Dr. Vithalrao Vikhe Patil Foundation
Ahilyanagar

Dr. Vithalrao Vikhe Patil Foundation's

COLLEGE OF NURSING

Accredited B ++, 2 (f) UGC Act, ISO

DR.V.V.P.F's COLLEGE OF NURSING AHILYANAGAR

Department of Child Health Nursing
DVVPF'S College of Nursing, Ahilyanagar

STANDARD OPERATING PROCEDURE

Standard Practice | Quality Care | Patient Safety | Teamwork & Responsibility

principal_nursing@vims.edu.in
www.vims.edu.in

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1] INTRODUCTION

The Department of Child Health Nursing is a specialized discipline dedicated to preparing competent nursing professionals to provide comprehensive, family-centred, and evidence-based care to neonates, infants, children, and adolescents. The department equips students with the knowledge and clinical skills required for health promotion, disease prevention, growth and development assessment, immunization, neonatal care, pediatric emergencies, and the nursing management of children with medical and surgical conditions.

The department emphasizes holistic, safe, and compassionate nursing care by integrating the principles of communication, teamwork, ethics, and evidence-based practice. Student-centred teaching-learning methods such as simulation-based learning, case-based discussions, clinical practice, skill demonstrations, and self-directed learning enhance the development of clinical competence and critical thinking.

Through quality education and supervised clinical experiences in hospitals and community settings, the Department of Child Health Nursing strives to prepare skilled, compassionate, and professionally competent nurses capable of meeting the healthcare needs of children and their families.

2| VISION AND MISSION OF THE DEPARTMENT

2.1 Vision

To cultivate expertise in Child Health Nursing through quality education.

2.2 Mission

1. To make learning in child health an experience that inspires learners to rediscover their abilities and become a role model
2. to develop unified leadership through values based on child care practices integrated with interdisciplinary collaboration
3. To mold the nursing students in promoting the health and well- being of the children and their families to cater the needs of the young society.
4. To prepare the students to conduct nursing research in Child Health Nursing

3| DEPARTMENT OBJECTIVES

The Department of Child Health Nursing aims to:

1. To provide quality education in Child Health Nursing that develops competent and compassionate nursing professionals.
2. To develop knowledge, clinical skills, and critical thinking for comprehensive child and family-centered care.
3. To promote ethical values, leadership, and interdisciplinary collaboration in pediatric nursing practice.
4. To prepare students to promote the health and well-being of children through evidence-based nursing care.
5. To encourage research, innovation, and lifelong learning in Child Health Nursing.

6. To foster professional excellence and social responsibility in meeting the healthcare needs of children and their families.
7. To strengthen leadership, teamwork, and effective communication for quality pediatric healthcare delivery.

4. SCOPE OF THE DEPARTMENT

The Department of Child Health Nursing is committed to providing quality nursing education, clinical training, research opportunities, and professional development to prepare competent, compassionate, and skilled nurses capable of delivering holistic, family-centred care to neonates, infants, children, and adolescents.

4.1 Undergraduate Nursing Education

- The department provides theory and practical education in Child Health Nursing as per the prescribed curriculum and regulatory guidelines.
- Students are trained in growth and development assessment, immunization, nutritional care, pediatric procedures, and the nursing management of children with medical and surgical conditions.
- Learning is focused on developing clinical competence, critical thinking, communication skills, and evidence-based pediatric nursing practice.

4.2 Postgraduate Nursing Education

- The department provides advanced knowledge and specialized clinical training in Child Health Nursing.
- Postgraduate students are guided in pediatric research, advanced clinical practice, neonatal and pediatric critical care, and family-centred nursing care.
- Leadership, teaching, research, and professional competencies are fostered to prepare future nurse educators and clinical specialists.

4.3 Clinical Teaching and Supervision

- Clinical postings are organized in pediatric wards, neonatal intensive care units (NICUs), pediatric intensive care units (PICUs), immunization clinics, and community settings.
- Faculty members provide demonstrations, bedside teaching, simulation-based learning, and continuous supervision during clinical practice.
- Students are guided and evaluated to ensure safe, ethical, and competent pediatric nursing care.

4.4 Research and Community Services

- The department promotes research activities and evidence-based practices to improve child health outcomes.
- Faculty and students participate in community outreach programmes, school health services, immunization drives, health education, and child health awareness activities.
- Research findings are encouraged for improving the quality of pediatric nursing care.

4.5 Continuing Nursing Education (CNE)

- The department organizes workshops, seminars, conferences, guest lectures, and skill development programmes in child health nursing.
- These activities help faculty and students update their knowledge of recent advances in pediatric and neonatal care.
- Continuous professional development and lifelong learning are promoted to enhance the quality of child healthcare services.

DEPARTMENTAL PLAN

5]

Department of Child Health Nursing Lab with a total area of **963 sq. ft.** The laboratory is designed to provide a simulated hospital environment for nursing education, skill training, clinical practice, and postgraduate teaching activities.

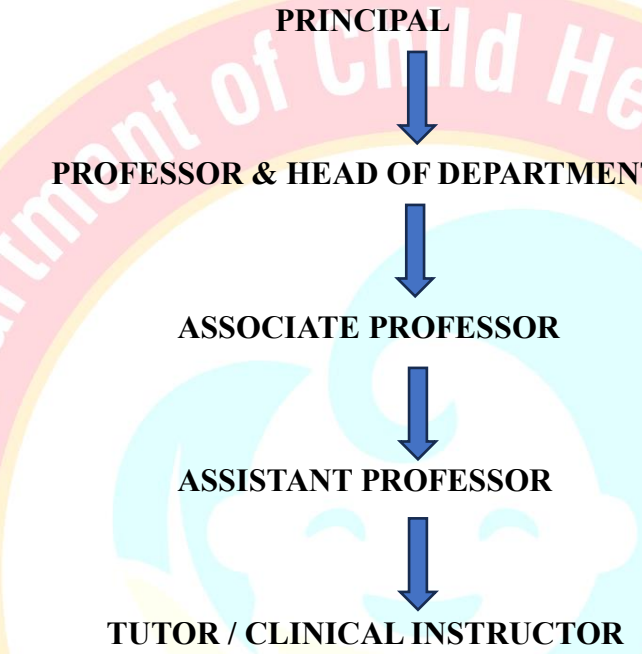
Major areas included in the floor plan are:

1. **Pediatric and Neonatal Intensive Care Unit (ICU) Area**
    - A separate ICU simulation area is provided with **4 patient beds.**
    - The area is designed for teaching and demonstration of critical care procedures, patient monitoring, emergency care, and advanced nursing skills.
2. **Post Graduate (P.G.) Teaching Area**
    - A designated PG teaching space is provided for postgraduate nursing education, seminars, discussions, presentations, and academic activities.
3. **HOD Office**
    - A separate Head of Department (HOD) office is provided for administrative work, faculty supervision, academic management, and departmental activities.

4. **Faculty Room**

   - A separate faculty room is available for teaching staff.
   - It facilitates faculty work, academic planning, documentation, and coordination activities.

6] STAFFING PATTERN



7] ROLES AND RESPONSIBILITIES OF FACULTY

7.1 PRINCIPAL

Academic Responsibilities

• Provide overall leadership and guidance for the effective functioning of the Child Health Nursing Department.
• Ensure curriculum implementation as per university and regulatory guidelines.
• Review and approve academic plans, teaching schedules, and clinical posting plans.
• Monitor the quality of theory teaching, clinical training, and skill-based learning.
• Encourage innovative teaching methods and academic excellence.

Clinical & Laboratory Responsibilities

• Ensure proper availability and utilization of Child Health Nursing laboratories and clinical learning resources.
• Support adequate clinical exposure and learning opportunities for students.

• Coordinate with hospital authorities for smooth clinical training and supervision.
• Ensure quality standards in clinical education and patient care practices.

Administrative Responsibilities

• Support departmental planning, faculty requirements, and resource management.
• Review departmental records, reports, and documentation.
• Ensure compliance with statutory requirements, inspections, and accreditation standards.
• Conduct regular reviews to monitor departmental progress.

Research & Professional Development Responsibilities

• Encourage research activities, evidence-based practice, and publications.
• Promote faculty development programmes and Continuing Nursing Education (CNE).
• Support professional growth and leadership development among faculty members.

Quality Assurance Responsibilities

• Promote continuous improvement in Child Health Nursing education and clinical practices.
• Ensure ethical, safe, and patient-centered nursing care among students.

7.2 PROFESSOR & HEAD OF DEPARTMENT (HOD)

Academic Responsibilities

• Plan, coordinate, and monitor departmental academic activities.
• Prepare teaching plans, course plans, and clinical schedules.
• Distribute workload among faculty members and monitor completion.
• Supervise theory, clinical, and laboratory teaching activities.
• Ensure effective implementation of curriculum guidelines.
• Conduct departmental meetings and maintain records.

Clinical & Laboratory Responsibilities

• Supervise Child Health Nursing Lab activities.
• Ensure proper utilization, maintenance, and availability of laboratory resources.
• Monitor student clinical competency and skill development.
• Coordinate with clinical areas for effective student postings.

Administrative Responsibilities

• Maintain departmental records, reports, attendance, and official documentation.
• Prepare departmental requirements, budget needs, and inventory records.
• Ensure readiness for inspections and accreditation processes.
• Guide and support faculty members in their responsibilities.

Research Responsibilities

• Encourage faculty and students to participate in research activities.
• Promote publications, presentations, and evidence-based nursing practices.

7.3 ASSOCIATE PROFESSOR

Academic Responsibilities

• Assist the HOD in planning and implementing academic activities.
• Conduct theory classes, clinical teaching, and skill-based learning sessions.
• Participate in preparation of academic plans and clinical schedules.
• Guide students to develop knowledge, clinical skills, and professional competencies.
• Evaluate student academic and clinical performance.

Clinical & Laboratory Responsibilities

• Supervise students during clinical learning experiences.
• Assist in maintaining Child Health Nursing laboratories.
• Demonstrate nursing procedures and promote safe clinical practices.
• Provide feedback to improve student clinical performance.

Administrative Responsibilities

• Assist in maintaining departmental records and documentation.
• Participate in departmental meetings and activities.
• Maintain student attendance, clinical records, and evaluation reports.
• Support inspection and accreditation-related activities.

Research Responsibilities

• Encourage research involvement among students and faculty.
• Participate in research projects, publications, and presentations.
• Promote evidence-based nursing practices.

7.4 ASSISTANT PROFESSOR

Teaching Responsibilities

• Conduct theory classes and clinical teaching as assigned.

• Prepare lesson plans, teaching materials, and evaluation tools.

• Demonstrate nursing procedures and guide students during practice sessions.

• Use suitable teaching methods to enhance student learning.

Clinical Responsibilities

• Supervise students during clinical postings.

• Assess clinical skills and provide constructive feedback.

• Encourage safe, ethical, and professional nursing practices.

Academic Responsibilities

• Maintain student attendance, academic records, and clinical documentation.

• Participate in examinations, evaluation, and departmental activities.

• Support academic planning and student learning activities.

Professional Responsibilities

• Participate in research, CNE programmes, and professional development activities.

• Update knowledge and skills for effective teaching and clinical practice.

7.5 TUTOR / CLINICAL INSTRUCTOR

Clinical Teaching Responsibilities

• Provide direct guidance and supervision to students during clinical practice.

• Demonstrate nursing procedures and support skill development.

• Assist students in patient assessment, nursing care planning, and implementation.

• Ensure infection control practices and patient safety measures.

Laboratory Responsibilities

• Assist in preparation and maintenance of skill laboratory activities.

• Arrange required equipment and supplies for demonstrations.

• Maintain procedure records and inventory updates.

Student Support Responsibilities

• Monitor student attendance and clinical performance.

• Provide guidance, feedback, and encouragement to students.

• Promote professional behavior and ethical nursing practices.

Administrative Responsibilities

• Maintain clinical records, reports, and related documentation.

• Assist senior faculty members in departmental activities.

8| FACULTY WORKLOAD DISTRIBUTION

Purpose

To ensure equitable distribution of faculty responsibilities for effective teaching, clinical supervision, student mentoring, research, administrative duties, and the efficient functioning of the Department of Child Health Nursing.

8.1 Theory Teaching Schedule

 Theory teaching workload shall be assigned based on the curriculum, faculty qualification, experience, and departmental requirements.
 Faculty members shall conduct classes according to the academic calendar, timetable, and approved lesson plans.
 Each faculty member shall prepare lesson plans, use appropriate teaching–learning methods and audiovisual aids, assign learning activities, and conduct student assessments.
 The teaching schedule and course progress shall be monitored regularly by the Head of the Department to ensure timely completion of the syllabus.

8.2 Clinical Supervision

 Clinical supervision shall be assigned based on student strength, clinical learning objectives, and departmental requirements.
 Faculty members shall guide, supervise, and evaluate students during clinical postings to ensure safe, ethical, and evidence-based nursing practice.
 Student clinical performance, skill competency, case presentations, nursing care, and clinical records shall be assessed and documented as per institutional guidelines.

8.3 Laboratory Demonstration

• Faculty shall conduct nursing procedure demonstrations and supervise return demonstrations by students.

• Laboratory schedules shall be prepared to provide adequate opportunities for skill practice.

• Proper utilization, maintenance, and availability of laboratory equipment shall be ensured.

8.4 Student Mentoring

• Faculty members shall be assigned as mentors to provide academic and clinical guidance to students.

• Mentors shall monitor student progress, identify learning difficulties, and provide necessary support.

• Mentor–mentee meetings, records, and follow-up actions shall be maintained.

8.5 Research Activities

• Faculty members shall participate in research projects, publications, presentations, and evidence-based nursing activities.

• Faculty shall encourage students to develop research knowledge and skills.

• Research activities shall be planned, monitored, and documented by the department.

8.6 Administrative Responsibilities

- Faculty members shall perform departmental, institutional and committee responsibilities as assigned by the Head of the Department and the Principal.
- Faculty shall maintain academic records, attendance registers, clinical documents, student records, and departmental files.
- Faculty shall actively participate in inspections, accreditation processes, quality assurance activities, and other departmental initiatives.

8.7 Workload Monitoring and Review

• Workload shall be distributed fairly among faculty members considering designation, qualification, experience, and responsibilities.

• Workload distribution records shall be maintained and reviewed periodically by the HOD.

• Faculty members shall be provided adequate time for teaching preparation, research, and professional development.

• Workload shall be revised whenever there are changes in faculty strength, student intake, curriculum requirements, or departmental needs.

9| ACADEMIC PLANNING SOP

Purpose

To establish a systematic process for planning, implementing, and monitoring academic activities to ensure effective teaching–learning, timely curriculum delivery, and achievement of the learning outcomes in the Department of Child Health Nursing.

9.1 Preparation of Academic Calendar

• The department shall prepare an academic calendar in accordance with university guidelines and institutional schedules.
• Theory classes, clinical postings, laboratory sessions, examinations, and other academic activities shall be planned in advance.
• The academic calendar shall be shared with faculty and students and reviewed regularly for smooth implementation.

9.2 Course Planning

• Faculty members shall prepare course plans based on the prescribed curriculum and expected learning outcomes.
• Course plans shall include topic distribution, teaching strategies, clinical learning experiences, and assessment methods.
• HOD shall monitor the progress of course completion and academic activities.

9.3 Lesson Plan Preparation

• Faculty shall prepare lesson plans before conducting theory sessions to ensure organized and effective teaching.
• Lesson plans shall include learning objectives, content, teaching methods, teaching aids, and evaluation techniques.
• Teaching shall focus on clinical application, critical thinking, and evidence-based nursing practice.

9.4 Time Table Preparation

• Theory, clinical, and laboratory schedules shall be prepared considering student learning needs and faculty workload.
• The timetable shall ensure balanced academic and clinical exposure for students.

• Any changes in schedule shall be approved by the HOD and communicated to concerned faculty and students.

9.5 Teaching Methodologies

• Faculty shall use interactive and student-centered teaching approaches to improve learning outcomes.

• Teaching methods may include:

- Lecture and discussion
- Case-based learning
- Problem-solving activities
- Simulation and skill demonstrations
- Group discussions and presentations
- Clinical teaching and bedside learning

• Use of technology, innovative methods, and teaching aids shall be encouraged.

9.6 Internal Assessment Planning

• Internal assessments shall be planned and conducted as per university and institutional guidelines.

• Assessment methods may include theory tests, assignments, presentations, clinical evaluations, and skill assessments.

• Student performance shall be recorded, reviewed, and feedback shall be provided to support improvement.

10] TEACHING–LEARNING PROCESS SOP

Purpose:

To provide a systematic teaching and learning process that helps students gain sound knowledge, develop clinical skills, improve decision-making abilities, and practice nursing care safely and professionally.

10.1 Planning of Teaching Activities

• Faculty members shall prepare teaching plans according to the approved curriculum, academic calendar, and departmental requirements.

• Teaching activities shall be planned for the departmental subjects including:

Course	Subject
2nd M.Sc. Nursing	Child Health Nursing- II
1st M.Sc. Nursing	Nursing Education- I
	Child Health Nursing- III
8th Semester B.Sc. Nursing	Child Health Nursing
6th Semester B.Sc. Nursing	Child Health Nursing II
5th Semester B.Sc. Nursing	Child Health Nursing I
5th Semester B.Sc. Nursing	Nursing Education Technology
4th Semester B.Sc. Nursing	Genetics
2nd Semester B.Sc. Nursing	Health /Nursing informatics Technology
1st Semester B.Sc. Nursing	Communicative English
2nd Post Basic B.Sc. Nursing	Nursing Education
1st Post Basic B.Sc. Nursing	Child Health Nursing
	Biophysics
	English
3rd GNM	Nursing Education
2nd GNM	Child Health Nursing
1st GNM	English

• Before conducting classes, faculty shall identify learning objectives, topics, teaching methods, learning resources, and methods of evaluation.

• Theory classes, clinical postings, and laboratory sessions shall be planned in a coordinated manner to support effective learning.

10.2 Theory Teaching Process

• Faculty members shall conduct theory classes according to the approved timetable and lesson plans.
• Teaching shall focus on developing basic concepts, understanding disease conditions, applying nursing knowledge, and providing evidence-based patient care.
• Different teaching methods such as lectures, discussions, case studies, seminars, presentations, and interactive activities shall be used.
• Audio-visual aids and ICT-based resources shall be used whenever required to make learning more effective and interesting**.**

10.3 Clinical Teaching Process

• Students shall be provided with planned clinical experiences in Child Health Nursing areas under the guidance and supervision of faculty members.
• Faculty shall assist students in developing skills related to patient assessment, nursing care planning, implementation, and evaluation.
• Knowledge gained from Child Health Nursing shall be applied during clinical practice.
• Faculty shall demonstrate procedures, observe student performance, and provide guidance for improvement.
• Clinical teaching shall promote patient safety, effective communication, ethical practice, and professional values.

10.4 Laboratory Teaching Process

• Faculty members shall conduct demonstrations of nursing procedures in the laboratory before students perform them in clinical areas.
• Students shall be encouraged to practice procedures through return demonstrations to develop confidence and competency.
• Skills related to patient care, medication administration, assessment techniques, and therapeutic procedures shall be practiced.
• Student performance shall be evaluated using standard competency checklists.

10.5 Student Participation and Learning Activities

• Students shall be encouraged to actively participate in classroom discussions, case presentations, seminars, assignments, clinical conferences, and group activities.
• Learning experiences shall help students integrate knowledge from basic sciences and nursing subjects.
• Students shall be motivated to develop independent learning habits, clinical reasoning, problem-solving abilities, and professional responsibility.

10.6 Assessment and Feedback

• Students' academic and clinical performance shall be assessed regularly through tests, assignments, presentations, practical examinations, OSCE/OSPE, and clinical evaluations.
• Faculty members shall provide timely feedback to help students identify strengths and areas requiring improvement.
• Additional support, guidance, and remedial teaching shall be provided whenever necessary.

10.7 Documentation and Monitoring

• Faculty members shall maintain proper records of lesson plans, attendance, clinical postings, laboratory activities, assessments, and student performance.
• The Head of Department shall regularly review teaching-learning activities to ensure quality education and effective implementation of departmental objectives.

11. CLINICAL TRAINING SOP

Purpose:

To provide students with planned and supervised clinical learning experiences that enable them to apply theoretical knowledge, develop clinical competence, strengthen critical thinking, and deliver safe, ethical, and family-centered nursing care. Clinical training shall be conducted in accordance with the guidelines of the Maharashtra University of Health Sciences (MUHS), the Maharashtra State Board of Nursing and Paramedical Education (MSBNPE), the Indian Nursing Council (INC), and other applicable regulatory authorities.

11.1 Clinical Posting Planning

- Clinical postings shall be planned as per the curriculum, academic schedule, and learning needs of students in accordance with MUHS and MSBNPE guidelines.
- Students shall be divided into small groups to ensure better learning opportunities and adequate faculty supervision.
- Clinical rotation plans shall be prepared in advance and shared with students and faculty members.
- Students shall be given exposure to different neonatal and Pediatric medical and surgical areas such as Pediatric Ward, PICU, NICU, OT, OPD, and speciality units to gain wider clinical experience.

11.2 Student Clinical Orientation

- Before beginning clinical postings, students shall be oriented to the clinical area and hospital environment.
- Faculty members shall explain ward routines, hospital policies, infection control measures, patient safety practices, and professional responsibilities.
- Students shall be guided on how to communicate with patients, relatives, and healthcare team members.

11.3 Clinical Supervision and Guidance

- Faculty members shall accompany and guide students during clinical practice.

- Students shall be encouraged to apply their theoretical knowledge while caring for patients.
- Faculty members shall observe students' performance, support their learning, and provide timely guidance and feedback.

11.4 Procedure Demonstration and Skill Development

- Faculty members shall demonstrate nursing procedures before students perform them in the clinical area.
- Students shall practice procedures under supervision until they achieve the required competency.
- Regular practice and guidance shall be provided to improve students' clinical skills and confidence.

11.5 Patient Care Practice

- Students shall participate in patient care activities including assessment, planning, implementation, and evaluation of nursing care.
- Students shall follow ethical principles, infection prevention practices, and patient safety standards.
- Patient privacy, dignity, comfort, and confidentiality shall always be maintained.

11.6 Clinical Evaluation

- Students shall be evaluated regularly during clinical postings as per institutional policies and MUHS/MSBNPE assessment guidelines.
- Evaluation shall focus on nursing skills, knowledge application, communication, professional behaviour, and patient care abilities.
- Faculty members shall provide constructive feedback to help students improve their clinical competencies.

11.7 Patient Care Documentation

- Students shall maintain clinical records such as nursing care plans, case studies, procedure records, and clinical assignments.

- Faculty members shall maintain attendance records, clinical evaluation reports, and student progress records.
- Proper documentation shall be encouraged as an essential part of professional nursing practice.

11.8 Clinical Coordination

- The department shall coordinate with hospital authorities and clinical staff for effective clinical learning experiences.
- Faculty members shall ensure smooth implementation of clinical activities as per MUHS, MSBNPE, and institutional guidelines.
- Regular communication shall be maintained between faculty members, students, and clinical personnel.

12] SKILL AND SIMULATION LABORATORY SOP

1. Introduction
2. Organization of skill lab
3. Physical Safety Guidelines of skill lab
4. Rules & Regulations of Skill Lab
    - **a. Users of skills lab**
    - **b. Main consideration during a skills lab**
    - **c. Attendance & evaluation skills lab**
    - **d. Guidance for Assessment**
5. Procedures of annual audit of articles
6. Procedures for condemnation/ repair of articles.
7. Responsibilities of Lab-Incharge
8. Responsibilities of demonstrator/clinical instructor
9. Responsibilities of Students
10. Lab Safety Policy
11. Process of handing and taking over of lab responsibilities
12. Functioning of skill lab
    - Lab hours allotted per class
    - Lab schedule
    - General rules for utilization of skill lab

12.1 Introduction

The term "skills labs," which is an acronym for "skills laboratories," describes practice rooms that are specially designed to serve as training centers and provide skill-based training for the practice of clinical skills before they are used in real-world scenarios. In order to ensure the quality of medical and paramedical training, skill labs are essential. Here, procedural skills are taught, performed, and assessed frequently until the bare minimum for patient care is met.

12.2 Objectives

1. The Nursing Skills Laboratory's goal is to give associate nursing students a realistic and high-quality clinical learning experience through a variety of clinical learning experiences, preparing them for licensure as associate nurses.
2. Develop the students' foundational abilities by giving them clear linkages between their theoretical and clinical learning through precise and skilful clinical experiences in the lab.
3. Help the associate nurse students provide nursing care in line with the standards and values.
4. Encourage the students to use the nursing method to carry out nursing operations.

12.3 Organization of skill lab:

The skill lab is well furnished and well-ventilated with all the necessary equipment's like patient beds, mattresses, bed sheets, bedside locker, linens and blankets, napkins and towels, Suction apparatus, different sizes procedure trays, and other instruments. And all the equipment's are as per INC recognize and enough for each nursing courses. The overall organization of skill lab is as follows.

Principal

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Head of Department

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Lab Incharge

12.4 Physical Safety Guidelines

1. During practice and return demonstration, students should use appropriate body mechanics, particularly while lifting, transferring, and moving objects.
2. Only well-maintained beds, wheelchairs, stretchers, and other equipment can be utilized for practicing body mechanics. Any equipment problem should be reported using the incident/injury form to the laboratory technician as away.
3. During rehearsal and return demonstration, all equipment (beds, stretchers, and wheelchairs) should have their wheels secured.

12.5 Rules and regulation for skills lab

a. Users of skills lab-

The following can use the skills lab:

- Individual students,
- The individual teacher for getting ready for the practice session.
- A teacher-accompanied group of students.
- A student group for peer tutoring.
- A team of educators dedicated to ongoing professional growth.
- Individuals outside the organization upon request.

b. Main consideration during a skills lab-

1. All manikins and models must be treated with the same respect as actual clients in accordance with humanistic education. When not in use, models and manikins should be covered and treated with gentle care. They should also be hung correctly.
2. All users of the skills lab are required to dress for the skills lab as though they are attending a real clinical environment. This includes wearing name badges, a uniform (or clinical coat), tied hair, and closed toe shoes.
3. All students brought to the lab for tutor-led sessions must be supervised by tutors. Prior to the commencement of the practical sessions, he or she must prepare and practice.
4. It is advised that all instruction take place in English, including the skills lab's procedural demonstrations.
5. Reservations are required for the practical rooms and equipment for anybody wishing to practice in the skills lab.
6. All protocols for checking out and returning equipment from the simulation lab must be followed.

7. Following each simulation teaching/learning session, students should sign their attendance record and logbook.

8. The process of replacing the material(s) or equipment(s) begins when the person in charge signs a form acknowledging responsibility for the incident and gives it to the skills lab technician within 24 hours on working days.

9. Cleaning Up the Area After Practice Sessions: It is the users' duty to make sure that the furniture, trolleys, and other items are put away and the lab is left in the same condition when they arrived.

10. Personal items such as coats, bags, and other items are not permitted in skill lab rooms.

11. It is not permitted to bring food or beverages inside the skill labs.

12. Universal precautions are to be followed at all times as are all safety guidelines used in the clinical setting. Sharps and syringes are to be disposed in appropriate containers.

13. Incident report: In case of any incidence during session, the responsible person should report it in writing to the skills lab Technician within 24 hours of the incidence in working days.

c. Attendance & evaluation skills lab

1. In skill lab sessions, the signed attendance sheet serves as documentation.

2. The module leader notifies the students of the date of the OSCE, which is to be completed in the skills lab, and provides at least two weeks' notice of any changes.

3. Teachers should prepare and practice for the OSCE the day before.

4. Student must practice individually at least three times each procedure taught, before the OSCE.

5. The student who hasn't regularly attended the skills lab as indicated is not allowed to sit for OSCE.

6. The average pass mark of OSCE is 60% and the results should be communicated to the students within 48 hours of working days.

7.The evaluator should turn off his/her phone during OSCE, and follow each step of the procedure done by student.

8. The student who missed the OSCE without sound justification is get a zero mark. The justification has to be notified to the head of department at the latest within 48 hours after the OSCE.

10. No teacher shall accept a justification which is not countersigned by the head of the department.

d. Guidance for Assessment

The various assessment will be undertaken to assess students in skill laboratory:

OSCE:

The objective structured clinical examination (OSCE), is designed to assess the student ability to competently apply the professional nursing or midwifery skills and knowledge into real practice. It is set at the level expected of nurses and midwives as they enter the profession. This means that you must show that you are capable of applying knowledge to the care of patients. The examination is testing the student ability to apply knowledge to the care of patients rather than how well you can remember and recite facts. All of the scenarios and any questions relate to current best practice and you should answer them in relation to published evidence and not according to local arrangements.

Time for OSCE: The OSCE will be scheduled at the end of each unit theory, organized to assess the students' competencies using different stations according to the course units.

Equipment: All equipment needed to complete the station successfully, according to the station requirements.

12.6 Equipment and Inventory management policy

Identification and Procurement of Equipment

- The department shall identify equipment and material requirements based on student strength, curriculum needs, laboratory activities, and clinical skill training requirements.
- Faculty members shall provide suggestions regarding required equipment and resources for effective teaching and learning.
- The requirement list shall be prepared and submitted through the proper administrative channel with approval from the Head of Department and Principal.
- Procurement of equipment shall be carried out as per institutional purchase procedures.

- All purchases shall be processed through the authorized administrative system/central store.

Receiving and Verification of Equipment

- The faculty member/lab in-charge shall verify the received equipment before entering it into departmental records.
- Equipment shall be checked for:
    - Quantity
    - Quality
    - Specifications
    - Working condition
    - Completeness of accessories
- Only functional and approved equipment shall be added to the inventory.
- Any discrepancy or damage noticed during receiving shall be reported to the concerned authority.

Inventory Maintenance Policy

- The lab in-charge shall maintain an updated inventory register of all equipment and materials.
- The inventory register shall include:
    - Name of equipment
    - Quantity
    - Date of purchase
    - Purchase details
    - Location
    - Condition/status of equipment
- Inventory records shall be updated regularly whenever new items are received, transferred, repaired, or condemned.
- Annual review of required equipment shall be carried out by the responsible faculty member and submitted to the Principal/HOD.

Equipment Utilization Policy

- Equipment shall be used only for academic teaching, clinical demonstrations, and student skill practice.
- Students shall use laboratory equipment under faculty supervision.
- A laboratory utilization register shall be maintained.

- Details such as date, time, purpose of use, and name/signature of faculty member shall be recorded.
- Faculty members and students shall ensure that equipment is handled carefully and returned to its proper place after use.
- Any damage or malfunction shall be immediately reported to the lab in-charge.

Safety, Maintenance, and Storage

- Equipment shall be stored properly to prevent damage and ensure easy availability.
- Regular cleaning, checking, and preventive maintenance shall be carried out.
- Faculty members shall guide students regarding safe handling of equipment.
- Faulty equipment shall be separated and reported for repair or further action.
- Maintenance records shall be maintained for repaired and serviced equipment.

Equipment Lending Policy

- Equipment may be issued for academic purposes such as clinical practice, demonstrations, examinations, and other approved activities.
- Movement of equipment from one area to another shall be recorded in the loan register.
- The person receiving the equipment shall be responsible for its safe handling and timely return.
- Borrowed equipment shall be returned in proper working condition.
- Equipment unsuitable for academic use shall be removed from service as per institutional policy.

Procedure for Procurement of Articles

- Requirements of articles shall be identified based on faculty suggestions, student learning needs, and curriculum requirements.
- A demand note shall be prepared and submitted with approval of the Head of Department and Principal.
- The approved requirement shall be forwarded to the Central Store/Administration Department.
- Quotations shall be obtained as per institutional purchasing procedures.
- Final purchase approval shall be obtained from the competent authority.
- All purchased materials and equipment shall be received through the authorized store department and recorded properly.

Inventory Verification and Annual Audit

- Monthly inventory checking shall be conducted by the lab in-charge to confirm availability and condition of equipment.
- Six-monthly verification shall be done by the Head of Department.
- Annual stock verification shall be carried out by the Central Store Department/authorized committee.
- The audit report shall include:
    - Available equipment
    - Missing items
    - Damaged items
    - Repair requirements
    - Replacement needs
- Necessary action shall be taken based on audit findings.

Repair and Condemnation Procedure

- Damaged or non-functional equipment identified during routine checking shall be reported to the lab in-charge and HOD.
- The item shall be forwarded to the concerned department/store with proper documentation for inspection.
- If repair is possible, the equipment shall be sent for servicing/repair through the approved procedure.
- If the equipment is beyond repair, a report shall be prepared stating the condition and reason for condemnation.
- Approval for condemnation shall be obtained from the competent authority.
- Condemned items shall be removed from the inventory register after completion of the required procedure.

Records to be Maintained

The following records shall be maintained:

- Equipment Inventory Register
- Laboratory Utilization Register
- Purchase Records
- Demand Notes
- Equipment Loan Register
- Maintenance and Repair Records
- Warranty/Replacement Records
- Condemnation Records

- Monthly, Six-monthly, and Annual Stock Verification Reports

12.7 Responsibilities of Lab-Incharge

1. The Lab-Incharge coordinates and maintains all nursing skills labs and assists students and faculty as needed to improve student assessment skills and performance of clinical nursing skills.
2. Design, develop, implement and evaluate scenarios, simulated learning activities and educational materials for all nursing courses in collaboration with nursing faculty, students
3. Provide simulation training and practice for faculty at least once per term. Maintain written syllabi for all simulated learning activities. Assist faculty with skills and simulation activities and in establishing and revising the critical elements for performing clinical skills.
4. Ensure supervision of students in the lab, maintaining safe practices and abiding by all established policies and procedures for the lab.
5. Contribute to the evaluation of students during skills and simulation activities as well as on other occasions by request i.e. exit prescription skills performance practice and review.
6. Maintain contact with the national, regional and/or state Simulation website and programs to remain current in the application of simulated learning experiences including but not limited to continuing education attending conferences or seminars to stay current with technologies and education modalities.
7. Maintain appropriate inventory of supplies, linen and equipment for each lab and foster use of same in a fiscally responsible manner.
8. Monitor and perform routine minor maintenance and repair on all lab equipment, to ensure all equipment is maintained in good working order.
9. Work closely with nursing faculty to develop and implement simulations and other lab activities for associate degree, practical and nursing students and to provide assistance and feedback to students during simulation debriefing.

Responsibilities of demonstrator/clinical instructor

1. Orient the students in the lab.
2. Updating lab policies and procedures as needed.
3. Monitoring procedures performed by the students.

4. Supports students who require additional assistance with learning Child Health Nursing skills.

5. Ensure the maintenance of equipment by maintaining the lab inventory register.

6. Determining the inventory needs of the lab.

7. Preparing and ordering supplies as needed.

8. Recommending general cleaning in the lab.

9. Maintain lab lending & lab utilization registers.

10. Maintain lab with safety regulations.

Responsibilities of Student

1. Return the equipment used for lab practice.
2. When practicing with scenarios, approach situations as if they are actual patient interactions.
3. Maintain cleanliness of the area where they are practicing.
4. Display professional conduct.
5. Share the opportunity to practice.
6. Report damage or malfunction of the lab equipment.
7. Inform the instructor if handouts or supplies are running low.
8. Inform the concerned faculty of any particular learning needs.
9. No students are to be in the lab without the Lab faculty.
10. Doors must be locked when the lab is not in use.

12.8 Lab safety policy

1. All faculty, staff, and students must know and practice the safety guidelines while using the lab.

2. Failure to obey to guidelines can result in disciplinary action.

3. This manual will be available in the lab and students will be instructed to review the contents during the orientation time itself.

4. All labs are locked unless occupied by faculty or students during class or practice.

5. Students are expected to come to lab prepared by having read the scheduled lab objectives prior to the start of the lab period.

6. Students should be well-informed of the care, handling, and proper use of equipment prior to using it in the laboratory.

7. Students should report recent injuries, illnesses, or communicable diseases to the faculties as soon as possible so that necessary precautions may be taken.

8. Faculty and students are responsible for reporting any problems encountered with electrical equipment such as any frayed electrical cords, cracked plugs, missing outlet covers, etc.

9. In case of fire or fire emergency, students and faculty should become familiar with the location of the nearest fire extinguishers.

10. Each faculty member will be responsible for her own and as well as student's safety.

12.9 Process of handing and taking over of lab responsibilities

- Overall, In-charge is Principal, DVVPF's College of Nursing
- There are two assistant in-charges with same working capacity.
- Lab along with all the documents is handed over to the newly appointed in-charge by previous lab in-charge.
- Newly appointed lab Incharge is given official appointment letter by the college authority with the mention of substitute in case the Incharge is on leave.
- At the time of handing and taking over all the articles and equipment are checked by new and previous lab in-charge and it is made sure that all records and documents are complete.

12.10 Functing of skill lab

Lab hrs allotted per class

Course	Subject	Lab Alloted Hrs
5th Semester B.Sc. Nursing	Child Health Nursing I	40
5th Semester B.Sc. Nursing	Nursing Education Technology	40
2nd Semester B.Sc. Nursing	Health /Nursing informatics Technology	40
1st Post Basic B.Sc. Nursing	Child Health Nursing	30
2nd GNM	Child Health Nursing	40

Lab schedule

- Students are posted in the skill labs in the group of 25 as per their time table and clinical rotation. All undergraduate and postgraduate students are exposed to basic and advanced procedures as per the curriculum.
- Students schedule for the lab utilization is prepared by the concerned department and subject teachers. And it is then handed over to lab in-charges to make the labs and articles available.

13] STUDENT SUPPORT AND MENTORING SOP

To provide continuous academic, clinical, and professional guidance to students and support their overall growth, competency, confidence, and success in Child Health Nursing.

13.1 Student Mentoring System

• Faculty members shall be assigned as mentors to students as per departmental guidelines.
• Mentors shall provide guidance related to academic progress, clinical learning, professional behavior, and personal development.
• Each mentor shall conduct a mentor–mentee meeting once every month to discuss student progress, concerns, and areas requiring support.
• Mentors shall monitor student performance and provide appropriate guidance whenever required.
• Mentor–mentee records shall be maintained and reviewed periodically.

13.2 Academic Support

• Faculty members shall guide students in theory learning, assignments, presentations, examinations, and academic activities.
• Students requiring additional academic assistance shall be identified and provided remedial teaching and extra support.
• Students shall be encouraged to develop self-learning skills, critical thinking, and evidence-based nursing practice.

13.3 Clinical Support

• Faculty shall provide guidance and supervision during clinical postings and practical learning experiences.
• Students shall be supported in improving clinical skills, patient care practices, and professional competencies.
• Students facing difficulties in clinical areas shall receive counselling and corrective guidance.

13.4 Laboratory and Skill Enhancement Support

• Students shall be encouraged to utilize Child Health Nursing laboratories for regular skill practice.
• Faculty members shall conduct demonstrations, return demonstrations, and competency-

based training sessions.

• Additional practice sessions shall be arranged whenever required to improve students' confidence and clinical performance.

13.5 Counselling and Personal Support

• Mentors shall identify students requiring academic, emotional, or personal support.

• Students shall be guided regarding communication skills, professional conduct, career development, and nursing responsibilities.

• Referral to appropriate support services shall be provided whenever necessary.

13.6 Feedback and Follow-up

• Feedback shall be collected from students regarding academic learning, clinical experiences, and mentoring support.

• Mentor–mentee meetings shall be conducted regularly to review student progress and challenges.

• Necessary actions shall be planned to support continuous improvement of students.

13.7 Documentation

The following records shall be maintained:

• Mentor–Mentee Diary

• Mentor–Mentee Record Sheet

• Stud1ent Contact Details

• Mentor–Mentee Attendance Record

• Monthly Mentor–Mentee Meeting Records

• Phone Call/Communication Record

• Student Progress and Improvement Status Record

• Follow-up and Action Taken Records

• All student-related information shall be maintained confidentially.

14.Assessment and Evaluation SOP

Purpose

To ensure a fair, systematic, and continuous assessment process that evaluates students' knowledge, clinical skills, competency, and professional development in Child Health Nursing.

14.1 Planning of Assessment

• Assessment activities shall be planned according to curriculum requirements and academic schedules.
• Faculty members shall prepare assessment plans covering theory, practical, and clinical learning areas.
• Assessment methods, criteria, and expectations shall be communicated clearly to students.

14.2 Theory Assessment

• Students shall be assessed through periodic tests, assignments, seminars, presentations, and examinations.
• Assessment shall focus on understanding of concepts, clinical application, problem-solving ability, and critical thinking skills.
• Student performance records and assessment results shall be maintained.

14.3 Clinical Assessment

• Students shall be evaluated during clinical practice based on nursing skills, patient care abilities, communication, and professional behaviour.
• Clinical evaluation tools, competency checklists, and observation methods shall be used for assessment.
• Regular feedback shall be provided to help students improve their clinical performance.

14.4 Practical/Laboratory Assessment

• Students shall be assessed through skill demonstrations and return demonstrations in the laboratory.
• Evaluation shall include accuracy, safety measures, technique, and confidence in performing nursing procedures.
• Skill competency records shall be maintained for each student.

14.5 Internal Assessment

Internal assessment of students shall be conducted regularly as per the guidelines prescribed by MUHS and MSBNPE.

• Continuous evaluation records shall be maintained by faculty members.
• Students requiring improvement shall be provided additional guidance and academic support.

14.6 Feedback and Remedial Support

• Constructive feedback shall be provided to students after assessments to support improvement.
• Students with academic or clinical difficulties shall receive additional teaching, practice opportunities, and guidance.
• Student progress shall be monitored and documented.

14.7 Documentation

• Theory Assessment Records
• Internal Assessment Mark Sheets
• Assignment and Presentation Records
• Clinical Evaluation Forms
• Skill Competency Checklists
• Practical Examination Records
• Student Progress Reports

• All assessment records shall be maintained accurately, confidentially, and securely.

15] RESEARCH AND INNOVATION SOP

Purpose:

To promote research culture, evidence-based practice, and innovation among faculty and students of the Child Health Nursing.Department.

15.1. Research Planning and Coordination

• Department shall encourage faculty and students to undertake research activities as per academic requirements.

• Research activities shall be planned and monitored according to institutional and regulatory guidelines.

• Faculty shall guide students in selection of research topics, proposal preparation, and research methodology.

15.2. Student Research Activities

• **B.Sc. Nursing 7th Semester students** shall undertake research projects as per curriculum requirements and receive faculty guidance.

• **GNM Final Year students** shall complete research projects as part of their academic requirement.

• **P.B.B.Sc. Nursing 2nd Year students** shall conduct research studies with faculty supervision.

• **M.Sc. Nursing students (4 students)** shall undertake dissertation/research work under assigned guides.

• Students shall be guided in data collection, analysis, report writing, and research presentation.

15.3. Faculty Research Responsibilities

• Faculty members shall participate in research projects, publications, conferences, and presentations.

• Faculty shall promote evidence-based nursing practices in teaching and clinical areas.

• Encourage collaboration and innovation in nursing education and patient care.

15.4. Research Guidance & Monitoring

• Faculty guides shall conduct regular meetings with student researchers.

• Progress of research work shall be monitored and documented.

• Students shall be supported in ethical approval, data collection, and completion of research work.

15.5. Innovation and Evidence-Based Practice

• Encourage innovative ideas, quality improvement projects, and clinical problem-solving initiatives.

• Promote use of research findings to improve nursing practice and patient care.

15.6. Documentation

• Maintain records of research proposals, approvals, guideship details, progress reports, completed projects, publications, and presentations.

• Maintain separate records of B.Sc., GNM, P.B.B.Sc., and M.Sc. Nursing research activities.

16] CONTINUING NURSING EDUCATION (CNE) SOP

Purpose:

To promote continuous professional development, update knowledge, and enhance clinical skills of nursing students, faculty, and healthcare professionals.

16.1. Planning of CNE Activities

• Department shall prepare a schedule of CNE activities according to academic and professional requirements.

• Topics shall be selected based on current healthcare trends, clinical needs, and evidence-based practices.

• Resource persons and faculty members shall be identified for conducting sessions.

16.2. Conducting Workshops

• Department shall organize workshops to improve knowledge and practical skills.

• Workshops may include demonstrations, hands-on training, case discussions, and interactive sessions.

• Attendance and feedback of participants shall be documented.

16.3. Conducting Seminars

• Seminars shall be organized to enhance theoretical knowledge and professional awareness.

• Students and faculty shall be encouraged to participate and present relevant topics.

• Seminar proceedings and participation records shall be maintained.

16.4. Guest Lectures

• Experts from nursing, medical, and allied health fields shall be invited for guest lectures.

• Guest lectures shall focus on advanced nursing practices, patient care, and professional development.

• Feedback from participants shall be collected and reviewed.

16.5. Skill Enhancement Programmes

• Skill-based training sessions shall be conducted to improve clinical competencies.

• Activities may include simulation training, procedure demonstrations, and competency-based practice.

• Students and faculty shall be encouraged to update their clinical skills regularly.

16.6. Documentation

• Maintain records of CNE calendar, notices, attendance sheets, feedback forms, photographs, certificates, and reports.

• Maintain documentation of workshops, seminars, guest lectures, and skill enhancement activities.

17] DEPARTMENTAL MEETINGS SOP

Purpose:

To ensure effective communication, coordination, monitoring, and decision-making for smooth functioning of the Child Health Nursing Department.

17.1. Frequency of Meetings

• Departmental meetings shall be conducted **once every month during the 1st week**.

• Additional meetings may be conducted whenever required for academic, clinical, administrative, or departmental matters.

• All faculty members shall participate in departmental meetings.

17.2. Agenda Preparation

• HOD shall prepare the meeting agenda before the scheduled meeting.

• Agenda items may include:

- Academic planning and progress
- Theory and clinical teaching activities
- Student performance and mentoring issues
- Laboratory activities
- Research and CNE activities
- Departmental requirements and quality improvement activities

17.3. Minutes of Meeting (MOM)

• Minutes of each meeting shall be recorded and maintained.

• MOM shall include date, attendees, agenda discussed, decisions taken, and responsibilities assigned.

• Minutes shall be verified and approved by the HOD.

17.4. Action Taken Report (ATR)

• Action Taken Report shall be prepared based on decisions made during previous meetings.

• Progress of assigned responsibilities shall be reviewed in subsequent meetings.

• Pending issues shall be discussed and necessary actions shall be planned.

17.5 Documentation

• Maintain departmental meeting file containing:

- Meeting notices
- Agenda
- Attendance record
- Minutes of Meeting
- Action Taken Reports.

18] DEPARTMENTAL RECORD MAINTENANCE SOP

Purpose:

To ensure systematic maintenance, updating, and safe storage of departmental records for academic, clinical, administrative, research, and quality assurance activities.

18.1. Academic Records

- Maintain records related to teaching-learning activities, curriculum implementation, and student evaluation.

  Records include:

  • Attendance Records
  • Lesson Plan Record File (All Courses)
  • Unit Plan Record File (All Courses)
  • Syllabus File (All Courses)
  • Question Paper File (All Courses)
  • Internal Assessment Record File (All Courses)
  • Result Analysis File (All Courses)
  • Student Feedback & Action Taken File
  • E-content Record File
  • PBL File.

18.2. Clinical & Skill Laboratory Records

• Maintain records related to clinical training and skill competency development.

Records include:

• Clinical Posting Record File
• Clinical Evaluation Record File
• Log Books
• OSCE File
• Skill Lab Utilization Register File

18.3. Student Records

- Maintain student-related academic and professional development records.

Records include:

• GNM Record File

• B.Sc. Nursing Record File

• PG Record File

• POCO File

• Student Feedback Records

18.4. Faculty & Administrative Records

• Maintain faculty, workload, departmental activities, and official documentation.

Records include:

• Staff Profile File

• Workload Distribution File

• Faculty Continuing Professional Development (CPD) Record File

• Departmental Meeting File

• Correspondence File

• Award & Appreciation File

18.5. Research & Innovation Records

• Maintain records related to research activities and academic contributions.

Records include:

• Paper Publication File

• Ethical Committee File

• Patent/Copyright File

18.6. Equipment & Inventory Records

• Maintain proper documentation of departmental resources and purchases.

Records include:

• Department Equipment File

• Purchase Order File

• Inventory Records

18.7. Extension & Quality Improvement Records

• Maintain records of departmental extension activities and quality initiatives.

Records include:

• Extension Activity File

• Student Feedback & Action Taken File

• .Result Analysis

18.8 Record Maintenance Guidelines

• All records shall be updated regularly by assigned faculty members.

• Records shall be maintained systematically and verified by the HOD periodically.

• Confidential records shall be stored securely.

• Records shall be made available during inspections, accreditation, and internal reviews.

• Proper indexing and labeling of files shall be maintained for easy retrieval.

19] QUALITY ASSURANCE SOP

Purpose

To ensure continuous improvement in the quality of teaching, clinical training, student support, faculty performance, and overall functioning of the Child Health Nursing Department through regular monitoring and evaluation.

19.1. Student Feedback System

• The department shall collect feedback from students regarding theory teaching, clinical experiences, laboratory facilities, and overall learning environment.
• Feedback shall be collected periodically through structured feedback forms.
• Feedback shall be reviewed by the HOD and areas requiring improvement shall be identified.
• Necessary actions shall be planned and implemented for improving the quality of education and clinical learning.
• Student feedback and action taken reports shall be maintained.

19.2. Academic Audit

• Academic Audit shall be conducted twice a year (every six months) to monitor and improve teaching-learning and clinical training activities.
• The audit shall be conducted by the HOD of another department along with the Principal using a standard audit checklist.
• The audit includes review of academic records, lesson plans, syllabus implementation, attendance, assessments, student performance, clinical postings, skill competency, patient care practices, and departmental documentation.
• Audit findings and suggestions shall be documented, and an Action Taken Report (ATR) shall be prepared for improvement.

Documentation:
• Academic & Clinical Audit Checklist
• Audit Report
• Action Taken Report (ATR)
• Follow-up Records

19.3. Faculty Performance Appraisal

• Yearly performance appraisal shall be conducted for each faculty member to evaluate academic, clinical, research, and administrative contributions.
• Faculty members shall complete self-appraisal highlighting teaching activities, clinical supervision, research work, professional development, and departmental responsibilities.
• The HOD shall review and provide appraisal based on faculty performance, workload completion, documentation, student support, and overall contribution.
• The appraisal shall be reviewed and approved by the Principal.
• Final appraisal reports shall be forwarded to the HR Department for record and further process.

19.4. Continuous Improvement Plan

• The department shall prepare improvement plans based on student feedback, academic audits, clinical audits, and faculty appraisal outcomes.
• Improvement activities may include faculty development programmes, skill enhancement sessions, remedial teaching, updating teaching strategies, and strengthening clinical training.
• Progress of improvement activities shall be monitored regularly.

19.5 Documentation

The following records shall be maintained:
• Student Feedback Forms & Action Taken Report
• Academic Audit Checklist and Reports
• Action Taken Reports (ATR)
• Faculty Self-Appraisal Forms
• HOD Appraisal Reports
• Principal Appraisal Reports
• Performance Appraisal Reports forwarded to HR Department
• Quality Improvement Plan and Follow-up Records

20. DEPARTMENTAL ACTIVITIES SOP

Purpose:

To organize and conduct academic, clinical, research, and community-oriented activities that enhance students' knowledge, clinical competencies, professional skills, and quality patient care practices in Child Health Nursing.

20.1 Health Awareness Programmes

- The department shall conduct health awareness programmes related to neonates, medical and surgical health problems.
- Activities shall focus on disease prevention, early detection, treatment adherence, lifestyle modification, and health promotion.
- Faculty members and students shall conduct health education sessions on topics such as:
    - Diabetes mellitus
    - Hypertension
    - Cardiovascular diseases
    - Cancer prevention
    - Infection prevention
    - Nutrition and healthy lifestyle
    - Post-operative care
- Health education materials and programme reports shall be maintained.

20.2 Clinical and Community-Based Activities

- The department shall organize clinical and community activities to provide students with practical exposure to patient care.
- Students shall participate in:
    - Health screening camps
    - Patient education programmes

- Awareness activities
- Rehabilitation and follow-up care activities

- Faculty members shall guide students in applying Child Health Nursing concepts in real-life situations.
- Proper coordination shall be maintained with hospitals and community healthcare settings.

20.3 Workshops and Skill Development Programmes

- The department shall conduct workshops to improve students' clinical skills and professional competency.
- Skill-based training programmes shall be organized on topics such as:
  - Basic and advanced nursing procedures
  - Emergency care and first aid
  - Critical care nursing skills
  - Infection control practices
  - Patient safety measures
- Demonstrations and hands-on practice sessions shall be conducted under faculty supervision.
- Attendance and feedback records shall be maintained.

20.4 Conferences, Seminars and Academic Activities

- Faculty members and students shall be encouraged to participate in conferences, seminars, and academic programmes related to Child Health Nursing..
- The department shall promote:
  - Presentation of research work
  - Sharing of clinical experiences
  - Evidence-based nursing practices
  - Updates in neonatal or Pediatric medical and surgical care

- Participation in professional events shall be documented.

20.5 Professional Development Activities

- The department shall promote continuous learning and professional growth among faculty and students.
- Faculty members shall participate in:
    - Continuing Nursing Education (CNE) programmes
    - Faculty development programmes
    - Workshops and training sessions
- Students shall be encouraged to develop:
    - Clinical decision-making skills
    - Leadership abilities
    - Communication skills
    - Ethical nursing practices

20.6 Documentation and Records

The department shall maintain records of:

- Annual departmental activity plan
- Permission letters
- Attendance sheets
- Programme reports
- Feedback forms
- Certificates
- Photographs and supporting documents.

21] CODE OF CONDUCT SOP

Purpose:

To ensure that faculty members and students follow professional, ethical, and responsible behavior as per the institutional Code of Conduct guidelines and maintain a respectful academic and clinical environment.

21.1 Awareness and Implementation of Code of Conduct

• The department shall ensure that all faculty members and students are aware of the institutional Code of Conduct.
• The Code of Conduct booklet shall be provided/referred to all concerned members for guidance regarding professional responsibilities, discipline, and ethical practices.
• Orientation sessions shall be conducted to create awareness about institutional rules, professional values, and expected behavior.
• Faculty members and students shall follow the guidelines mentioned in the institutional Code of Conduct booklet.

21.2 Faculty Professional Conduct

• Faculty members shall maintain punctuality, professionalism, and accountability while performing academic, clinical, and administrative responsibilities.
• Faculty shall follow institutional policies, complete assigned duties responsibly, and maintain proper documentation.
• Faculty members shall encourage a positive learning environment by maintaining respectful communication with students, colleagues, patients, and healthcare professionals.
• Professional development, teamwork, ethical decision-making, and quality nursing practices shall be promoted.

21.3 Student Professional Conduct

• Students shall maintain discipline, regular attendance, punctuality, and professional behavior as per institutional guidelines.
• Students shall follow the prescribed dress code, clinical policies, and safety practices during clinical postings.
• Students shall demonstrate respectful behavior towards patients, faculty members, peers, and healthcare team members.

• Students shall use departmental and institutional resources responsibly and maintain professional standards in academic and clinical areas.

21.4 Ethical and Professional Practices

• Faculty members and students shall practice nursing with honesty, compassion, respect, and responsibility.
• Patient dignity, privacy, cultural values, and rights shall be respected during clinical practice and learning activities.
• Ethical principles shall be followed in teaching, clinical practice, research activities, and patient care.
• Safe, evidence-based, and patient-centered nursing care shall be encouraged.

21.5 Confidentiality and Privacy

• Confidential information related to patients, students, and institutional activities shall be protected.
• Patient records, clinical information, and photographs shall not be shared without proper authorization.
• Faculty members and students shall maintain confidentiality while handling clinical records and academic documents.
• Confidential documents shall be maintained securely and accessed only by authorized personnel.

21.6 Monitoring and Documentation

• The department shall maintain records related to Code of Conduct orientation, student/faculty undertakings, and awareness activities.
• Any disciplinary concerns shall be managed according to institutional policies and procedures.
• The Head of Department shall monitor compliance with the Code of Conduct and ensure effective implementation within the department.

22| REVIEW AND REVISION OF SOP

Purpose

To ensure that departmental SOPs remain updated, effective, and aligned with institutional policies, regulatory requirements, and quality improvement practices.

22.1. Periodic Review Schedule

• The SOP shall be reviewed once every three years or earlier if required due to changes in curriculum, institutional policies, regulatory guidelines, or departmental requirements.
• The review shall be carried out by the Departmental Head and concerned faculty members.
• Necessary suggestions and improvements shall be identified during the review process.

22.2. Amendment Procedure

• Changes required in the SOP shall be discussed at the departmental level.
• Proposed amendments shall be documented with reasons for modification.
• Revised content shall be prepared considering feedback, audit findings, and current requirements.
• Previous versions of SOP shall be maintained for record purposes.

22.3. Approval Process

• Revised SOP shall be reviewed by the Head of Department.
• After departmental approval, it shall be submitted to the Principal/Head of Institute for final approval.
• Approved SOP shall be implemented and communicated to all concerned faculty members.

Documentation Maintain:

• SOP Review Record
• Amendment Details
• Previous and Revised SOP Copies
• Approval Records

23] ANNEXURES

ANNEXURE-1. FACULTY LIST=

Sr.No	Name of the Faculty	Designation
1	Ms. Salome Teldhune	Professor & HOD
2	Mr. Manish N. Tadke	Associate Professor
3	Ms. Wincy Mary Wilson	Assistant Professor
4	Ms. Savita V. Shelke	Tutor/ Clinical Instructor
5	Ms. Chitra K. Sagagile	Tutor/ Clinical Instructor
6	Mr. Kiran G Upadhye	Tutor/ Clinical Instructor
7	Ms. Mayuri A. Shirsath	Tutor/ Clinical Instructor
8	Ms. Gunashree H. Betal	Tutor/ Clinical Instructor
9	Ms. Shubhangi M. Pise	Tutor/ Clinical Instructor
10	Ms. Alka K. Gajbhiv	Tutor/ Clinical Instructor
11	Mr. Shivprasad G. Borude	Tutor/ Clinical Instructor
12	Mr. Hrishikesh P. Dhale	Tutor/ Clinical Instructor

ANNEXURE-2. LESSON PLAN FORMAT=

Name of college: _____

Name of Department: Child Health Nursing

Academic Year: _____

Programme: B.Sc. Nursing / P.B.B.Sc. Nursing/M.Sc. Nursing

Year & Semester: _____

Subject: Child Health Nursing

Topic: _____

1. General Information

Sr. No.	Particulars	Details
1	Date	
2	Duration	
3	Time	
4	Class/Batch	
5	Number of Students	
6	Name of Faculty	
7	Method of Teaching	
8	Teaching Aids Used	

2. Previous Knowledge of Students

Students are expected to have basic knowledge regarding:

_____

3. General Objective

At the end of the session, students will be able to understand and apply the knowledge related to

_____

4. Specific Learning Objectives

At the end of the teaching session, students will be able to:

1. Define _____
2. Explain _____
3. Describe _____
4. Identify _____
5. Apply knowledge in clinical practice.

5. Content Outline

Sr. No.	Content	Time Allocation
1	Introduction	
2	Definition/Concept	
3	Causes/Risk factors	
4	Pathophysiology	
5	Clinical Manifestations	
6	Diagnostic Measures	
7	Management/Treatment	
8	Nursing Management	
9	Prevention/Health Education	
10	Summary & Conclusion	

6. Teaching–Learning Activity

Time	Teacher Activity	Student Activity	Teaching Method	Aids Used

7. Evaluation

- Question-answer session
- Discussion
- Quiz
- Feedback
- Return demonstration (if applicable)

8. Assignment / Follow-up Activity

_____

9. References

1. _____
2. _____

Prepared By: _____

(Faculty Signature)

Verified By: _____

(HOD Signature)

Date: _____

ANNEXURE-3. UNIT PLAN FORMAT=

Name of Institution: _____

Department: Child Health Nursing

Academic Year: _____

Programme: _____

Year/Semester: _____

Subject Name: _____

Subject Code: _____

Name of Faculty: _____

Unit Details

Sr. No.	Particulars	Details
1	Unit Number	
2	Unit Title	
3	Duration (Hours)	
4	Planned Dates	
5	Number of Sessions	
6	Theory Hours	
7	Clinical Hours (if applicable)	

Unit Learning Objectives

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

1. _____
2. _____
3. _____
4. _____

Content Plan

Sr. No.	Topics / Subtopics	Teaching Hours	Planned Date
1			
2			
3			

Teaching–Learning Strategies

☐ Lecture

☐ Discussion

☐ Case Study

☐ Seminar

☐ Demonstration

☐ Clinical Conference

☐ Bedside Teaching

☐ Problem-Based Learning

☐ Audio-Visual Aids / ICT

Learning Resources / Teaching Aids

- Textbooks
- Reference books
- Research articles
- PowerPoint presentation
- Videos
- Models / Charts

- Skill laboratory resources

Clinical Correlation (if applicable)

Clinical Area	Related Activity

Student Learning Activities

- Assignment
- Case presentation
- Nursing care plan
- Procedure practice
- Group discussion
- Self-directed learning

Assessment and Evaluation

Method	Date	Remarks
Quiz / Test		
Assignment		
Presentation		
Clinical Evaluation		

Remedial / Enrichment Activities

Faculty Remarks

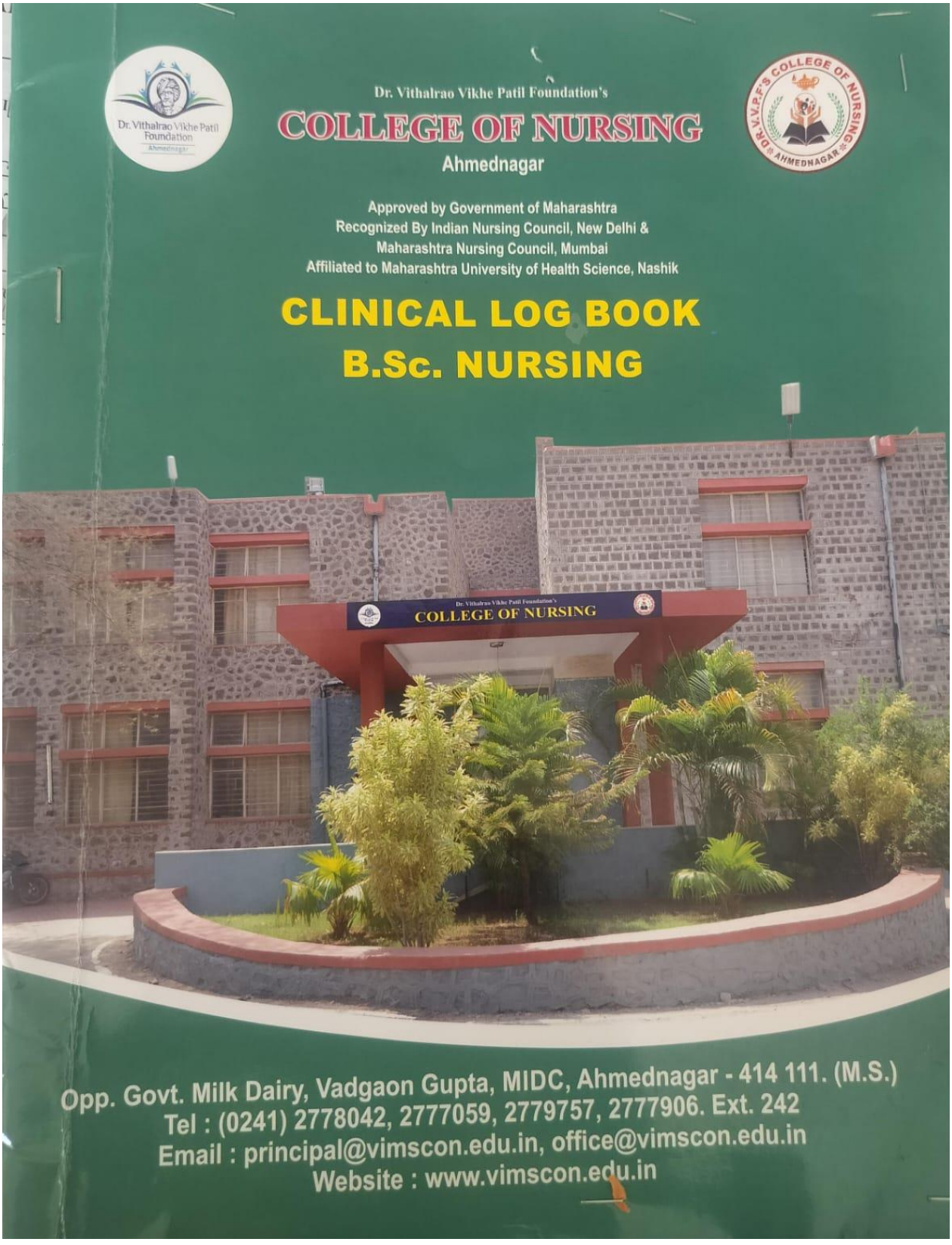
Prepared By: _____

Signature: _____

Verified By (HOD): _____

Signature: _____

ANNEXURE-4. CLINICAL LOG BOOK=



ANNEXURE- 5. ARTICLE ISSUE AND RETURN FORMAT=

DVVPF'S College Of Nursing

Child Health Nursing Lab article issue and return form

Class:	**Purpose:**
Date of Issue:	**Date of return:**

SN	Name of Students	Sign	SN	Name of Students	Sign
1			7		
2			8		
3			9		
4			10		
5			11		
6			12		

List of all articles

SN	Name of Article	Size	Material	Quantity	Issued / Replaced	SN	Name of Article	Size	Material	Quanty	Issued / Replaced
1						12					
2						13					
3						14					
4						15					
5						16					
6						17					
7						18					
8						19					
9						20					
10						21					
11						22					

Total number of articles issued with date		**Total number of articles received with date**	

Remark and sign of Issuer: _____

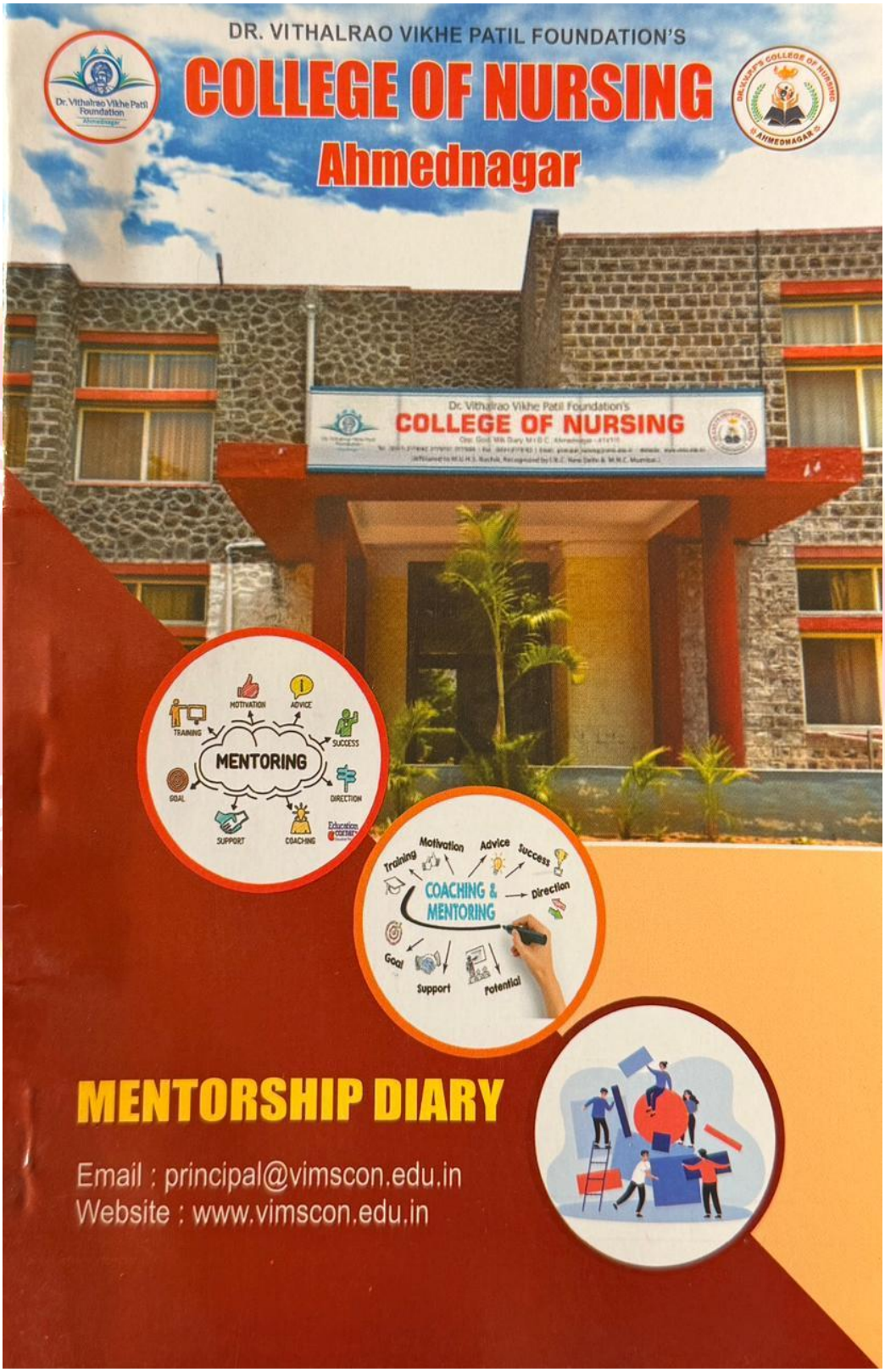
Remark and sign of Receiver: _____

Remark and sign of Class Coordinator: _____

Remark and sign of Child Health Nsg.lab Incharge:

_____

ANNEXURE-6. MENTORSHIP DAIRY=



ANNEXURE-7. MENTOR RECORD SHEET=

Dr. Vithalrao Vikhe Patil Foundation

College of Nursing

MENTOR RECORD

Academic Year: 20_____- 20_____

Name of Mentor: _____

Department : _____

Class :_____Batch:_____

CONTACT OF MENTEES

Sr. No	Roll No.	Name of the Student	Contact No.	Parents Contact No.	Address
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Sign of Faculty:_____

MENTOR MENTEE ATTENDANCE RECORD

Roll No.	Name of the Student	Session No	1	2	3	4	5	6	7	8	9	10
		Date										
Signature of Faculty												
Signature of Mentorship Coordinator												

Signature of Principal	

MENTOR MENTEE SESSION REPORT

Week No.	Session Date & Time	No. of Students Present	Points Discussed
Week No.	Session Date & Time	No. of Students Present	Points Discussed
Week No.	Session Date & Time	No. of Students Present	Points Discussed
Week No.	Session Date & Time	No. of Students Present	Points Discussed
Week No.	Session Date & Time	No. of Students Present	Points Discussed

Sign of Faculty:____

MENTOR MENTEE SESSION REPORT

Week No.	**Session Date & Time**	**No. of Students Present**	**Points Discussed**
Week No.	Session Date & Time	No. of Students Present	Points Discussed
Week No.	Session Date & Time	No. of Students Present	Points Discussed
Week No.	Session Date & Time	No. of Students Present	Points Discussed
Week No.	Session Date & Time	No. of Students Present	Points Discussed

Sign of Faculty:____

PHONE CALL RECORD

Sr.No	Roll No.	Name of the Mentee	Date	Time	Call Received By	Phone No.	Points Discussed	Remark

Sign of Faculty:____

Record

Improvement Status of Mentees

Roll No.	Name of the Student	Active Participatio nin Mentor Program (Yes/No)	Areas of Improvements Seen in Student	Remark

Sign of Faculty

ANNEXURE-8. MINUTES OF MEETING FORMAT

MINUTES OF MEETING (MoM) WITH ACTION TAKEN REPORT

Department of Child Health Nursing

Date of Meeting: _____

Time: _____

Venue: _____

Members Present:

Chairperson:

Agenda of the Meeting

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Minutes of Meeting and Action Taken Report

Sr. No.	Agenda	Minutes of Discussion	Action Taken / Outcome
1			

2			
3			
4			
5			
6			

Conclusion

_____

_____

Prepared By:

Signature: _____

Name: _____

Designation: _____

Approved By:

Signature: _____

Professor & Head of Department

Department of Child Health Nursing

ANNEXURE-9. ACADEMIC AUDIT FORMAT=

Sr. No.	ITEM	YES/NO	REMARKS
1	**Annual curricular Plan**		
	Academic Calendar		
	Master Rotation		
	Clinical Rotation		
	Program Outcome		
	Course Outcome		
	Course exit survey(Subject Feedback)		
	Attendance Register		
	Subject attendance Register		
	Coverage of Syllabus		
2	**Teaching Learning**		
	Course Plan		
	Unit Plan		
	Lesson Plan		
	e-Content		
	Integrated/ Interdisciplinary Lg.		
	PBL Scenario's		
	Seminar		
	Assignments (Case study, case presentation ect.)		
	Remedial Coaching		
	Cumulative Record		
3	**Mentor diary, meeting**		
4	**Students Health Record**		
	Leave Record		
	Immunization record		
5	**Research Project: Faculty** **Students**		
	Publication: Faculty Students		
	Copy Rights		
6	**Examination**		
	Internal assessment Record		
	Grievances Record		
	Slow Performer		
	Advance learner		
	Make up assignment/ Test		
	Analysis of University Results		
7	**Lab Utilization: Time Table** **Inventory Up to date Record Available**		
8	**Extention Activity :** **Camps, survey reports** **Celebration of various days, reports** **Exhibition ect.**		

9	**Departmental Activity**		
	Meetings		
	Circular		
	Attendance		
	Minutes		
	Action taken report		
	Interdepartmental activity Course(Add on/ certificate/ diploma/ value added)		
	Conference/ workshop		
	Webinar/ Guest Lecture		
10	**Parents Meeting, Circular, report & Action Taken Report**		

Sr. No.	**Name & Designation**	**Role in Academic Audit**	**Signature**	**Date**
1	_____	**Faculty/HOD (Auditee Department)**	_____	_____
2	_____	**Cross Faculty HOD / Academic Audit Member**	_____	_____
4	_____	**Academic coordiantor**	_____	_____

Audit Verified & Approved By:

Principal----------

Signature: _____

Date: _____

ANNEXURE-10. INVENTORY LIST

1] CHILD HEALTH NURSING LAB INVENTORY

Sr. No.	Particular with Specification	Available Qnty
	Articles and equipment's	
1.	Paladai	2
2.	Glass	2
3.	Spoons Small	12
4.	Nebulizer	1
5.	Big Plastic Trays (Baby receiving Tray) 18x12''	10
6.	Steel Trays with lid 10 x 08''	5
7.	Steel Injection Tray with lid (Deep Tray)8x3''	5
8.	Big Plastic basins (Baby Bath)	3
9.	Bowls large (Steel) 200 ml	10
10.	Bowls small (Steel)150ml	20
11.	Dressing Drum (11x9'')	1
12.	Infrared Thermometer	1
13.	Digital thermometer	2
14.	Bath thermometer	2
15.	Pediatric BP apparatus with Pediatric BP cuff	3
16.	Pediatric Stethoscope	2
17.	Baby Bath Towels	5
18.	Feeding cups	5
19.	Steel Vessels with lid.	2
20.	Measuring Spoons	1 set
21.	Measuring cup/ounce glass	3
22.	Thermos bottle (500 ml)	1
23.	Steel k-basin/ kidney tray (250 mm)	5
24.	Steel k-basin/ kidney tray (200 mm)	5
25.	Steel k-basin/ kidney tray (150 mm)	5
26.	Bedside locker	2
27.	Specimen tubes	5

28.	Skin Fold Measuring Callipers	2
29.	Laryngoscope blade with battery and different size blade (00,0,1,2)	1 set
30.	Resuscitation kit (Infant & Newborn)	1 each
31.	Tongue depressors (pediatric)	1
32.	Electric Kettle	1
33.	Mucus Extractor for Newborn	2
34.	Cord-cutting scissor	1
35.	Artery forceps Straight 5'', 6'', 7''	5 each
36.	Artery forceps Curved 5'', 6'', 7''	5 each
37.	Thumb forceps, toothed and non-toothed 6'',7''	5 each
38.	Chital forceps	1
39.	Lumbar puncture needle	1
40.	Bone marrow aspiration Needle 18G	1
41.	Glucometer	1
42.	Small Torch (White light)	2
43.	Enema Can Set	1
44.	Stadiometer	1
45.	Pediatric Vein Finder	1
46.	Measuring Tape	1
47.	Percussion Hammer	2
48.	Ear Speculum	6
49.	Nasal Speculum	6
50.	Infantometer	01
51.	Weighing Machine (For Newborn, Infant)	1
52.	Weighing Machine (Digital)	2
53.	Phototherapy Units (1 Double surface & 1 Single surface)	2
54.	Radiant Warmer	1
	Dummy's	
1	CPR Training Mannequin Child	1
2	Newborn Dummy	2
3	Advanced procedure Newborn dummy	1
4	Pediatric (3 years old) Training Manikin	1

5	Newborn Simulator	1
	LINEN	
1	Bed sheets (Blue)	10
2	Green sheets	2
3	Solapuri Chaadar	6
4	Pediatric clothes	3
5	Pediatric Foam Mattress	2
6	Blankets	5
7	Mackintosh	1 roll
	STORAGE	
1	Table	2
2	Table (Big)	1
3	Pediatric Cot	2
4	White Board	1
5	Velvet Notice Board	1
6	IV stand	2
7	Cupboard (big)	1
8	Book shelf	1
9	Tube lights	8
10	Ceiling fan	9
11	Plastic chair	5
	CHARTS	
1	10 Types of Play	1
2	Revised National Immunization schedule	1
3	Measurement of weight	1
4	Measurement of Length, and head chest abdominal circumference	1
5	Growth chart (Boys) Height and Weight	1
6	Growth chart (Girls) Height and Weight	1
7	10 steps for successful breast feeding	1
8	Child Rights in India	1
9	Family Centered Care	1
10	Types of Communication	1
11	Gross Motor Development	1
12	Fine motor Development	1
13	Observation of Sick Child	1

14	Malnutrition in hospitalized child	1
15	Ten steps of Care in severe acute malnutrition	1
16	Neurological Assessment	1
17	Neural Tube Defects	1

ANNXEURE 11= Growth & Development Assessment Formats

Format for infant (1 month – 1 year)

	Childs picture	Book picture
I. Physical growth 1. Weight in K.gs 2. Length in c.mts 3. Head circumference in c.mts 4. Chest circumference in c.mts 5. Heart rate 6. Respiratory rate 7. Blood pressure (mm of hg) 8. Dentition		
Book picture	Childs picture	Remarks
II. Motor development **a. Gross motor development** • Able to lift head and front portion of the chest • Able to raise the chest and upper part of the abdomen • Has good head control • Rolls from back to side • Rolls from abdomen to back • Rolls from back to abdomen • Sits with good head control with support • Sits alone learning on hands for support • Sits alone without support • Moves from sitting to kneeling and slowly standing position • Crawls with abdomen on floor • Moves on hand on knees • Stands holding on to furniture • Walks with support of hands on holding furniture • Keeps one or two independent steps **b. Fine motor development** • Desire to grasp • Increased manipulative skills • Transfer objects from one hand to the other • Pincer grasp well established • Puts objects into a container and likes to remove them • Tries to build a tower of 2 blocks but fails		
III. Psychosocial / emotional development **Sense of trust Vs mistrust** • Recognizing parents		

• Has fear of strangers • Holds arm out to be picked up • Tries to imitate others • Has definite likes and dislikes • Searches for dropped objects		
IV. Psychosexual development **Oral stage:** • Seeks pleasure by oral sucking • Enjoying biting anything that touches the lips and mouth		
V. Spiritual development **Undifferentiated/ primary faith** • Child has no beliefs and convictions • Beginning of faith is established with development of basic trust		
VI. Cognitive/ intellectual development **Sensory motor phase** • Use of reflexes • Recognizes stimulus that produces a response • Engages in an activity like shaking, banging and pulling etc for pleasure • Great exploration of environment • Recognizes older sequence of an event • Imitate sound		
VII. Moral development **Preconventional morality** • Unable to understand rules to judge what is good or bad		
VIII. Sensory changes **Vision** • Has binocular vision • Looks at hand while lifting • Has developed color preferences • Has hand to eye co ordination • Follows rapidly moving objects • Able to fixate on very small objects **Hearing** • Turns head to side when sounds is made • Imitates sound • Responds to own name		
IX. Language • Makes small throaty sounds • Laugh aloud • Produces words without meaning • Comprehends meaning of simple words • Obeys simple commands • Says 3-5 words with meaning		

X. Play **Solitary play** • Play alone • Uses own body parts to play • Play with toys		

Format for toddler (1 – 3 years)

	Childs picture	Book picture
I. Biologic development: 1. Weight in K.gs 2. height in c.mts 3. mid arm circumference in c.ms 4. Pulse 5. Respiratory rate 6. Blood pressure (mm of hg) 7. Dentition		
Book picture	Childs picture	Remarks
II. Motor development **a. Gross motor development (1-2 years)** • Able to walk without help • Kneels without support • Able to creeps upstairs • Throws small objects repeatedly and picks them up again. • Walk sideways and backwards • Runs stiffly, often fails • Jumping attempted using both feet • Seats self in small chairs • Climbs on furniture • Pushes light furniture around room • Throws balls over head without falling **Gross motor development (2-3 yrs)** • Stands on one feet alone • Walks on tip toe for few steps • Jumps from step to low chair • Rides on walker or pedal car • Picks up objects from floor without losing balance **b. Fine motor development (1-2yrs)** • Builds a tower of 2-3 cubes • Able to open boxes • Pokes finger in hole • Scribbles spontaneously • Turns pages in a book • Transfer objects hand to hand		

• Open door by turning door knock • Folds paper once imitatively **Fine motor development (2-3yrs)** • Builds tower of 8 cubes • Able to imitate vertical or circular stroke • Has good hand finger co-ordination • Holds crayons with fingers **c. Self care(1-2yrs)** • Holds cup with both hands • Puts spoon into the mouth and with spilling • Enjoys finger feeding • Removes simple garments • Verbalize toilet skills • May attain self care with help. **Self care(2-3yrs)** • Gets a drink without help • Chews with mouth closed • Buttons one large front button • May toilet by self • Adequate attempt to wash hands		
III. Psychosocial / emotional development **Sense of autonomy Vs doubt & shame** • Tolerates separation • Less fearful of strangers • Hugs and kisses parents • Kisses pictures in books • Increase autonomous behavior • Begins to imitate parents • Begins to possessiveness • Focuses on own wishes • Imitate sex role behavior of adults		
IV. Psycho sexual development **Anal stage:** • Obtain pleasure from the feeling of distended bladder and from in the rectum • Conscious sense of self and learning to tolerate frustration		
V. Spiritual development: **Intuitive and projective faith** • Imitates religious behavior such as bowing the head in prayer		
VI. Cognitive/ intellectual development: • Short attention span • Begins to think • Beginning traces of memory		

• Beginning sense of time and anticipation of events • Begins casual thinking • Thinks some solutions to problem • Can differentiate self from objects • Carries the past events in the mind • Object permanence exists		
VII. Moral development **Pre conventional morality** • Good is what I like and want • If I will be hurt for doing it, it must be wrong, if I will be not be hurt, it must be right. • Punishment obedience oriented stage		
VIII. Language development • Recognize names of various parts of body • Respondents to familiar, simple commands • Understands more complex sentences • Enjoys stories with pictures • Name familiar pictures • Uses words more than desires • Uses 4-5 words sentences • Talks constantly		
IX. Play **Parallel play** • Interest in musical toys and picture books • Watching activities of others • Interest in dramatic play • Interest in creative play like manipulation of mud, sand as well as use of crayons and finger prints • Interest in quiet play like singing simple songs and moving arms to music. • Enjoys in motor play like use of large car, trucks and trains etc.		

Format for pre-schooler (3-6 years)

	Childs picture	Book picture
I. Biological development 1. Weight in K.gs		

2. Height in c.mts 3. Mid arm circumference in c.mts 4. Pulse 5. Respiratory rate 6. Blood pressure (mm of hg) 7. Dentition		
Book picture	Childs picture	Remarks
II. Motor development **a. Gross motor development** • Rides tricycle • Jumps from height • Hops on preferred foot • Skips on alternate foot • Walks and runs on tiptoes • Walk straight line and backwards • Runs without looking at feet • Kicks a ball • Balance on one foot for 3-5 seconds • Catches ball with extended arms **b. Fine motor development** • Place small pellets in narrow necked bottles • Can copy a circle, square, diamond, triangle and cross • Able to draw a picture • Can help with simple household tasks **c. Self care skills:** • Able to manage spoon with little spilling of food • Able to tie shoe lace • Knows back from front of clothes • Can go to toilet alone • Brushes teeth with assistance • Able to comb hair with hale		
III. Psychosocial / emotional development **Sense of initiative Vs guilt** • Less dependence on parents but needs assistance and help • May have dreams and nightmares • Knows own sex • Physically and verbally aggressive • Attempt to imitate adult behavior • Develop imagination and creativity • Feel guilty for their errors • Spend too much time and energy in purposeless activity		

• Able to solve problems • Jealousy of siblings		
IV. Psychosexual development **Phallic stage:** • More aware of their own sex organs • More attached to the parent of the opposite sex • Feels aggression towards parent of opposite sex • Touching and manipulation of genitals • Ask simple questions about sex • After temporary parental separation either shows anger or feels happy		
V. Spiritual development **Intuitive projective faith** • Still imitates parents • Able to understand little bit of religion		
VI. Cognitive/ intellectual development **Sensory motor phase** • Rationalize their actions • Has social awareness • Understand time and space • Use time oriented expressions • Has magical thinking • Understands other perspectives • Obeys parents set limits but they don't really understand • Describes events • Highly imaginative		
VII. Moral development **Preconventional morality** • Follows rules strictly • Accept changes in the rules		
VIII. Sensory changes • Establishes color vision • Can hear normally • Develops the sense taste and smell • Has taste preferences • Enjoys stroking their bodies		
IX. Language development • Uses complete sentence of 3-4 words • Talks regardless of whether any one is paying attention • Knows simple songs and rhymes • Able to name colors • Understands directions (under, sit, wash etc.,) • Gives full name and other sex • Names figures in a picture • Constantly ask questions		

X. Play • Likes painting • Plays with telephone • Fond of dramatic plays • Has more interest in stories • Enjoys group play		

Format for school going child (6-12 yrs)

I. Biological development Weight in K.gs Height in c.mts Mid arm circumference in c.mts Pulse Respiratory rate Blood pressure (mm of hg) Dentition	Child picture	Book picture
Book picture	Childs picture	Remarks
II. Motor development **a. Gross motor development** • Rides bicycle • Performs tricks on bicycle • Runs, jumps, climbs, hops • Constantly in motion • Improves in coordination • Looks clumsy and awkward • Throws ball skillfully over hand and underhand • Enjoys all physical activities • Participation in organized sports b. Fine motor development • Uses both hand independently • Knows right and left • Improved cursive writing • Likes to draw paint and color • Draws with good fine motor skills • Able to cut, fold and paste paper • Has good eye and hand coordination c. Self care skills • Likes to eat with fingers • Stuffs food into mouth • Talkative while eating • Improved table manners • Handles eating utensils skillfully • Criticizes table manners of parents • Able to meet self care • Can brush and comb hair		

• Need constant remaining of personal hygiene		
III. Psychosocial / emotional development **Sense of industry Vs inferiority** • Eager to develop skills • Participate in meaning full and socially useful work • Engage in task that they complete • Consider peer opinion more important that parents • Likes positive reinforcement/ reward system • Likes to compete and play games • Cheats to win games • Talks about friends frequently • Aware of appropriate sexual role		
IV. Psychosexual development **latency stage:** • They associate with same sex parents • Seeks information about sex role behavior • Participate in kissing and giggling games		
V. Spiritual development **Mythical literal faith** • Accept the family preference • Learn many things about the religion • They feel comfort with prayers and other rituals		
VI. Cognitive/ intellectual development **Concrete operational stage:** • Begin to learn to read write and do arithmetic • Able to function with higher mental ability • Arranges object according to their sizes and relationships • Able to classify objects • Uses problem solving methods • Have good thinking and reasoning ability • Know time date and month • Increase in attention and memory span • Can see differences more than similarities • Interested in school works • Counts backwards from 20-12-13 • Identifies certain missing parts of the picture • Writes occasional short letters to friends/relatives on own initiative		

VII. Moral development **Conventional morality** • Child confirms to the rules to please others • Learns to the conform to the group norms		
VIII. Sensory development • Normal visual acuity • Discriminate application of heat and cold • Have good sense of taste and smell		
IX. Language development • Can repeat sentences of 10-12 words • Has good sentence and use of grammar • Develop sense of humor • Uses parts of speech correctly • Enjoys riddles • Vocabulary expands to 20,000 to 30,000 words		
X. Play • Likes group play • Prefers active and competitive play • Enjoys dramatic play • Begin to have own hobbies		

Format for adolescence

	Childs picture	Book picture
I. Biological development 1. Weight in K.gs 2. Height in c.mts 3. Mid arm circumference in c.mts 4. pulse 5. Respiration 6. Blood pressure (mm of hg) 7. Dentition		
Book picture	Childs picture	Remarks
II. Motor development • Motor function improves and is comparable to adults • Hand eye co ordination improves better		
III. Psychosocial / emotional development **Sense of identity Vs role confusion** • Strives to attain autonomy from family • Develop sense of personal identity • Enjoys team cooperation • Try approach their peer more often • Have great emotions • Emotional state is unpredictable mood swings are common		
IV. Psychosexual development **Genital stage:** • Secondary sexual characteristics appear • Great urge for genital sexual development		
V. Spiritual development **Synthetic conventional faith** • Begins to question on values and ideas of family • Reveals deep spiritual concerns		
VI. Cognitive/ intellectual development **Formal operational phase** • Solves problems with abstract thinking • Dreams and plan the future • Cognitive abilities continue to develop • Thinks beyond the perfect • Capable of scientific reasoning • Spends more time in extracurricular activities		
VII. Moral development **Preconventional morality** • Oriented towards "universal ethical principles" • seriously questions regarding the existing moral value		

VIII. Language development • Continue to learn new words and new concept • Follow a slang of jargon of speech • Learned to express an defend their desires		
IX. Play - Competitive play • Involves in competitive sports, parties, hobbies, reading listening to radio, watching television and operating computer • Engages in sports for fun, enjoyment and socialization		

Dr. Vithalrao Vikhe Patil Foundation
Ahilyanagar

DR.V.V.P.F's COLLEGE OF NURSING
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COLLEGE OF NURSING

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Dr. Vithalrao Vikhe Patil Foundation's
College of Nursing,
Vilad Ghat, PO MIDC, Ahilyanagar
(MS) India - 414111

Tel.: (0241) 2778042, 2779757, 2777059
Fax.: (0241) 2779782

principal_nursing@vims.edu.in

www.vims.edu.in