty introduction	Ms. Sapna Patel
	11:30am-12:00pm	Students self-introduction	Ms. Franny Emmanuel
	12:00 – 12:45 pm	**Parents interaction with the staffs & Lunch**	Mr. Vipin Vageriya and Ms. Jalpa Prajapati
	12:46-1:30 pm	A view about MTIN-CHARUSAT; rules & regulations	Ms. Sapna Patel
	1:31-2:15 pm	Anti-Ragging cell Introduction & Anti-ragging activity	Mr. Vipin Vageriya
	2:16- 3:30 pm	E-governance profile update	Mr. Vipin Vageriya, Ms. Jalpa Prajapati, Ms. Sapna Patel, Ms. Priyanka, Ms. Franny Emmanuel, Students
	3:30-4:30 pm	Campus orientation by the student counsellor	Ms. Jalpa Prajapati, Students
Day-2 1/10/2019	9:00-10:00 am	Course orientation-course structure, academic regulations (Gujarati), academic calendar, exam & grading system and any other.	Dr. Anil Sharma
	10:01-12:45 pm	Information regarding Different cell like Student Support Activities-	All CELL representatives:

	10.01-10.15 am	Indian Nursing Council, Gujarat Nursing Council	Mr. Siddaram Sarate
	10.16-10:35 am	MTIN glimpses and Grievance Redressal Cell	Ms. Anjali Tiwari
	10:36-11:05 am	Student Nurses Association& Sports and cultural Committee	Ms. Franny Emmanuel
	11:06-11:30 am	Women's development cell	Ms. Rameshwari Solanki
		NCC	
	11:31-12:00 pm	Entrepreneur Development Cell .	Mr. Deepak Krishnamurthy
		Alumni Association MTIN chapter	
	12.01-12.15 pm	National Service Scheme	Ms. Sapna Patel
	12.16-12.30 pm	Career development & placement cell	Mr.Jamin Chauhan
	12.31-12.45 pm	Prevention of Sexual Harassment cell	Ms. Alpna Patel
	12.46-1:45 pm	**Lunch Break**	
	1:46-4:30 pm	SPOURAL and co-curricular video /Treasure hunt/indoor sport activity by student counsellor/talent show	Ms. Franny Emmanuel, Student
Day-3 3/10/2019	9:00-10:00 am	Glimpse of course and scope of nursing	Ms. Sapna Patel/ Ms. Priyanka Talpada
	10:01-11:00 am	Orientation of Anatomy and physiology	Ms. Sapna Patel(B.Sc. Nursing) Ms Angelina Makwana (GNM)

	11:01-12:00 pm	Orientation of Nutrition and biochemistry(B.Sc. Nursing) Community Health Nursing (GNM)	Ms. Jalpa Prajapati Mrs Shilpa Dalwadi
	12:01-1:00 pm	**Lunch break**	
	1:01-2:00 pm	Orientation of Nursing foundation-I Psychology (GNM) Nursing Foundation (GNM)	Ms. Franny Emmanuel Mr Jamin Chauhan Ms. Jinal Suthar
	2:01-3:00 pm	Life objectives	Dr. Kamal Chakravartty
	3:01-4:30 pm	Games/ activities	Ms. Franny and Ms. Jalpa, Student

Names of student counselor:

6th semester B.Sc. Nursing and Final year GNM:

- ParmarTwinke
- KatariyaRiddhikumari
- Patel Akshay
- ValandAbhay
- NishaPrajapati
- DhartiPrajapati
- Abhishek Master

Registration Kit: A folder containing the following:

1. Bio-data form
2. MTIN broacher
3. Syllabus copy-Xerox
4. Rules & Regulations
5. All faculty members contact details
6. Anti –Ragging cell pamphlet

7. Temporary library forms
8. Institutes attraction
9. Feedback form

III. Objectives of the event:

a. To give orientation about CHARUSAT and MTIN.
b. To brief the students about structure of the course.
c. To give information about exam and grading system.
d. To explain academic regulations.
e. To interact about rules and regulations of the college.
f. To provide information regarding different cells like student support activities.
g. To orient college campus and CHARUSAT hospital.

IV. Participants/Beneficiaries: 1st year B.Sc. Nursing (2019– 23 batch) and 1st year GNM students

V. In detail explanation of the event with colored print of photographs:

ManikakaTopawala Institute of Nursing, a constituent of CHARUSAT organized 3 days commencement programme for 1st year B.Sc. Nursing (2019– 23 batch) and 1st year GNM on 30.09.2019 to 03.10.2019

Day-1(30.9.2019):

MTIN invited students of 1st semester B.Sc. nursing and GNM and their parents for the commencement celebration programme. The commencement programme started at 9.00 am with the registration of new students and kit distribution. At 10.00 to 11.00 am the welcome address was delivered by Dr. BG Patel, Dr. Anil Sharma, Dr. Bala and Dr. Darshan Patel. After that the CHARUSAT video played and we gave brief introduction about CHARUSAT to parents and students.

From 12.45 p to 2.00 pm Ms. Sapna Patel had delivered session. She also explained the rules and regulations of MTIN to the students and parents. In detail explanation is given about MTIN, facilities at MTIN, practical experience at MTIN, placements of clinical posting, community experience, extracurricular activities, visits ,role play done by students, nursing

laboratories, students clinical activities, student housing etc. The students and parents asked questions after the session and cleared their doubts.

The session contain following topics

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

- Established under Gujarat State Act 8 of 2009
- Empowered to Award Degrees by UGC under Section 22 of the Act 1956

Heritage of 117 years

- CHARUSAT is a brainchild of social organizations : Matrusanstha & Kelavani Mandal
- The mother organization - Shri Charotar Moti Sattavis Leuva Patidar Samaj – Matrusanstha was founded in 1895 and was involved in Social Welfare and Education Support Activities is known for its Revolutionary step: Mass Marriages
- Shri Charotar Moti Sattavis Patidar Kelavani Mandal – was formed in 1994 for social service through education

Ideals

- **Honesty and Integrity**
  - No donations/capitation/hidden costs in admissions & recruitment
  - We do what we say and we say what we do
- **Transparency**
  - Reflected in diligence of accounts and finance
  - Openness to all stake-holders: employees, students and parents
- **Equity and Fairness**
  - Fair selection process and Equal Opportunity
  - Pay scales matching government norms – for all

Vision

To become a dynamic global institution in a knowledge driven world through excellence in teaching, research and social contributions

Mission

To serve society by striving to transform it through creation, augmentation, dissemination and perpetuation of knowledge

Goals:

- Achievement of Academic Excellence with world class university.

- Mobilization of adequate resources for financial sustainability.
- Community development through out reach programmes.

Faculties of CHARUSAT:

- Faculty of Technology and Engineering
- Faculty of Computer Science and Applications
- Faculty of Pharmacy
- Faculty of Management Studies
- Faculty of Applied Sciences
- Faculty of Medical Sciences

Salient Features

- 105 Acres of lush green campus
- Environment - conducive to learning
- Internet (Wi-Fi) facility available for 24 hours (200 MBPS BW)
- Uninterrupted availability of electricity for 24 hours
- Enriched library with more than 51588 books and 12982 e- journals and 221 print Journals
- 64 UG, PG and Research Programs with student population of more than 5000 and an investment of Rs. 125 crores
- Over 110 labs with instruments and software worth Rs.120 million
- Scholarships to students up to Rs 5 crores
- Allied Facilities for Indoor and Outdoor Sports
- Centralized Admission Process As per State Government norms

MANIKAKA TOPAWALA INSTITUTE OF NURSING

Vision:

To become a premier institute in the field of nursing education, practice and research

Mission:

To prepare competent, knowledgeable and compassionate nurse having leadership quality and inclination to serve the society

Institutional infrastructure

- 65788 sq. ft. Constricted area
- Well equipped class Rooms with Green Board and Power Point Projector
- Institute Library with 2915 books

- Indoor Sports Room
- 19 Indian and International Journals
- Wifi Campus
- Seminar halls
- Hostels

Courses offered

- GNM
- B.Sc. Nursing
- M.Sc. Nursing
- PhD nursing

Departments:

- Medical surgical nursing
- Child health nursing
- Obstetrical and gynecological nursing
- Mental health nursing
- Community health nursing

About the course:

- B. Sc. Nursing and GNM course contains basic subjects like Human Anatomy & Physiology, Microbiology & Bio-chemistry which will lay the base for the students for nursing practice.
- It exposes the students for medical-surgical nursing, adult, geriatric nursing, maternal, paediatric nursing, psychiatric nursing & community health nursing to enable students come out as a professional Nurse.
- In addition, this course also helps the students to develop their skills, knowledge, & understanding in the field of research, administration & education.
- M.Sc. Nursing course contains the subjects like Advanced nursing practice, Nursing education, Nursing research and bio statistics, nursing administration and speciality subjects (Medical surgical nursing, Child health nursing, Obstetrics and Gynaecological nursing, Community health nursing)

Features of MTIN:

- Emphasis on clinical decision making and problem based learning

- Using technology for e-learning.
- Self-learning, practical learning and clinical exposure facilitated by the faculty.
- Clinical training in highly specialized hospitals.
- Students will enable for continuous evaluation.
- Interactive class room sessions using black-board & audio-visual aids.
- Case study, group discussions, role-plays & simulation exercises. Seminars, Continuous Medical Education programmes (CME'S) and Conferences are initiated.
- Development of faculty & student scholarly research activities
- Extra curricular activities like sports and cultural events initiated to students.
- Problem Base Learning

Nursing Laboratories:

1. Nursing Foundation Lab:
2. Maternity and Child Health
3. Community Health Nursing
4. Nutrition Lab
5. Preclinical (Anatomy, Physiology and Microbiology) Lab
6. Vimalben J Patel advanced skill lab
7. Research lab

Rules and Regulations

Rules to be followed by all students:

1. All the students must be in class before 9.00 AM.
2. The students must not leave college before 4.30 PM.
3. Strict discipline should be maintained in college campus by the students.
4. All students should compulsory carry their Practical record book to college every day.
5. Students must inform respective coordinators prior taking any leave.
6. Students who are taking leave without genuine reasons have to fill up duties on Sunday with/without fine.
7. Students who are availing medical/ sickness leave have to produce Valid Medical certificate.
8. Students must obey & cooperate with all teachers.
9. Any students involving or supporting nuisance/illegal activity/arguing with teachers are seriously punishable.

10. The students have to attend all unit tests, internal assessment exams, model exams, practical exams, university exams.
11. Students must have 100% attendance in clinical.
12. The students must not leave hospital premises without permission from supervisor.
13. Students are NOT allowed to meet their parents/relatives during clinical postings.
14. Students must submit all clinical assignments/Procedures/health education on given dates.
15. Use of Mobiles are strictly not allowed in Clinical and also in college working hours.
16. Students must go to clinical with neat and tidy uniform even when filling extra duties on Sunday.
17. Students must be properly and decently dressed in college hrs.
18. The students must wear Identity card in the college campus and clinical areas.

Students must wear hamlets or seat belts.

The session was followed by the lunch break at MTIN corridor between 12.00 noon to 1.00 pm.

At 1.00 pm the session was again started and each faculty of MTIN introduced themselves and welcomed the students and parents. Between 3.00 to 4.30 pm the student counselors of final GNM oriented the students and parents about the CHARUSAT campus.

Day-2 (1/10/2019):

The programme began with the session on course orientation by Dr. Anil Sharma. Sir explained in detail about structure of the course, academic regulations, academic calendar, exam and grading system. At the end of the session sir had cleared all doubts of the students. After that between 10.00 am to 12.45 pm students were given information regarding different cell like student support activities. During this session institute representatives of each explained about the different cells which is functioning in university. Various cells including Indian nursing council, Gujarat nursing council, Grievance redressal cell, Anti ragging cell, Student nurse association, Sports and cultural committee, Women' s development cell, NCC, NSS, Entrepreneur development cell, Alumni association, Career development and placement cell, and Prevention of sexual harassment cell were explained to students. The presentation of various cells included following contents.

Entrepreneurship Development & Incubation Center (EDIC)

Aims and Objectives:

- To trigger an entrepreneurial culture and inculcate entrepreneurial values primarily in the students and staff of CHARUSAT and later in the society at large and influence the mind-set of people towards entrepreneurship
- To create awareness about the charms of being an entrepreneur and the process of entrepreneurship, especially among youth
- To encourage more dynamic start-ups by motivating educated youth, scientists and technologists to consider entrepreneurship as a lucrative, preferred and viable career
- To support early phase of entrepreneurship development including the pre-start-up, nascent as well as early post start-up phase and growth enterprises;
- To augment the supply of new entrepreneurs through education, research and training
- To train rural poor as entrepreneurs in order to facilitate creation of social enterprises to address the needs of the population at the 'bottom of the pyramid'
- To facilitate science and technology based innovations leading to entrepreneurship

Vision: To place CHARUSAT and thereby Charotar, Gujarat, India in the comity of highly ranked entrepreneurial and innovative Institutions / States / Nations.

Mission: To create an eco-system within CHARUSAT, Charotar, Gujarat, India wherein opportunity based and innovative entrepreneurship germinates, sustains and grows leading to creation of a more dynamic and 'entrepreneurial economy'

Further the students were given lunch break between 12.45 to 1.45 pm. After the lunch break faculties and students counselors arranged indoor games named musical chair and bomb in the city for students. The students enjoyed a lot.

Thrust areas:

- Information Technology
- Electronics Biotechnology
- Nano Technology
- Robotics
- Non-conventional Energy – Green
- Bio-medical Equipment & Devices
- Agro & Food Processing

Incubation Process

- Application for incubation
- Selection of incubatees
- Signing of Memorandum of Understanding between EDIC and incubates.
- Formation of an enterprise, business plan, market research, consultancy, legal, finance and other support
- Periodic assessment of the incubatee
- Graduation of the incubatee

ALUMNI ASSOCIATION

Aim

- To unite the students of the university both past, present and future under one umbrella.
- To promote a platform for the students to encourage knowledge contribution, sharing of ideas and helping each other.
- To help the university to gain international reputation, to increase the corpus fund which in turn will be helpful in contribution towards the students' community

Objectives:

- To provide an active platform that promotes mutually beneficial interaction and networking of CHARUSAT with Alumni and also amongst the alumni.
- To play an active role as a facilitator between CHARUSAT and industries.
- To encourage the spirit of service and philanthropy among the members of the association.
- To promote and support Chapters of Association and co-ordinate interaction among the chapters.
- To raise and deal with funds and money of the Association.
- To undertake all activities for furtherance of objectives of Association.

Advantage of being alumni

- Actively involved in growth and development of institute
- Actively participate in CNE conducted by Institute
- Share your thoughts with students
- Publish your article in CHARUSAT journal
- Meet your friends frequently

- Can develop personally and professionally
- Can attend various activities and professional days celebrated by Institute.

EXECUITIVE COMMITTEE (CAA-MTIN)

- Dr. Anil Sharma(Chairman)
- Mr. Deepak Krishnamurthy (Secretary)
- Ms. Prachi soni (Joint Secretary)
- Ms. Prajapati jalpa (Member)
- Mr. Keyur Patel (Member)
- Mr. Meet Patel (Member)
- Ms. Chaudhari Snehakumari(Member)
- Ms. Makwana Angelina(Member)
- Ms. Patel Ektaben(Member)
- Ms. Machhi Nikitaben Vitthalbhai (Member)
- Ms. Baranda Priyankakumari Maganbhai (Member)

CAREER DEVELOPMENT AND PLACEMENT CELL

Activities of CDPC

- To help students to identify their skills, interests and personality to select best
- suited career.
- To help students identify the field for higher studies.
- To provide adequate information to students regarding procedure for International Progression.
- To provide training for soft skills, personality development and placement.
- Provide adequate information of recruitment resources to the students.
- Provide information regarding job opportunities.
- Facilitate on- campus and off-campus recruitment.
- Conduct seminars on long term projects like clinical setting, private sector, public sector and self employment.

CDPC at MTIN

- 100% placement
- Soft skills training

- Resume building
- Aid in placement
- Professional Readiness Programme
- Linkage with alumni association
- Association with various prominent hospitals
- Facilitate on-campus and off-campus recruitment
- Availability to pursue higher studies
- Guidance for International Progression

WOMEN DEVELOPMENT CELL

Applicability

- This policy shall extend and apply to all the students, employees of the campus and women in general.

Objectives:

- In pursuance of the directions issued by University Grant Commission (UGC) and Ministry of Human Resource Development (MHRD), the CHARUSAT University has set up the WDC with the following objectives:
- To provide and foster a dignified, congenial working environment for women employees (including teaching, non-teaching and contractual workers) and students, where they can realize their potential to the fullest.
- To make women aware of their social and legal rights and thus empower them to stand against any discrimination.
- To develop personality and incubate leadership quality in women leading to a fulfilling liv
- es.
- To organize activities and programme to achieve the above said objectives.
- To cooperate and collaborate with organizations with similar goals and activities.
- To act as a forum for information sharing and exchange of ideas.

National Cadet Corps

The National Cadet Corps has established in the University corps which was created under the defence Act, 1917 with the object to make up the shortage of the ARMY.

Motto of NCC

"Unity and Discipline"

Principles of Discipline

- Obey with a smile
- Be Punctual
- Work hard and without fuss
- Make no excuses and tell no lies

Aims of NCC

1. To develop qualities of character, discipline, leadership and ideals of selfless service among the youth to make them useful citizen.

2. To create a human resource of organized trained and motivated youth to provide leadership in all walks of life including the Armed Forces and be always available for the service of the nation

NATIONAL SERVICE SCHEME (NSS)

Launch - launched on the 100th birthday of Mahatma Gandhi as a Youth Service Program in 1969 by the Govt. of India

Motto – *"Not Me But you "*

Present status - Present strength : 3.2 Million in 200 Universities and +2 Councils

Objectives:

- To develop a sense of civic and social responsibility
- To identify the needs in the community and to develop solutions
- To work with/among people
- To engage in creative and constructive social action
- To gain skills in programme development for self-employment
- To bridge the gap between the educated and the uneducated masses
- To promote the will to serve the weaker section of the community
- To gain skills in program development for self-employment
- Making education more relevant to present situation
- Providing opportunities to the students to play their role in planning and executing development projects
- Encouraging students and non-students to work together
- Developing the quality of leadership

- Emphasizing dignity of labour and self-help
- Participation of youth in national development

NSS PROGRAMMES-Activities

- A self-defence workshop for girls and women of underprivileged area
- Tree Plantation
- Talent Hunt Program for blind/handicap children
- Medical camp and survey in an underprivileged area and discuss the hygiene problems
- Scientific model workshop
- Cloth Donation Campaign
- Awareness drive on personal hygiene
- Cleanliness drive, dustbin installation and hand gloves distribution
- Celebration of Kite festival
- Celebration of Independence Day and Republic Day
- Celebration of Mahatma Gandhi Nirvan Din
- Celebration of National Unity Day
- Lok Dayro on No Smoking
- Blood Donation Camp
- Celebration of International Yoga Day
- Women Education Day Celebration

Day-3 (3/10/2019):

Ms. Sapna Patel and Ms. Priyanka Talpada explained Glimpse of course and scope of nursing to B.Sc. Nursing and GNM students respectively from 9.00 am to 10.00 am. The detail of the presentation was as follows.

Bachelor of Science in Nursing Programme

☐ **Duration of Programme *(as per INC)**

- Undergraduate programme
- Minimum 8 semesters (4 academic years including internship)
- Maximum 8 academic year
- **Programme structure**

- A student shall follow the prescribed courses as given in the programme of study. This course completes in 8 semesters including internship

GENERAL NURSING & MIDWIFERY

- The Manikaka Topawala Institute of Nursing has been established in 2011.
- General Nursing & Midwifery course is affiliated to the Indian Nursing Council.

System of Education

- Yearly system.
- The year session will be divided in theory and practical as per curriculum.

Duration of Programme

Minimum 3 years course

Programme structure

FIRST YEAR (**Theory**)

I. Bio-Science

(i) Anatomy & Physiology

(ii) Microbiology

II. Behavioral Science

(i) Psychology

(ii) Sociology

III. Nursing Foundation

(i) Fundamentals of Nursing

(ii) First Aid

IV. Community Health Nursing

(i) Community Health Nursing - I

(i) Environmental Hygiene

(iii) Health Education & Communication Skills

(iv) Nutrition

V. English

VI. Computer Education

VII. Co-curricular activities

Clinical Experience

I.Basic Nursing

II.Community Health Nursing - I

Attendance

- A student must have minimum of 80% attendance (Irrespective of kind of absences) in theory & in practical in each subject for appearing for Gujarat Nursing Council examination.
- A student must have 100% attendance in each of the practical areas before award of diploma.

COURSE EVALUATION

The performance of every student will be evaluated as follows:

1. ***Internal evaluation*** of 25 % of marks of the course

- If candidate fails in internal assessment in any subject (Theory & Practical) will not be eligible for appearing the Council examination.
- It is based on student's performance in the exams, clinical, class, discipline, attendance, etc.
- **Internal Practical Examination** 50 % of marks of the course which includes Clinical practical exam, Assignment, Health talk, Care plan, case study, Clinical presentation, Demonstration of procedures.

2. External Examination –

- 75 marks of the course and 25marks of the internal Examination.(Theory)
- 50 marks of the course(GNC) and 50 marks of the internal Examination (Practical)
- For passing External examination 50%
    - (38 marks) require

The place of Examination will be as per the Gujarat Nursing Council.

Passing Standards

- Every student who fulfils the following criteria will be eligible for the award of the Diploma Nursing.
- He/she should have passed all internal evaluation components by securing at least 50% marks in every subjects and 50% in external in every subjects.
- He should have secured a minimum at the end of the 50% in Gujarat Nursing Council Examination.

Grading of Examination

Examinations shall be graded on the aggregate marks of the entire 3 years of the training programme, as follows:

- DISTINCTION - 80% and above
- FIRST DIVISION - 70% to 79%
- SECOND DIVISION- 60% to 69%
- PASS- 50% to 59%

Scope of nursing practice

The **scope of nursing** practice is defined as the range of roles, functions, responsibilities, and activities which registered **nurses** are educated and authorized to perform.

☐ **Nursing profession is great to be considered as you will :**

- Directly influence the health and well-being of other people.
- Never stop learning: about health, about illness, about people and the world we live in.
- You will have a range of careers rolled into one: as you develop you can diversify and specialize.
- Excellent career opportunities.

Courses to prepare qualified nurses

- Auxiliary nurse midwife
- General nursing and midwifery
- Basic B.Sc. Nursing.
- Post Basic B.Sc. Nursing.
- Masters in Nursing.
- P.G. Diploma or Certificate courses in Nursing.
- Ph.D. in Nursing.

Scope in hospital

- **Staff Nurses** – Staff nurses are the engine for the hospital because they provide direct care to one patient or group of patient.
- **Ward Sister or Nursing Supervisor** – They are nursing superintendent for the nursing care management of a ward or unit.
- **Department Supervisor/Assistant Nursing Superintendent** – These nurses rank higher to ward sister or nursing supervisor. Department Supervisor will report to nursing superintendent and deputy nursing superintendent for the nursing care and management of

more than one ward. For example, they govern surgical department or outpatient department.

- **Deputy Nursing Superintendent** – They need to report to nursing superintendent and help in nursing administration of the hospital.
- **Nursing Superintendent** – They need to report to medical superintendent for safe and good management of hospital nursing services.
- **Director of Nursing** – They need to report for both nursing service and nursing education within a teaching hospital.

Scope at community level

☐ Community health nurse:

- Domiciliary nursing
- Mental health nursing
- School health nursing
- MCH and family planning services
- Nursing care
- Home care
- Geriatric care
- Rehabilitation centre

Scope in education institutes

- Clinical instructor
- Tutor
- Assistant professor
- Associate professor
- Professor

Other scopes:

- **Industrial Nurses** – These nurses will provide first aid and care during illness, health education to industrial workers. They teach about industrial hazards and prevention of accidents in work place in industry.
- **Military Nursing Services** – It's an government services and integrated in Indian army. Nurses who join military services will be assigned as commissioned officers. After few

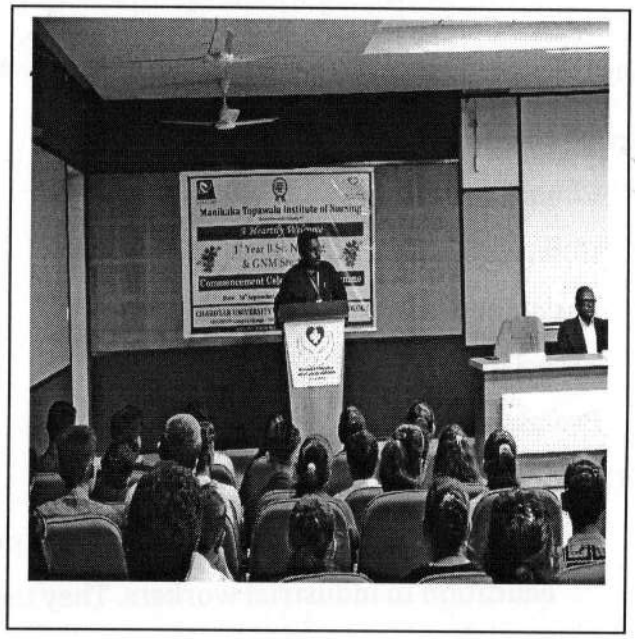
years of service in military, they can reach highest position such as Lieutenant to Major General in army.

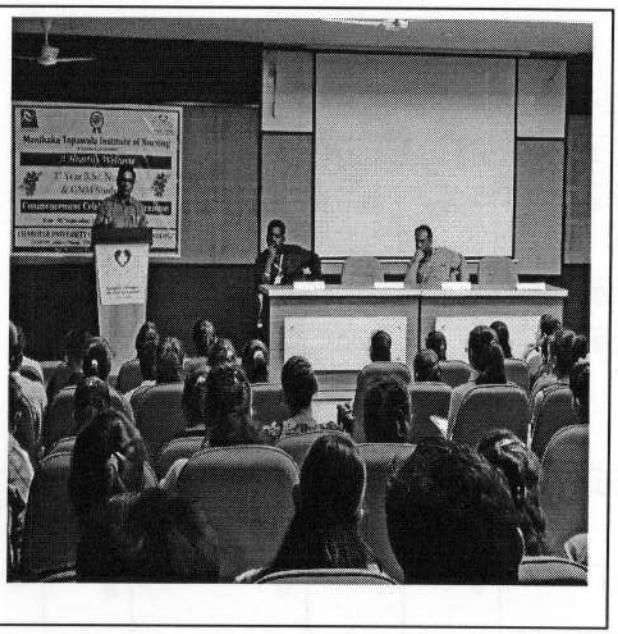
- **State Level positions** - Nurses can work as Deputy Director of Nursing at state level health directorate and look after problems in administrative levels.
- **Finally, Nursing Advisor** – the highest rank in India for Nurses. They perform major work as advisor to government of India to solve various issues such as education, employment, salary benefits and recommendation to improve nursing profession.

10.00 am to 12.00 pm Ms. Sapna Patel and Ms. Jalpa Prajapati explained detail about the Anatomy and Nutrition respectively. At the same time Ms. Angelina and Ms. Shilpa Dalwadi explained about Anatomy and Community health nursing to GNM students respectively. 12.00 to 1.00 pm lunch break was given to students. 1.00 pm to 2.00 pm Nursing foundation course orientation was given by Ms. Franny to 1st year B.Sc. Nursing students. 3.00 pm to 4.30 pm students enjoyed playing different games.

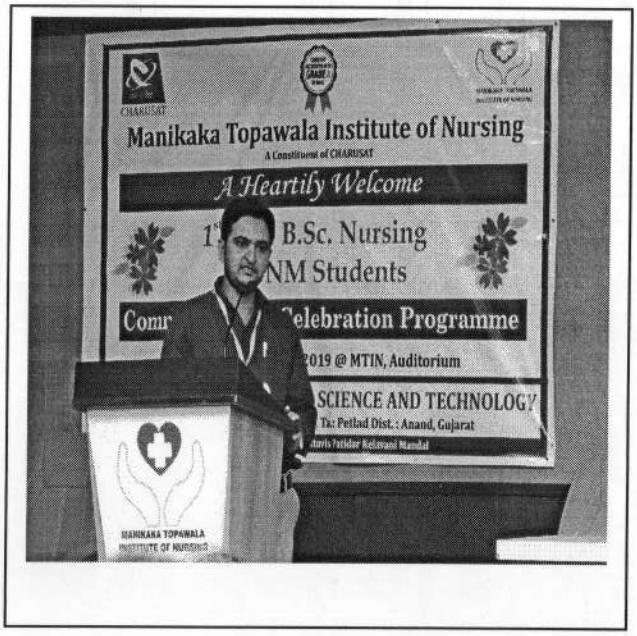
Photographs:








Manikaka Topawala Institut
A Heartily Welco
1st Year B.Sc. Nursi
& GNM Student
Commencement Celebration


CHARUSAT
Manikaka Topawala Institute of Nursing
A Constituent of CHARUSAT
A Heartily Welcome
B.Sc. Nursing
NM Students
elebration Programme
2019 @ MTIN, Auditorium
SCIENCE AND TECHNOLOGY
Ta: Petlad Dist. : Anand, Gujarat
MANIKAKA TOPAWALA
INSTITUTE OF NURSING



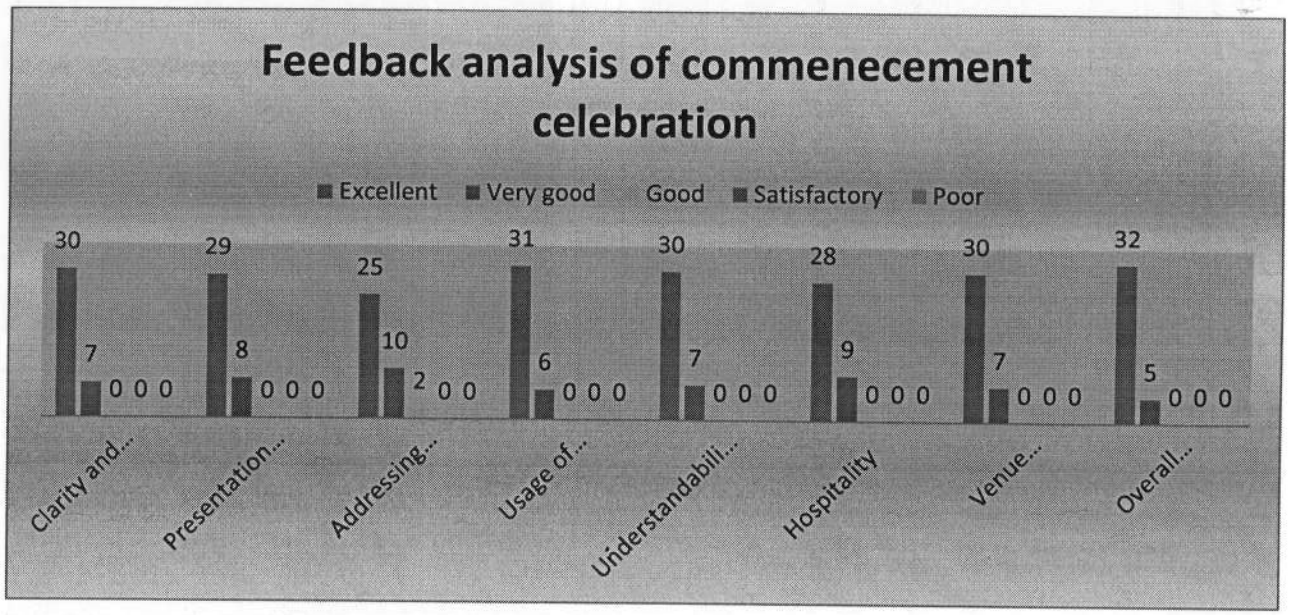
VI. Feedback Analysis report: Students

A. Number of participants: 37

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

	Scale: 5-Excellent; 4- Very Good; 3- Good: 2- Satisfactory; 1-Poor					
S. No.	**Statements**	**Excellent**	**Very Good**	**Good**	**Satisfactory**	**Poor**
1	Clarity & understandability of the session	30	7	0	0	0
2	Faculty members presentation style was effective in helping to understand details about program, college, university & others	29	8	0	0	0
3	Addressing group's/parent's doubts & questions	25	10	2	0	0
4	I understood the details presented in the session	31	6	0	0	0
5	The information obtained from the session will be useful to me/parents in future.	30	7	0	0	0
6	Hospitality extended by the institute during session	28	9	0	0	0
7	Venue arrangements (Audio-visual aid settings, location, etc)	30	7	0	0	0
8	Overall Organization of the session	32	5	0	0	0

C. Analysis depicted through graphs.



VII. Financial support received:

Name of teacher	PAN No.	Event Type (Seminars/ conference/ workshops/ Orientation Program/ Refresher Course/ Faculty Development Programs/ Short Term Course/extension activity etc.)	Event level (Institute/ University/ State/ National/ International)	Event title	Event organizing body	Date - From	Date - To	Type of participation (Delegate/ Paper Presenter/ Resource Person/ Session Chair/ Judge/ member of organizing committee etc.)	Financial support received from CHARUSAT (INR)	Financial support received from other agencies/bodies	
										Name of agency/ body	Amount (INR)
Ms. Sapna Bhavin Patel	BRNPP4936R	Orientation programme	Institute	Commencement of 1st semester B.Sc. Nursing and GNM	MTIN	30.9.2019	3.10.2019	Event coordinator	Rs.27,654	N/A	N/A

VIII. Conclusion

The Manikaka Topawala Institute of Nursing is very grateful to Charotar University of Science & Technology to initiate this commencement celebration programme as a part of academic session. The institute has got full collaboration from other faculty of different department for successful organization of this commencement celebration.

2016-20 batch

S.N.	Title of the research	Specialty	Guided by	Name of Student	ID no.
1.	A Descriptive Study to assess the psychological effects of COVID-19 outbreak and lockdown among Students and Workers of CHARUSAT University, Anand.	Medical and surgical Nursing	Ms Glory Wagela	PARMAR TWINKLE RAJESHBHAI	16BN016
				VALAND ABHAY NITINKUMAR	16BN046
				PATEL DINKIBEN NARENDRABHAI	16BN021
				BARIA UNNATIBEN MIRUBHAI	16BN001
				PADHIYAR HETALBEN MANUBHAI	16BN012
2.	A descriptive study on use of self-medication with OTC Drugs and its associated factors among Nursing Students of MTIN	Child health nursing	Ms Franny E	CHELANI TINA PARSHOTTAM	16BN004
				PATEL KHUSHBUBEN PRAVINBHAI	16BN027
				PATEL UNNATI NILESHBHAI	16BN038
				MITWABEN SEJALKUMAR PATEL	16BN011
				PATEL AKSHAY KIRANKUMAR	16BN018
3.	A study to assess knowledge regarding postnatal protection against COVID-19 among postnatal mothers of selected areas of central region of Gujarat.	OBG Nursing	Ms Jalpa Prajapati	KATARIYA RIDDHIKUMARI NARESHBHAI	16BN009
				PATEL URVIBEN RAKESHBHAI	16BN039
				PATEL HINALBEN VIMALKUMAR	16BN025
				VANKAR TRUPTIBEN SURENDRABHAI	16BN047
				BHANAT PRIYANKKUMAR REJINOLDBHAI	16BN002
4.				PATEL MANSI SUBHASHBHAI	16BN029

	A descriptive study to assess the knowledge and attitude of CHARUSAT employees in regard to COVID 19 pandemic	Mental health nursing	Ms Rutvi Thakor	PATEL SRUSTI NILESHKUMAR	16BN036
				PATEL BHUMIKABEN ASHOKBHAI	16BN020
				GURJAR CHRIS ARVINDBHAI	16BN006
				KALASVA DHVANIBAHEN MOHANBHAI	16BN008
5.	A study to assess the psychological impact of online teaching learning initiative during lockdown on the stakeholders of CHARUSAT University, Changa	Mental health nursing	Ms Shalni Joshi	MANSIBEN RAJENDRABHAI PATEL	16BN010
				PATEL JANKIBEN MUKESHBHAI	16BN026
				VASAVA RIDDHI RAGHUVIRSINH	16BN049
				JADAV TRUSHABEN HARIBHAI	16BN007
				PARGI KOMALBEN PRAVINBHAI	16BN014
6.	A study to assess prevalence of traditional practices during perinatal period among woman's of reproductive age in selected ruralareas of central region of Gujarat.	OBG Nursing	Ms Angelina Makwana	PARMAR PRAPTIBEN DINESHBHAI	16BN015
				PATEL VIDHIBEN KAMLESHKUMAR	16BN040
				RATHOD TARA NARANBHAI	16BN043
				SOLANKI HIRALBEN KIRITBHAI	16BN045
				RANA SAHIL RAVINDRAKUMAR	16BN042
7.	A Descriptive Study To Assess The Prevalence of Germophobia related to Pandemic of COVID 19 among the people living in Palaj village of Anand District.	Community Health Nursing	Mr Ankit Christian	PATEL HIMA MANOJBHAI	16BN024
				PATEL PRACHI PRAVINBHAI	16BN033
				PATEL HARSH DIPAKBHAI	16BN022
				DABHI SALONI MAHESHBHAI	16BN005
				PATEL PRIYANKABEN RAJESHBHAI	16BN034
8.	A descriptive study to assess the Eating habits and lifestyle changes	OBG Nursing	Ms Ishita Shah	PALADIYA RAHIL TALABHAI	16BN013
				PATEL HARSHIL RITESHBHAI	16BN023

	during COVID-19 lockdown among general Population of Anand district.			PATEL TIRTH HARSHADKUMAR	16BN037
				PATEL MOXABEN HARIKRUSHNA	16BN030
				VASAVA KIRTIKABEN KARAMSINGBHAI	16BN048
9.	A descriptive study to assess the Prevalence of drug non- Compliance among elderly people At selected areas of Anand District.	Medical and surgical Nursing	Mr Manish Trivedi	PATEL AYUSHI DIVYANSKUMAR	16BN019
				PATEL SHIVALI NILESHBHAI	16BN035
				CHAUHAN MIRAL NIKUNJBHAI	16BN003
				PATEL NIDHIBEN SHAILESHKUMAR	16BN032
				PATEL NIDHIBEN DINESHBHAI	16BN031
				RANA PRIYANKA NARESHCHANDRA	16BN041

Minutes of 15th Adhoc Board of Studies Meeting

Programme: M.Sc & B.Sc Nursing
Criteria: Curriculum feedback
Agenda: 9

Date: October 19, 2020
Time: 10:00 am
Virtual Platform: Zoom

The 15th Adhoc Board of Studies Meeting of Manikaka Topawala Institute of Nursing was held as per schedule through online mode.

Following members were present in the meeting:

- Dr. Anil Sharma, Chairperson, Principal, MTIN
- Mr. Siddaram Sarate, Assistant Professor, MTIN
- Mr. Deepak K., Assistant Professor, MTIN
- Dr. Pragna Dabhi, Registrar, Gujarat Nursing Council
- Dr. T Sivabalan, Professor and Vice Principal, Dean, Allied Sciences PIMS – DU, Loni, Maharashtra
- Mr. Manjunathan Chandran, Nursing Superintendent, Apollo Hospitals - Apollo CBCC Cancer Care-Ahmedabad
- Dr. Anjali Tiwari, Member Secretary, Assistant Professor, MTIN

Following members were not present in the meeting:

- Mr. Vipin Vageriya, Assistant Professor, MTIN

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.	Minutes were passed.
2.	Review teaching & examination scheme of B.Sc. Nursing Syllabus as per CBCS for academic year 2020-21.	The teaching & examination scheme of B.Sc. Nursing syllabus for the academic year 2020-21 as per CBCS were presented & specific in depth discussions were made.	Teaching & examination scheme of B.Sc. Nursing Syllabus was approved.
3.	Reviewing and revising the teaching & examination scheme of M.Sc. Nursing as per CBCS for the academic	The teaching & examination scheme of all semesters of M.Sc. Nursing syllabus as per CBCS were presented & specific discussions were made. In-depth discussions were held	Teaching & examination scheme of M.Sc. Nursing Syllabus was revised

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Phone# : + 91 - 2697 - 265201/5211 | Fax #: +91-2697-265007 | Email : info.mtin@charusat.ac.in | Website: www.charusat.ac.in
AEGIS : SHRI CHAROTAR MOTI SATTAVIS PATIDAR KELAVANI MANDAL

	year 2020-21.	regarding the research dissertation examination in fourth semester M.Sc Nursing. The committee approved the examination of dissertation work to be done speciality-wise in final semester M.Sc Nursing.	and approved.
4.	Critical review on question papers of B.Sc. Nursing and M.Sc. Nursing and Result Analysis	The question paper of B.Sc. Nursing and M.Sc. Nursing was critically reviewed, and result analysis was presented. In-depth discussions were held regarding incorporation of online mode of examination for nursing programmes. Committee approved and appreciated the use of online mode of examination by the institute.	Question paper pattern and result analysis were approved.
5.	Examiner panel of UG & PG programmes of Nursing	Examiner panel presented to members with explanation that examiner panel will be prepared every academic year as per INC and CHARUSAT norms.	Examiner panel was approved.
6.	For Discussion and Approval of one Ph.D. synopsis	The committee approved the synopsis and consented to give suggestions, if any through email within few days.	Synopsis was approved and recommended for further process.
7.	For Discussion: New Pedagogy innovation in UG & PG program with innovation in mode of practical examination	In depth deliberations were held regarding including OSCE as a mode of practical examination. The committee also suggested to conduct a pilot project regarding the difficulties and shortcomings experienced by teachers and students on using OSCE, in order to understand the feasibility of using OSCE. The committee appreciated the institute for having their faculty members and students already trained in OSCE. The committee members also suggested to develop and utilize competency based checklists for imparting practical experience to the students. This would assist the clinical competency skills among the students.	New Pedagogy innovation method was approved.
8.	For Discussion and Approval: Program outcomes for B.Sc Nursing	The program outcomes for B.Sc Nursing programme were presented. In depth discussions were held regarding the program outcomes prepared under Outcome based education. The committee suggested that as per UGC ten quality indicators, the program outcomes should be based on pass percentage,	Suggestions were noted and will be forwarded to the University level committee of Outcome based education.

		employability, placement and entrepreneurship.	
9.	For Discussion: Feedback received on curriculum from various stakeholders	Feedback regarding curriculum obtained from existing students and employers of our alumni were presented and discussed. Committee appreciated the efforts of the institute.	In depth discussions were made.
10.	For Approval: Course work for Ph.D. Nursing programme	The course work for Ph.D. Nursing at CHARUSAT was presented. In depth discussions were held regarding the mandatory courses and the speciality specific courses that need to be completed before starting the Ph.D. by a scholar.	Ph. D. Nursing course work was approved.
11.	Any other item with the permission of Chairman	There were no other item discussed.	-

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

Dated: 19.10.2020

Dr. Anil Sharma

Principal,

Manikaka Topawala Institute of Nursing.

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