

# UTTAR PRADESH STATE MEDICAL FACULTY

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To,  
All Nursing Institutes Owners/Principles,  
Uttar Pradesh

**Subject:-Regarding performance standards for nursing institutes for nursing education in Uttar Pradesh**

Respected Sir/Madam,

In order to improve the standards of nursing institutes, UPSMF in collaboration with Jhpiego has developed "performance standards for nursing institutes for nursing education in Uttar Pradesh". All nursing institutes can follow the standards as per the courses running at your institute.

Thanking you,

**Secretary,**  
Uttar Pradesh State Medical Faculty

## **List of Contributors**

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## Abbreviation

ANM	Auxiliary Nurse and Midwife
ANS	Assistant Nursing Superintendent
ASHA	Accredited Social Health Activist
A-V aids	Audio-visuals aids
BCG	Bacille Calmette-Guerin
BMI	Body Mass Index
BMW	Biomedical Waste
BP machine	Blood Pressure machine
CHC	Community Health Centers
CMO	Chief Medical Officer
CNE	Continuing Nursing Education
CoN	College of Nursing
CPR	Cardiopulmonary Resuscitation
CRP	Clinical Rotation Plan
DMPA	Depot-medroxyprogesterone acetate
ET tube	Endotracheal tube
FHR	Fetal Heart Rate
FHS	Fetal Heart Sound
GNM	General Nursing and Midwifery
Hb	Hemoglobin
HCL	Hydrochloric aAid
HD	High-Definition
HoD	Head of Department
HWC	Health and Wellness Centres
ICCU	Intensive Coronary Care Unit
ICU	Intensive Care Unit
ID	Intradermal
IM	Intramuscular
INC	Indian Nursing Council
IPD	In-patient Department

IPV	Inactivated Poliovirus Vaccine
IU	International Unit
IUCD	Intrauterine Contraceptive Device
IUD	Intrauterine Contraceptive Device
IV	Intravenous
JE	Japanese Encephalitis
JHU	Johns Hopkins University
LAM	Lactation Amenorrhea Method
LCD	Liquid Crystal Display
LSCS	LOWER SEGMENT CESAREAN SECTION
MCP	Mother and Child Protective
MgSo <sub>4</sub>	Magnesium Sulfate
MoM	Minutes of the Meeting
MoU	Memorandum of Understanding
MR	Measles-Rubella
MRP	Master Rotation Plan
NG tube	Nasogastric tube
NNC	National Nodal Centers
OBG	Obstetrics and Gynaecology
OPD	Outpatient Department
OPV	Oral Polio Vaccine
OSCE	Objective Structured Clinical Examination
OSPE	Objective Structured Practical Examination
OT	Operation Theatre
P/V	Per vaginal
PEM	Protein Energy Malnutrition
PHC	Primary Health Care
PPH	Postpartum Hemorrhage
PSE	Pre-Service Education
QI	Quality Improvement
SNC	State Nodal Centers

SNRC	State Nursing Registration Council
TB	Tuberculosis
TPR	Temperature, Pulse, and Respiration
TV	Television
UIP	Universal Immunization Programme
USAID	United States Agency for International Development
USB	Universal Serial Bus
WHO	World Health Organization

## **Background**

With the launch of the National Rural Health Mission, impressive achievements were visible in terms of strengthening the health system and health outcomes. Despite impressive progress, improvement in the quality of services remained a key challenge. Though in-service training for improving the knowledge and skill of Nurses was the main thrust area under RCH, the quality of pre-service nursing education (PSE) needed attention.

A pilot in nursing institutes to improve the Quality of Nursing Education was initiated in 2009 and done for various courses across many states. Encouraged by the results of implementing performance standards coupled with capacity building of faculty. In 2013, Govt. of India and the Indian nursing council took a decision to use performance standards for improving quality in pre-service nursing education. The strategic approach for strengthening institutions included the establishment of 6 National Nodal Centers (NNCs) and 10 State Nodal Centers (SNCs) to steer the process. It was envisioned that these Nodal Centers, besides serving as model teaching institutions, would also serve as pedagogic resource centers for strengthening PSE at the institutions as a strategic approach. Operational guidelines were formulated and the performance standards acted as a Quality Improvement tool intended for periodic use by the faculty, principal, and service providers to monitor and improve the quality of pre-service education at nursing institutes. The NNCs and SNCs were strengthened according to the operational guidelines. Toward this objective, this initiative worked on strengthening of five most critical dimensions of the PSE, classroom and practical instruction, clinical instruction and practice, school infrastructure and training materials, school management, and clinical areas where student midwives undertake clinical experience at all the ANMTCs GNM schools and colleges of nursing (CoN).

In 2017, the revised version of operational guidelines was developed which had additional details for establishing mini/skill labs providing supportive supervision using checklists. The performance standards however did not change. In 2017, the same program was initiated by Jhpiego in the private sector.

## Revisiting Performance Standards

To improve the quality of preservice nursing education, the government of Uttar Pradesh launched the 'Mission Niramaya' program which aims to improve the overall nursing education ecosystem of the state. Under this program, an important element is to establish quality improvement processes in the institute so that all nursing educational institutes get access to all relevant information and support to initiate and take forward the continuous Quality Improvement (QI) processes within their institutes and produce competent nurses. The process envisages developing 'mentor institutes' within the state, both from the public and private sectors in lines of NNC/SNC, who with empowered and competent faculty members of the institute act as 'mentors' would take forward the QI process. The mentors would also support other institutes through business modeling modality to ensure financial and programmatic sustainability. State Nursing Registration Council (SNRC) with technical support from Jhpiego is working on a pathway to institutionalize the processes.

During the process of selection of Mentor Institutes, the performance standards GoI/INC was used. The SNRC conducted a workshop with identified faculty from perspective mentor institutes. One of the suggestions given by most of the participants was to revise the performance standards in line with the revised curriculum for the B Sc Nursing course published in 2020 by INC. The GoI/INC performance standards were covering only midwifery / OBG subjects. It was suggested that performance standards be made comprehensive by including other subjects like Nursing Foundation, Medical-Surgical Nursing, Child Health Nursing, Mental Health Nursing, and Community Health Nursing. Based on these suggestions performance standards have been modified by a group of experts. A column of means of verification has been added against each verification criterion and also rearrangements of sections have been done. The revised performance standards have 6 sections below.

Section Name	GoI/INC Standards	Mission Niramaya Standards	Abridged Standards
College infrastructure and training materials	13	14	12
College management	16	11	9
Classroom and practical instruction	15	08	7
Preparation for clinical and community instruction and practice	17	07	7
Clinical areas where student nurses undertake clinical experience	20	24	–
Community areas where student nurses undertake community	–	11	–

experience			
<b>TOTAL</b>	<b>81</b>	<b>75</b>	<b>33</b>

## **Suggestions of Nursing Education Experts for Mission Niramaya Performance Standards**

### **Section 1: College Infrastructure and Training Materials**

- This section was the third section in GoI/INC standards and now it has been shifted to first section.
- Besides midwifery skill lab infrastructure and training materials additionally following have been included
  - Nursing foundation including adult health nursing & advanced nursing lab
  - Pre-Clinical lab (Anatomy & Physiology, Biochemistry, and microbiology)
  - The Midwifery / OBG lab including the child health nursing lab
  - Community Health Lab
  - Nutrition Lab
- Added new verification criteria in the infrastructure of colleges and hostel premises.
- Mandatory modules like First Aid of National Disaster Management Authority, Facility Based Newborn Care, Government of India, Palliative Care, Government of India and Basic Cardiopulmonary Life Support, and Pediatric Life Support of standard national/international modules are included in the library.
- A new verification related to fire safety protocol has been added in hostel.

### **Section 2: College Management**

- This section was the fourth section in GoI/INC standards and presently its second section.
- All the performance standards related to affiliation, admissions, and related to regulatory bodies not in the hand of college management have been removed.
- All performance standards related to college management from different sections are shifted in this section.
- Essential qualification of nursing faculty and faculty development program is shifted to this section.
- Fire safety protocols standard has been added.

### **Section 3: Classroom and Practical Instruction**

- This section was the first section in earlier standards and now it has been shifted to the third as suggested by experts.

- All the performance standards related to facilitation skills are merged into a single standard and reframed as a new standard.
- Performance standards related to question paper development and preparation of answer keys for grading, are merged and reframed as a new standard.
- Demonstration skills and use of skill lab for student practice are merged into a single standard and reframed as a new standard.

#### **Section 4: Preparation for Clinical and Community Instruction and Practice**

- This was the second section in Gol/INC and now it has been shifted to the fourth.
- All the performance standards related to student guidance, monitoring & meeting at the end of the clinical practices sessions and reframed as a new standard.
- Few standards were deleted related to clinical volume and meals provided to students while on duty in clinical practice facilities.

#### **Section 5: Clinical Areas Where Student Nurses Undertake Clinical Experience**

- Selected skills in all subjects are included which will be observed in all wards as per the curriculum.

#### **Section 6: Community Areas Where Student Nurses Undertake Community Experience.**

- This is a new section introduced regarding procedures to be conducted in the community practices area
- Eleven selected skills of community health nursing subject are included which will be observed in the students in the community practice area or community lab (if not posted) as per the curriculum.

### **DISCLAIMER TO REVISED OF PERFORMANCE STANDARDS**

1. These performance standards are to be used for the assessment for quality improvement.
2. The performance standards are framed in a manner to capture and ensures the essentials of nursing education and are not exhaustive.
3. Only essential models, mannequins, and equipment are listed in the standards
4. In the practice sections of performance standards, the complete checklists are not included. Only a few procedures have been included and critical steps of the procedures are included in the verification criteria
5. The required qualifications of the principal and vice principals are taken into the performance standards and the number of faculty required is not mentioned because it is depending on the number of student intake approved by the board/university

### **What are the Different Usage of Performance Standards**

1. For self-assessment
2. For external assessment
3. For recognition of best performers
4. For institutional recognition by regulations
5. For monitoring the progress

### **Who Can Use These Performance Standards?**

All sections of the Performance Standards are relevant for all the faculties of Nursing Institutes. Through these performance standards faculties can identify whether their method of teaching and demonstration is in accordance with the performance standards and they also will be able to correct the practices with the help of the performance standards. They also get to know about what to do and how to do equipment and supplies required for the services and can ensure their availability.

### **How to Record Findings**

These performance standards can be used by the Nursing Institutes and are also available in form of excel tool. There are five columns to record the assessment findings with the date. This will allow periodic assessment on the same tool to identify the progress over time, discuss observations with the concerned team and assess the reasons for the performance standards and criteria not being met to help resolve them for future improvement. During the assessment the assessor needs to write 'Y' for 'YES' if the task is accomplished as per standards, 'N' for tasks 'NOT DONE' or 'NOT DONE AS PER STANDARDS', and 'NA' if the task is 'NOT

APPLICABLE' for the situation being observed. A standard will be considered achieved **only if all** the verification criteria of it are accomplished ('Y' and 'NA').

The 'NA' in a standard will be considered with 'Yes' and as achieved. If there is any specific qualitative finding for any criteria, the assessor may mention it in the column of comments with the date in brackets.

## Scoring

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

At the end of the tool is a summary sheet of scores. Note the total number of standards observed and total standards met in rows 2 and 3 respectively of column 2. Only observed standards will be considered for the denominator. Mark the score % by calculating the total number of standards met divided by the total number of standards observed multiplied by 100. Eg., If the total standards observed are 70 and the total standards met are 49, then the Score % will be =  $49/70 \times 100 = 70\%$ . Note this score in column number 3 adjacent to the total number of standards met.

The purpose of this tool is not to find fault with the subordinate staff or service providers by the managers/supervisors right from the College of Nursing to the Medical Education department state level but is to work as a team with different roles to accomplish the achievement of the standards and ensure quality pre-service education to the students.

**Example:**

**Section One: College Infrastructure and Training Materials**

PERFORMANCE STANDARDS	SL. NO. OF VERIFICATION CRITERIA	VERIFICATION CRITERIA	1st Assessment
<b>1. The college has the basic infrastructure to function effectively.</b> <i>(The college has the required physical infrastructure as per the latest INC guidelines for the sanctioned no of seats. Proportionately the size of the built-up area will increase/decrease to according to the number of seats approved)</i>	1.1	Exclusive nursing teaching blocks which is not used for any other purpose	Y
	1.2	Seating space for Principal, Vice Principal, and Faculty	Y
	1.3	Classrooms	Y
	1.4	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	Y
	1.5	Pre-Clinical Science Lab	N
	1.6	Community Health Nursing including Nutrition lab	Y
	1.7	Obstetrics and Gynecology Nursing including child health nursing Lab	Y
	1.8	Library	Y
	1.9	Computer lab	Y
	1.10	Multipurpose Hall	Y
	1.11	Facility for photocopy and printing (paid / unpaid)	NA
	1.12	Safe drinking water facility	Y
	1.13	Toilet facilities for faculty and non-teaching staff	Y
	1.14	Toilet facilities for students	Y
	1.15	Virtual classroom set up (internet connection, HD USB camera, LCD projector, microphone and speakers)	NA
	1.16	Playground (accessible on-demand)	Y
<b>Standard-1</b>		<b>Score</b>	

Total Standards	13
Total Standards Observed	13
Total Standards Achieved	10
Percent Achievement	77%

## Overall Summary

Areas		1st Assessment
<b>Section One:</b> College Infrastructure and Training Materials	Total Standards	13
	Total Standards Observed	13
	Total Standards Achieved	10
	<b>Percent Achievement</b>	<b>77%</b>
<b>Section Two:</b> College Management	Total Standards	13
	Total Standards Observed	13
	Total Standards Achieved	11
	<b>Percent Achievement</b>	<b>85%</b>
<b>Section Three:</b> Classroom and Practical Instruction	Total Standards	7
	Total Standards Observed	7
	Total Standards Achieved	7
	<b>Percent Achievement</b>	<b>100%</b>
<b>Section Four:</b> Preparation for Clinical and Community Practice and Instruction	Total Standards	7
	Total Standards Observed	7
	Total Standards Achieved	6
	<b>Percent Achievement</b>	<b>86%</b>
<b>Section Five:</b> Clinical Areas Where Student Nurse Undertake Clinical Experience	Total Standards	24
	Total Standards Observed	21
	Total Standards Achieved	15
	<b>Percent Achievement</b>	<b>71%</b>
<b>Section Six:</b> Community Areas Where Student Nurse Undertake Community Experience	Total Standards	11
	Total Standards Observed	11
	Total Standards Achieved	9
	<b>Percent Achievement</b>	<b>82%</b>
<b>Overall Score</b>	Total Standards	75
	Total Standards Observed	72
	Total Standards Achieved	58
	<b>Overall Percent Achievement</b>	<b>81%</b>



**PERFORMANCE STANDARDS FOR  
NURSING INSTITUTES FOR NURSING EDUCATION IN UTTAR PRADESH  
(33 PERFORMANCE STANDARDS)**

**SECTION ONE  
College Infrastructure and Training Materials**



Performance Standards	Sl. No	Verification criteria	Baseline assessment	First assessment	Third assessment	Means of verification
<p>1. The college has the basic infrastructure to function effectively.</p> <p><i>(The college has the required physical infrastructure as per the latest INC guidelines for the sanctioned no of seats. Proportionately the size of the built-up area will increase / decrease to according to the number of seats approved)</i></p>	1.1	Exclusive nursing teaching blocks which is not used for any other purpose				O- Separate building/floor exclusively for nursing education
	1.2	Seating space for Principal / Vice Principal / Faculty				O- Exclusive space with proper signage and seating arrangements and racks/cupboards to keep files, teaching aids, etc.
	1.3	Classrooms				O- Number of classrooms to accommodate each academic year through a dedicated separate classroom for every year of each course
	1.4	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab				O- Space to accommodate group of students allotted for demonstration and practice
	1.5	Pre-Clinical Science Lab				
	1.6	Community Health Nursing including Nutrition lab				
	1.7	Obstetrics and Gynecology Nursing including child health nursing Lab				
	1.8	Library				O- Signage and space to accommodate group of students (central library cannot be considered)
	1.9	Computer lab				O- Signage and size big enough to accommodate group of students
	1.10	Safe drinking water facility				O- Functional potable water availability. I- 2 students for regular availability of safe water
	1.11	Toilet facilities for faculty and non-teaching staff				O- Cleanliness O- Check each toilet has functional water supply with hand washing facility. O- Bins in women toilet for disposing sanitary napkins
	1.12	Toilet facilities for students				O- Separate operational toilet boys and girls at each floor. O- Cleanliness. O- Check each toilet has functional water supply and hand washing

						facility. O- Bins in women toilet for disposing sanitary napkins
	1.13	Virtual classroom set up (internet connection, USB camera, LCD projector, microphone and speakers)				O- Set up with functional equipment in any classroom
	1.14	Fire NOC from local authority				R- Record of date of drills held within one year. I- 2 faculty and 2 students for assembling point
	1.15	Availability of fire extinguisher at each floor / corridor				O- Fire extinguisher availability and expiry date
<b>Standard-1</b>		<b>Score</b>				
2. Classrooms are comfortable and properly equipped for teaching.		<i>Classrooms are clean and have:</i>				
	2.1	Has adequate lighting (natural light, LED bulbs / tube lights, etc.)				O - LED bulbs / tube lights are in functional
	2.2	Has adequate ventilation (open windows, fans / air coolers)				O - Proper windows, functional fans or air cooler
	2.3	Desks and chairs in sufficient numbers for sanctioned seats				O- Seating arrangement for sanctioned number of students every year
	2.4	Adequate and flexible space for performing group learning activities				O- Space for movement for faculty and students
	2.5	Board and means to erase it				O- In each classroom
	2.6	Chalk or markers				
	2.7	A V aids available for use by faculty and students and in good working condition [Computer / Laptop, Projector / LCD TV, Screen / projection space, Charts and Audio (as needed) system]				O- Functional AV aids equipment should be available in the college
	2.8	Electricity				O- Switch board & electricity supply in each classroom
	2.9	Clock				O- Functional in each classroom
	2.10	Notice board				O- In each classroom
	2.11	Waste bin				
<b>Standard-2</b>		<b>Score</b>				
3. All learning labs are properly equipped for practical learning sessions.		<i>Observe that each learning / skills labs are clean and have:</i>				
	3.1	Adequate ventilation & light (fans / air coolers and LED bulbs / tube lights, etc.)				O - Proper windows / functional fans or air cooler and LED bulbs / tube

						lights
	3.2	Tables to place models				O- At each station to keep models / mannequin, trays, consumables, etc.
	3.3	Board and means to erase it				O- Availability in each lab
	3.4	Chalk or markers				
	3.5	Clock				O- Functional in each classroom
	3.6	Appropriate arrangement for hand washing (Wash Basin / running water into sinks)				O- Available of wash Basin / running water into sink in all labs
	3.7	Racks and cupboards to keep models, teaching aids and others student records				O- Cupboard to store mannequins. O- Racks to keep equipment, articles, etc.
Standard-3		Score				
4. Nursing foundation including adult health nursing & advanced nursing lab is properly equipped for practical learning sessions.		Models & Mannequins for demonstrating nursing procedure:				
	4.1	2 Adult Male				O- Availability and functional models / mannequins
	4.2	2 Adult Female				
	4.3	2 IM injection trainer				
	4.4	2 IV (arm) injection trainer				
	4.5	1 CPR - each adult & child				
	4.6	2 Ambu bag with all sizes mask				
	4.7	1 Catheterisation trainer (male & female)				
	4.8	Patient cots - 4 Adult & 2 Child				
		BMW color coded bins (These are Biomedical waste management bins which are of following):				O- Availability of bins in good condition with plastic liner
	4.9	Black for domestic waste like papers, leftover and peels of fruits and vegetables, empty bboxes etc.				
	4.10	Yellow for infected non plastic waste like human anatomical waste, blood and body fluids and placenta etc.				
	4.11	Red Infected plastic waste such as disposable syringes, IV sets catheters, ET tube urine bag.				
4.12	Puncture proof white container / blue for sharps					
Standard-4		Score				

5. Pre-Clinical lab (Anatomy & physiology, Biochemistry and microbiology) is properly equipped for practical learning sessions.		<i>Lab has following models</i>				
	5.1	Adult Human Articulated Skeleton				O- Functional models
	5.2	Skeleton with muscles & Veins				
	5.3	Adult Human Skull				
	5.4	Digestive System				
	5.5	Female Pelvic Bone				
<b>Standard-5</b>		<b>Score</b>				
6. Nutrition Lab is properly equipped for practical learning sessions.		<i>Materials for demonstration and practice:</i>				
	6.1	4 Gas stoves with cylinders / pipe line tubing with lighter / induction stove				O- Availability of all materials in working condition
	6.2	4 Pressure cookers				
	6.3	12 Steel cooking vessels in big, medium and small sizes				
	6.4	2 Dinner set				
	6.5	1 Refrigerator in an accessible space				
	6.6	1 Kitchen weighing scale				
<b>Standard-6</b>		<b>Score</b>				
7. Community Health Lab is properly equipped for practical learning sessions.		<i>Materials for demonstration and practice:</i>				
	7.1	Different topics flip book / charts or other AV aids				O- Availability of registers / register formats in good condition
	7.2	15 Community bags with separate compartments for clean articles, urine testing kit and hand washing kit				O- Bags including equipment, articles and consumables
	7.3	2 Infant weighing scale				O- Availability of equipment in functional condition
	7.4	2 Adult weighing machine				
	7.5	Home environment scenario				O- Set up of home scenario in the lab
<b>Standard-7</b>		<b>Score</b>				
8. The Midwifery / OBG lab including child health nursing is properly equipped for practical learning sessions		<i>Anatomic models / mannequins for demonstration and practice:</i>				
	8.1	2 Childbirth simulators				O- Availability of functional models / mannequins
	8.2	2 Abdomen palpation				
	8.3	2 IUD insertion model with different size attachments (for teaching pelvic exam, cervical inspection and interval IUCD & PPIUCD insertion)				

	8.4	2 Contraceptive basket having Oral pills, (ECP, POP, combination pills) condom- male and female, foam gel, jelly, IUCD, implants, DMPA)				
	8.5	2 New born resuscitation model				
		<i>Instrument kits:</i>				
	8.6	Delivery kit (three artery forceps, scissors, bowl, kidney tray)				O- Availability of prepared kit
	8.7	IUCD and PPIUCD Instruments tray				
	8.8	BP apparatus and stethoscope				O- Availability of functional equipment
	8.9	Plastic buckets for decontamination of instruments and articles				O- Available in good condition
		<i>BMW color coded bins (These are Bio medical waste management bins which are of following):</i>				
	8.10	Black for domestic waste like papers, left over and peels of fruits and vegetables, empty box etc.				
	8.11	Yellow for infected non plastic waste like human anatomical waste, blood and body fluids and placenta etc.				O- Availability of bins in good condition
	8.12	Red Infected plastic waste such as disposable syringe, IV sets catheter, ET tube urine bag.				
	8.13	Puncture proof white container / blue for sharps				
<b>Standard- 8</b>		<b>Score</b>				
9. The learning labs are accessible for independent practice and all models and mannequins are in a functional state.	9.1	Student or staff member assigned to allow access for students after college hours				R- Lab utilization register (time and purpose of use) R- Time table showing extra time for lab hours I- 2 students for accessibility of lab after college time
	9.2	System of accountability exists for ensuring security of materials				R- Cataloguing register/ inventory register R- In-charge for each lab. O- Proper storage
	9.3	Are draped appropriately and treated with respect and dignity				O- Properly covering of models and mannequins with cloths
	9.4	Have intact or repaired skin				O- Functional models and mannequins at each lab

Standard- 9		Score				
10. The library space is appropriately equipped and has reference materials.	10.1	Proper cabinet / racks for storing books and materials with labelling				O - Sufficient number of cabinets / racks to keep all books and labelling on each rack
	10.2	Tables and chairs to accommodate group of students for reading or studying				O - Seating arrangements for group of students
	10.3	A system for recording and cataloguing materials				R- Updated accession register
	10.4	System of accountability exists for ensuring security of materials				O- Randomly check for the seal and accession number in book (seal should be of same institute)
	10.5	Has minimum of 500 different titled nursing books new edition				R- Accession register and purchase order
	10.6	Recent clinical and educational journals are subscribed and available (on-line/ Hard Copies) * Nursing journals. * Magazines. * Newspapers.				R- Subscription details. O- Check availability (if online subscription hardcopy should be kept in library)
	10.7	Minimum one computer with internet facility should be provided in the library				O- Functional condition R- Internet recharge bill
	10.8	Library is accessible for students after college hours				R- Library time table showing accessible after college time. R- Entry & exit details of the students in the register. O- Time table in notice board
	10.9	Minimum 10% of total books available in the library for issuing to the students and faculty				R- Book issue Register for last moth book issued
	10.10	Notice board available				O- Availability of notice board in library
Standard- 10		Score				
11. A well-equipped and functional computer lab exists for the students and faculty.	11.1	There is a functional computer lab with 1:5 computer students ratio functional computers				O- Availability of functional computers (calculate by considering largest students strength) O- Tables to keep the computer and chairs for students
	11.2	There is reliable internet access with good bandwidth for use by faculty and students				O- Internet available for all computers. R- Internet recharge bills
Standard- 11		Score				
12. The hostel is	12.1	Separate hostel to accommodate girls				O- Availability of separate hostel

adequately furnished and suitable for students.					building for girls
	12.2	Separate hostel to accommodate boys			O- Availability of separate hostel building for boys
	12.3	Has rules and regulations displayed on notice boards			O- Displayed in hostel (board, chart, etc.) I- Students about hostel rules & regulations
	12.4	There is adequate security arrangement for residents 24x7			R- Hostel staff attendance registers I- 2 students about security availability
	12.5	Has adequate ventilation (open windows, fans / air coolers) in all rooms			O- Availability of fans / air coolers in room
	12.6	Has beds, mattress, table and chair for each student			O- Availability of mattress, chair and table
	12.7	Has cupboards and a personal space to keep their personal belongings safely / locked			O- Availability of lockable cupboard / almira for each student
	12.8	Has clean and functional bathing and toilet facilities			O- Check each toilet has water supply and clean. O- Availability of dust bins. O- Hand washing facility
	12.9	24 hours water supply available in bathrooms and toilets			O- Check water storage capacity of tanks I- 2 students about regular water supply
	12.10	Facility for hot water during morning and evening in bathroom			O- Functional geyser in bathroom I- 2 students regarding regular functionality of geyser
	12.11	Safe drinking water is available round the clock in all floor			O- Functional RO filter / filter water availability I- 2 students for regular availability of safe water
	12.12	Has space for washing and drying clothes / laundry facilities			O- Available of exclusive space to wash cloths and to hang cloths for drying
	12.13	Dining hall with adequate seating arrangement			O- Availability of dining tables and chairs to sit minimum 1 batch students
	12.14	Has room for students to see visitors			O- Chairs / seating arrangements for visitors O- Electricity with lighting and fan. R- Visitors register

	12.15	Fire NOC from local authority				<b>Standard- 11</b>
	12.16	Availability of fire extinguisher at each floor / corridor				O- Fire extinguisher availability and expiry date
<b>Standard- 12</b>		<b>Score</b>				

TOTAL STANDARDS	12	12	12
TOTAL STANDARDS OBSERVED			
TOTAL STANDARDS ACHIEVED			
PERCENT ACHIEVEMENT			



**PERFORMANCE STANDARDS FOR  
NURSING INSTITUTES FOR NURSING EDUCATION IN UTTAR PRADESH  
(33 PERFORMANCE STANDARDS)**

**SECTION TWO  
College Management**



Performance Standards	Sl. No	Verification criteria	Baseline assessment	First assessment	Second assessment	Means of verification
1. Academic and other policies exist and are applied.  <i>(College academic policies are present and include the following topics)</i>	1.1	Attendance of students in classroom, clinical and community posting				R- Academic policy for each
	1.2	Dress code for students				
	1.3	Professional conduct in class, clinical and community areas, during field visits and on campus				
	1.4	Disciplinary action procedures (probation, suspension, expulsion)				R- Academic policy, disciplinary committee files and grievance cell records, check suggestion box, anti-ragging committee files
	1.5	Faculty and students are aware of the policies including anti-ragging and sexual harassment				I- 2 faculty and 2 students about policies R- Orientation report of faculty and students displayed. O- Displayed policy in college
<b>Standard-1</b>		<b>Score</b>				
2. Student academic performance standards exist and are clear & transparent.  <i>(Academic performance and advancement standards include)</i>	2.1	Pass percentage for all written and practical examinations				
	2.2	Value of attendance, written assignment, seminar / presentation, group work, completion of procedures ends of posting OSCE toward final score				R- Student academic performance standards guideline / policy. I - 2 students for aware of all standards
	2.3	Criteria for academic dismissal				
	2.4	There are guidelines to attend student grievances related to exam				R- Guidelines on re-evaluation / re-examination / re-totaling
<b>Standard- 2</b>		<b>Score</b>				
3. College has a clear academic calendar and provides it to students. (The academic calendar includes)	3.1	Start and end dates of the academic year				R- Academic calendar and MRP
	3.2	Tentative dates of holidays, vacation and preparatory leaves				R- Academic calendar and MRP
	3.3	Tentative dates of examinations (sessional and university)				R- Academic calendar and MRP
	3.4	Important national and international health days				R- Academic calendar and MRP
	3.5	Tentative date of parent teacher meeting				R- MRP and academic calendar
	3.6	Tentative date for seminar/ workshop and other important events like sports, lamp lighting, festival celebration etc.				R- Plan of events and academic calendar
<b>Standard- 3</b>		<b>Score</b>				
4.The college has an		<i>Clinical practice site</i>				

agreement with the clinical and community practice sites that allows students' learning to fulfil the requirements of the curriculum.	4.1	There is a Memorandum of Understanding (MoU) or permission letter between the college and the local public health authorities /administrative head of private hospital. The MoU states that each clinical practice site allows students to directly participate in supervised care of patients maintaining student patient ratio of 1:3				R- Viability of MoU, Bed occupation rate, OPD, IPD, number of deliveries (normal & LSCS), number surgeries (minor & major), statistics, (age, disease, gender specific,)
	4.2	Clinical area has the required clinical volume to ensure 1:3 student patient ratio				R- Census, no of deliver (normal and caesarean), surgery (minor & major) with respect to the department.
		<i>Clinical site areas included beds in the student patient ration of 1:3 as per CRP:</i>				
	4.3	Medicine				R- Clinical rotation plan (CRP)
	4.4	Surgery				O- Availability of appropriate beds
	4.5	Obstetrics & Gynecology				
	4.6	Pediatrics				
	4.7	Orthopedics				
	4.8	Emergency medicine				
	4.9	Psychiatry				
	4.10	Major OT				
	4.11	Minor OT				
	4.12	Ophthalmology				
	4.13	ENT				R- Clinical rotation plan (CRP)
	4.14	Neonatology care unit				O- Availability of appropriate beds
	4.15	ICU / ICCU				
		<i>Community practice site</i>				
	4.16	There is a MoU or permission letter between the college and the local public health authorities (CMO) to allow training in urban and rural healthcare settings				R- Separate letter for rural and urban health practice for present year
<b>Standard- 4</b>		<b>Score</b>				
5. Nursing faculty have the required qualifications.	5.1	There is evidence that the college Principal has desired qualification and experience as per INC regulations				R- Summary sheet of faculty in college (name, qualification, designation, years of experience and registration number)
	5.2	Vice Principal has desired qualification and experience as per INC regulations				R- Individual faculty file with documents

	5.3	All nursing faculty are M. Sc. (N) or B.Sc. (N) / P.B.B.Sc (N) or Diploma in Nursing Education and Administration (only for GNM) have desired experience as per designation revised in INC regulations				Note: Diploma in Nursing Education and Administration with 2 year experience faculty is only for GNM not B Sc Nursing course
	5.4	Nursing faculty is specialized in each department OBG / Paediatrics / Community Nursing / Medical-Surgical Nursing / Mental Health Nursing as per INC revised regulations 2020				R- Master summary sheet of faculty
	5.5	Part time / external faculty with postgraduate qualification with teaching experience should be available to teach non-nursing subjects				R- Part time faculty file
<b>Standard- 5</b>		<b>Score</b>				
6. Teacher-to-student ratio as per INC policy.	6.1	Teacher-to-student ratio should be 1:10				R & O-Total no of students / faculty onboard--verify college records
<b>Standard- 6</b>		<b>Score</b>				
7. Institute has a faculty development and ongoing evaluation program.	7.1	All Nursing faculty have received at least one knowledge / skill update training or short term course in their respective teaching subject in the past six months				R- Certificate of CNE /workshop / seminar, etc., attended in faculty individual file (if one faculty not attended consider as No)
(Annual faculty development plan exists including subject and competence based skill updation including OSCE/OSPE through CNE/conference/webinar /seminar/workshop)	7.2	All teachers of nursing including principal and vice principal should spend at least 4 hours to take classes / clinical teaching / supervision / other academic activities every day during their respective posting				R-Clinical attendance register preferably at clinical site with ANS (Name of the faculty, place of supervision, in out time & sign, time & sign, purpose of visit).  I- 2 students and 2 clinical staff for all nursing faculty are coming for clinical site for clinical coaching
		<i>There is a peer and reviewing officer (as nominated by head of institution) evaluation of nursing faculty performance on:</i>				
	7.3	Teaching skills				I- 2 nursing faculty
	7.4	Interpersonal and communication skills				R- administrative records, verify that teaching is monitored for effectiveness
	7.5	Review is recorded on file				
		<i>There are evaluations by students in following areas: (Note: these evaluations are not connected with faculty promotion)</i>				

	7.6	Relevance of teaching to course objectives				I- 2 students
	7.7	Effectiveness of instruction				R- administrative records, verify that teaching is monitored for effectiveness
<b>Standard- 7</b>		<b>Score</b>				
8. College Principal and teaching staff meet regularly.	8.1	Meetings that include all faculty staff occur on a regular basis				R- College meeting register for MoM
	8.2	Teachers can provide input and influence decision making about education				I- 2 administrators and 2 faculty about regular meeting
	8.3	Student and teaching results are discussed and areas for improvement identified				
<b>Standard- 8</b>		<b>Score</b>				
9. A record of students from entrance to exit is maintained.	9.1	Documentation exists to track students from entrance to exit				R- Updated cumulative records of each students / supportive documents like transcripts, transfer certificate and photo copies of course completion certificate issued by college.

TOTAL STANDARDS	9	9	9
TOTAL STANDARDS OBSERVED			
TOTAL STANDARDS ACHIEVED			
PERCENT ACHIEVEMENT			



**PERFORMANCE STANDARDS FOR  
NURSING INSTITUTES FOR NURSING EDUCATION IN UTTAR PRADESH  
(33 PERFORMANCE STANDARDS)**

**SECTION THREE  
Classroom and Practical Instruction**



Performance Standards	Sl. No	Verification criteria	Baseline assessment	First assessment	Third assessment	Means of verification
1. Nursing faculty prepares the session as per INC curriculum and performs accordingly.	1.1	Developed and distributed the units and hours in the course syllabus to the faculties by the HoD approved by principal				R- Subject wise summary sheet with faculty wise units approved by HoD in hours
	1.2	Has developed a lesson plan to guide teaching, including learning objectives and related competencies, if any or has an outline of the class and has prepared notes				R- HoD / in-charge approved Soft / hard copy available with respective faculty
	1.3	Has prepared for the session to use visual aids during the class				R- Prefer A V Aids to teach for 1 week classes
	1.4	Refers to the correct learning resources (both online and offline) materials / reference / text books for that unit				O- Session plan including name of books to be referred
<b>Standard-1</b>		<b>Score</b>				
2.The nursing faculty uses effective session introduction, facilitation and summary skills.	2.1	Introduces topic, specifies unit and expected competencies				O- Through effective facilitation skills checklists by attending 2 faculty classes randomly
	2.2	States objectives as a part of introduction				
	2.3	Uses notes or a teaching plan				
	2.4	Moves around the room and maintains eye contact with the students				
	2.5	Projects their voice so that all students can hear				
	2.6	Uses audio-visuals effectively				
	2.7	Provides appropriate examples from clinical area relevant to the content taught (as applicable)				
	2.8	Asks questions to the entire group and then targets questions to individuals				
	2.9	Asks questions at a variety of levels (recall, application, analysis)				
	2.10	Encourages students to ask questions and accordingly responds to students' questions				
	2.11	Presents effective summary / main points of presentation				
<b>Standard- 2</b>		<b>Score</b>				
3.Nursing faculty plan and administer knowledge assessments properly.	3.1	Formative knowledge assessments are administered at least mid and end term				R- Internal marks register and random answer sheets of last academic year / semester students
	3.2	Students are informed at least 1 week in advance of assessment				R- Verify notice board file for date of exams and notice given to students

						I- 2 students about time table displayed in notice board
	3.3	Questions covered the learning objectives in related modules				R- Question papers of all subjects for covering of modules in each semester
	3.4	Question bank exists as a nursing faculty resource				R- Question banks available online or offline in library
	3.5	Knowledge assessments are reviewed periodically to determine reliability, fairness, validity and adherence to the course objectives.				I- 2 faculty whether college has a approved process to develop, review and finalise question papers for internal exams
Standard- 3		Score				
4. Nursing faculty uses valid knowledge assessment tool and standard answer key for grading.	4.1	Whether the cover page of test paper contains all of the following (number and type of questions, number of pages and time allotted)				R- Question papers of all subject internal exams each course of last 2 exams
	4.2	Whether the instructions for each section of questions is clear				
	4.3	Whether the marks for each question are stated				
	4.4	Questions assess at a variety of levels (not only recall, also application, analysis as applicable)				
		Whether the papers include the following types of questions:				
	4.5	Multiple choice questions				
	4.6	— Have an easy to understand stem				
	4.7	— Use the negative construction not at all or rarely (<10 % of the questions)				
	4.8	— Number of choices never exceeds five				
	4.9	Essay questions				
	4.10	— Have objective scoring criteria				
	4.11	— Are not overly broad, and focus the student on a specific area				
	4.12	Short answer questions				
	4.13	— Are clear and easy to understand				
	4.14	Very short answer questions				
	4.15	— Are clear concise and easy to understandable				
	4.16	Answer key does not contain entire question (or is coded), in order to try to maintain the integrity of the question				

	4.17	Different question types have correct answers noted				
	4.18	Multiple choice questions have a single correct answer noted				
	4.19	Short answer questions have a clear answer or answers noted				
	4.20	Very short answer questions have a clear answer or answers noted				
	4.21	Elements of correct answer for essay questions is noted				
<b>Standard- 4</b>		<b>Score</b>				
5.Evaluation, feedback and action taken for the result of internal examinations are recorded and reported properly.	5.1	Answer sheets should have only the roll number of the students				R- Answer keys of all subjects of last 2 internal exams
	5.2	Answer sheets are randomly reviewed using answer key for objectivity				
	5.3	Exam paper scores are accurately recorded				R- Internal mark register and answer sheet for comparison
	5.4	Results are shared within seven working days of examination with the students				I- 2 students for the results announcement
	5.5	Nursing faculty discusses answers with the students and clears their doubts				R- Answer sheets signed by the students
	5.6	Action plan is available for weak students (e.g. conducting extra class/practice session, student mentorship, etc.)				R- Counselling register with action plan of the students for improvement including extra classes / re-demonstration / extra time for lab practices
<b>Standard- 5</b>		<b>Score</b>				
6. Nursing faculty use the skills lab effectively for demonstration and student practice of clinical skills.	6.1	Ensuring that all students have and read the necessary checklists and needed learning materials.				O- Clinical demonstration skills of faculty by attending sessions randomly
	6.2	Describing steps involved in the skill, using the relevant checklist				I- 2 faculty & 2 students about process of demonstration
		<i>Demonstrating the skill as follows:</i>				R- Skill lab utilization register, whether lab is utilising for demonstration and practice
	6.3	Simulates clinical setting as much as possible and ensures all necessary supplies and equipment				
	6.4	Demonstrates each step accurately using checklist and ensures that all students can see and that there are no more than six students per model / mannequin				
	6.5	Summarizes and allows students to ask				

		questions				
		<i>Observe whether nursing faculty uses learning lab to foster practical learning by:</i>				
	6.6	Allowing students to practice the skill in small groups, taking turns with various roles (practicing, observing, giving feedback, simulating role of patient)				R- Lab utilization register - whether lab is utilising for independent practice
	6.7	Observing students practicing and providing feedback in a positive and constructive manner				O- Process of practice sessions
	6.8	Questioning students to check their knowledge and clinical decision-making skills				I- 2 students for practice of procedures
	6.9	Summarizing the session				
<b>Standard- 6</b>		<b>Score</b>				
7. Nursing faculty use the skills lab effectively for assessing student achievement of clinical skill competence.	7.1	Preparing assessment station with all necessary supplies and equipment				O- Process of evaluation R- Last practical OSCE sheets
	7.2	Conducting assessments objectively using checklist				I- 2 faculty about process of evaluation
	7.3	Providing feedback at the conclusion of the assessment session, but not during the assessment				R- Lab utilization register - whether lab is utilising for evaluation purpose
	7.4	Recording results of the assessment session in the student's logbook / record				R- Skills attainment tracking sheet at skill lab I- Faculty about process of evaluation
	7.5	Providing opportunity for re-assessment if the student does not achieve competence during the session				O- Process of evaluation I- Students for re-assessment opportunity
<b>Standard- 7</b>		<b>Score</b>				

TOTAL STANDARDS	7	7	7
TOTAL STANDARDS OBSERVED			
TOTAL STANDARDS ACHIEVED			
PERCENT ACHIEVEMENT			



**PERFORMANCE STANDARDS FOR  
NURSING INSTITUTES FOR NURSING EDUCATION IN UTTAR PRADESH  
(33 PERFORMANCE STANDARDS)**

**SECTION FOUR  
Preparation for Clinical and Community Practice and Instruction**



Performance Standards	Sl. No	Verification criteria	Baseline assessment	Second assessment	Third assessment	Means of verification
1. A nursing faculty visits clinical and community practice sites and coordinates with clinical staff.	1.1	There is a schedule of regular meetings / visits between a nursing faculty and clinical / community site staff to discuss issues related to clinical practice of students (first one must be prior to the clinical placement starts)				R- Clinical and community site meeting registers for regularity of meetings. I- 2 nursing staff at clinical / community site
	1.2	Clinical / community rotation plan (CRP) including plan for each class of students exists and has been shared with all the relevant clinical and community practice sites				R- Availability of CRP with staffs at hospital and health centres
	1.3	The ward in charge of clinical and community practice are aware of the learning objectives and procedures required for each semester / year for clinical practice of students				R- Clinical and community site meeting register for agenda and MoM
	1.4	Problems are discussed with clinical and community site staff, solutions are identified and action is taken to resolve problems				I - Clinical and community staffs on the key skills to be achieved by the students as per curriculum
<b>Standard- 1</b>		<b>Score</b>				
2. Clinical / community rotation plans have been developed to distribute students across clinical / community practice areas as appropriate	2.1	CRP including plan ensures that groups of students (e.g., from different colleges) are not assigned to same unit at the same time to avoid overloading				R- CRP of each courses in college
	2.2	CRP / annexed document identifies nursing faculty responsible for each block / ward				R- Clinical rotation plan with name of the responsible faculty for each hospital / ward
	2.3	CRP is organized so that students complete a study block covering relevant theory content and required skills practice in the lab before practicing in the clinical area				R- Master rotation plan for theory classes. R- Match unit plans dates actual dates. R- Topics in class and lab attendance register
<b>Standard- 2</b>		<b>Score</b>				
3. Students and nursing faculty use appropriate learning and assessment tools.	3.1	Students at the clinical and community practice sites have their personal learning resources (job aids, checklists, etc.)				O- Checklists with faculty and students in the practice sites I- 2 students for orientation about use of checklists

	3.2	Nursing faculty are recording observations, comments and achievement of competence in the students' clinical assessment tools (e.g. Check list / clinical evaluation form)				R- Competency tracking sheet for skills attainment
	3.3	Nursing faculty and students are using the clinical experience log books for recording the attainment of skills				R- Competency tracking sheet for skills attainment
<b>Standard- 3</b>		<b>Score</b>				
4. Nursing faculty provide guidance for clinical and community practice sessions, monitors student performance and give feedback.		<i>Observe whether the nursing faculty:</i>				
	4.1	Observing students are performing the task as per clinical objectives				O- 2 faculty for process of guidance given by at clinical site
	4.2	Demonstrate skills on actual patients whenever possible, or use simulation if necessary				I- 2 faculty and 2 students on the process of guidance given by faculty at clinical site
	4.3	Supervise the students during clinical and community practice as they do patient care to avoid accidental work and do not leave students unsupervised for skills or activities that carry risk of patient harm				
	4.4	Correcting student errors while maintaining student self-esteem				
	4.5	Discuss cases seen / activities conducted on the same day, particularly those that were interesting, unusual, or difficult				
	4.6	Provide opportunities for students to clarify the doubts				
	4.7	Clarify progress on objectives and identify remaining learning needs				
	4.8	Document clinical / community activity evaluation periodically				R- Competency tracking sheet for skill attainment
<b>Standard- 4</b>		<b>Score</b>				
5. Nursing faculty develops and implements structured Practical examinations.	5.1	Structured practical examinations are held at least mid and end term to evaluate the nursing care skills incorporating nursing process				R- Last practical exam answer sheets & tools and mark register
	5.2	As appropriate, patients are selected and made to participate with consent				R- Process of practical examination approved and shared with faculty and students I- 2 faculty and 2 students for process of practical examination

	5.3	Checklists or other tools are used to document observations of students in structured practical examinations				R- OSCE answer sheet
	5.4	Results are provided to students along with feedback and action plan once the exam is completed				R- Internal marks register (counselling register with action plan on failed students for improvement) I- Student for feedback given on exams and prepared action plan
<b>Standard- 5</b>		<b>Score</b>				

TOTAL STANDARDS	5	5	5
TOTAL STANDARDS OBSERVED			
TOTAL STANDARDS ACHIEVED			
PERCENT ACHIEVEMENT			

## SUMMURY OF NURSING INSTITUTES STANDARDS

AREAS	NUMBER OF STANDARDS	Baseline assessment	First assessment	Second assessment
Section one: College infrastructure and training materials	Total Standards	12	12	12
	Total Standards Observed			
	Total Standards Achieved			
	Percent Achievement			
Section Two: College Management	Total Standards	9	9	9
	Total Standards Observed			
	Total Standards Achieved			
	Percent Achievement			
Section Three: Classroom and Practical Instruction	Total Standards	7	7	7
	Total Standards Observed			
	Total Standards Achieved			
	Percent Achievement			
Section Four: Preparation for Clinical and Community Practice and Instruction	Total Standards	7	7	7
	Total Standards Observed			
	Total Standards Achieved			
	Percent Achievement			



**PERFORMANCE STANDARDS FOR  
NURSING INSTITUTES FOR NURSING EDUCATION IN UTTAR PRADESH  
(75 PERFORMANCE STANDARDS)**

**SECTION ONE  
College Infrastructure and Training Materials**





Performance Standards	Sl. No	Verification criteria	Baseline assessment	First assessment	Second assessment	Means of verification
<b>1. The college has the basic infrastructure to function effectively.</b>  <i>(The college has the required physical infrastructure as per the latest INC guidelines for the sanctioned no of seats. Proportionately the size of the built-up area will increase/decrease to according to the number of seats approved)</i>	1.1	Exclusive nursing teaching blocks which is not used for any other purpose				O- Separate building / floor exclusively for nursing education
	1.2	Seating space for Principal, Vice Principal and Faculty				O- Exclusive space with proper signage and seating arrangements and racks / cupboards to keep files, teaching aids, etc.
	1.3	Classrooms				O- Number of classrooms to accommodate each academic year through a dedicated separate classroom for every year of each course
	1.4	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab				O- Space to accommodate group of students allotted for demonstration and practice in each lab
	1.5	Pre-Clinical Science Lab				
	1.6	Community Health Nursing including Nutrition lab				
	1.7	Obstetrics and Gynecology Nursing including child health nursing Lab				
	1.8	Library				O- Signage and space to accommodate group of students (central library cannot be considered)
	1.9	Computer lab				O- Signage and size big enough to accommodate group of students
	1.10	Multipurpose Hall				O- Seating arrangement to accommodate all students and stage to organize a college functions (on-demand) O- Seating arrangement to conduct examination O- Adequate space for indoor games O- Accessible wash room with water supply and bins
	1.11	Facility for photocopy and printing (paid / unpaid)				O- Facility for photocopy / print (inside / outside the institute) I- 2 students for regular availability of this facility
	1.12	Safe drinking water facility				O- Functional potable water availability I- 2 students for regular availability of safe water

	1.13	Toilet facilities for faculty and non-teaching staff				O- Cleanliness O- Check each toilet has functional water supply and clean O- Bins in women toilet for disposing sanitary napkins O- Hand washing facility
	1.14	Toilet facilities for students				O- Separate operational toilet boys and girls at each floor O- Cleanliness O- Check each toilet has functional water supply and clean O- Bins in women toilet for disposing sanitary napkins O- Hand washing facility
	1.15	Virtual classroom set up (internet connection, HD USB camera, LCD projector, microphone and speakers)				O- Set up with functional equipment in any classroom
	1.16	Playground (accessible on-demand)				O- Affiliation & provision in last year utilization.
<b>Standard-1</b>		<b>Score</b>				
2. Classrooms are comfortable and properly equipped for teaching.		<i>Classrooms are clean and have:</i>				
	2.1	Has adequate lighting (natural light, LED bulbs / tube lights, etc.)				O - LED bulbs / tube lights are in functional
	2.2	Has adequate ventilation (open windows, fans / air coolers)				O - Proper windows, functional fans or air cooler
	2.3	Desks and chairs in sufficient numbers for sanctioned seats				O- Seating arrangement for sanctioned number of students every year
	2.4	Adequate and flexible space for performing group learning activities				O- Space for movement for faculty and students
	2.5	Board and means to erase it				O- In each classroom
	2.6	Chalk or markers				
	2.7	A V aids available for use by faculty and students and in good working condition [Computer / Laptop, Projector / LCD TV, Screen / projection space, Charts and Audio (as needed) system]				O- Functional AV aids equipment should be available in the college
	2.8	Electricity				O- Switch board & electricity supply in each classroom
	2.9	Clock				O- Functional in each classroom
	2.10	Notice board				O- In each classroom
	2.11	Waste bin				

Standard-2		Score				
3. All learning labs are properly equipped for practical learning sessions.		<i>Observe that each learning / skills labs are clean and have:</i>				
	3.1	Adequate ventilation & light				O - Proper windows / functional fans or air cooler and LED bulbs / tube lights
	3.2	Tables to place models				O- At each station to keep models / mannequin, trays, consumables, etc.
	3.3	Board and means to erase it				O- Availability in each lab
	3.4	Chalk or markers				
	3.5	Clock				O- Functional in each classroom
	3.6	Appropriate arrangement for hand washing (Wash Basin / running water into sinks)				O- Available of wash Basin / running water into sink in all labs
	3.7	Racks and cupboards to keep models, teaching aids and others student records				O- Cupboard to store mannequins O- Racks to keep equipment, articles, etc.
Standard-3		Score				
4. Nursing foundation including adult health nursing & advanced nursing lab is properly equipped for practical learning sessions.		<i>Models &amp; Mannequins for demonstrating nursing procedure:</i>				
	4.1	2 Adult Male				O- Availability and functional models / mannequins
	4.2	5 Adult Female				
	4.3	2 IM injection trainer				
	4.4	2 IV (arm) injection trainer				
	4.5	2 ID injection trainer				
	4.6	1 CPR - each adult & child				
	4.7	1 Catheterization trainer each male & female				
	4.8	1 Nasogastric tube feeding trainer / simulator				
	4.9	10 Patient cots – Adult				
	4.10	<i>BMW color coded bins (These are Bio medical waste management bins which are of following):</i>				O- Availability of bins in good condition with plastic liner
	4.10.1	Black for domestic waste like papers, left over and peels of fruits and vegetables, empty box etc.				
	4.10.2	Yellow for infected non-plastic waste like human anatomical waste, blood and body fluids and placenta etc.				
	4.10.3	Red Infected plastic waste such as disposable syringe, IV sets catheter,				

		ET tube urine bag.				
	4.10.4	Puncture proof white container / blue for sharps				
<b>Standard-4</b>		<b>Score</b>				
5. Pre-Clinical lab (Anatomy & physiology, Biochemistry and microbiology) is properly equipped for practical learning sessions.		<i>Lab has following models / charts:</i>				
	5.1	2 Adult Human articulated Skeleton model				O- Functional models from 5.1 to 5.4
	5.2	2 Full set of dis - articulated human skeleton				O- Fictional models / charts in good condition from 5.5
	5.3	2 Full size human body model showing all muscles and arteries				
	5.4	Human Torso: 2 Male 2 Female				
	5.5	2 Skin Cross Section				
	5.6	2 Heart and large blood Vessels				
	5.7	2 Eye with different sections				
	5.8	2 Ear with different sections				
	5.9	2 Human Brain with spinal cord				
	5.10	2 Respiratory System: Lungs, Trachea and Larynx				
	5.11	2 Digestive System: stomach, large intestine and small intestine				
	5.12	2 Female Reproductive System: Uterus and ovaries				
	5.13	2 Male Reproductive System				
	5.14	2 Urinary System: Kidney				
	5.15	2 Joints and Ligaments: Wrist, Elbow, Shoulder, Ankle, Knee and Hip				
<b>Standard-5</b>		<b>Score</b>				
6. Nutrition Lab is properly equipped for practical learning sessions.		<i>Materials for demonstration and practice:</i>				
	6.1	6 Gas stoves with cylinders / pipe line tubing with lighter / induction stove				O- Availability of all materials in working condition
	6.2	6 Pressure cookers				
	6.3	12 Steel cooking vessels big, medium and small sizes				
	6.4	1 Cutlery set				

	6.5	1 Juice squeezer				
	6.6	1 Water reservoir				
	6.7	6 Vegetable cutting plates and cutter				
	6.8	1 Mixer with accessories				
	6.9	1 Kitchen weighing scale				
	6.10	2 Sets measuring scoops (all size)				
	6.11	1 Refrigerator on accessible space				
	6.12	Nutrition related charts (protein, fat, carbohydrate, mineral, balanced diet and nutrition deficiencies, etc.)				O- Availability of charts in good condition
<b>Standard-6</b>		<b>Score</b>				
7. Community Health Lab is properly equipped for practical learning sessions.		<i>Materials for demonstration and practice:</i>				
	7.1	1 Eligible couple and child register				O- Availability of registers / register formats in good condition
	7.2	Different topics flip book / charts and other AV aids				O- Availability manual / print flip chart
	7.3	15 Community bags with separate compartments for clean articles, urine testing kit and hand washing kit				O- Bags including equipment, articles and consumables
	7.4	4 Infant weighing scale				O- Availability of equipment in fictional condition
	7.5	4 Weighing machine (adult)				
	7.6	5 Sphygmomanometers / digital BP machine				
	7.7	5 Stethoscopes (1 stethoscope is mandatory if digital BP machines are used)				O- Availability of dipsticks / benedict and acetic solutions
	7.8	1 Urine testing kit (proteinuria and sugar)				
	7.9	1 Dressing kit having antiseptic solution, artery forceps, dissecting forceps - toothed & non-toothed, small bowel, small kidney tray and suture cutting scissor				O- Prepared kit
<b>Standard-7</b>		<b>Score</b>				
8. The Midwifery / OBG lab including child health nursing is properly equipped for practical learning		<i>Anatomic models / mannequins for demonstration and practice:</i>				
	8.1	4 Childbirth simulators with episiotomy repair attachments				O- Availability of functional models / mannequins
	8.2	2 Abdomen palpation				

sessions	8.3	1 IUD insertion model with different size uterus attachments (for teaching pelvic exam, cervical inspection and IUCD insertion)				
	8.4	2 Cervical dilatation model				
	8.5	5 Female bony pelvises				
	8.6	5 Fetal skulls				
	8.7	5 Contraceptive basket having Oral pills, (ECP, POP, combination pills) condom- male and female, foam gel, jelly, IUCD, implants, DMPA)				
	8.8	4 Mannequins for simulation and management of PPH (Mama Natalie)				
	8.9	2 Newborn baby with clothes				
	8.10	4 New born resuscitation model				
	8.11	2 Paediatric training mannequins				
	8.12	2 NG tube trainer (paediatric)				
	8.13	2 Paediatric multi venous training kit				
		<i>Instrument kits:</i>				
	8.14	Delivery kit (three artery forceps, scissors, bowl, kidney tray)				O- Prepared kit
	8.15	BP apparatus and stethoscope				O- Functional
	8.16	Consumable medical supplies like Inj. Oxytocin, MgSo4 etc.				O- Availability and expiry dates
	8.17	Plastic buckets for decontamination of instruments and articles				O- Availability
		<i>BMW color coded bins (These are Bio medical waste management bins which are of following):</i>				
	8.18	Black for domestic waste like papers, left over and peels of fruits and vegetables, empty box etc.				O- Availability of bins in good condition
	8.19	Yellow for infected non plastic waste like human anatomical waste, blood and body fluids and placenta etc.				
	8.20	Red Infected plastic waste such as disposable syringe, IV sets catheter, ET tube urine bag.				
	8.21	Puncture proof white container / blue for sharps				
<b>Standard-8</b>		<b>Score</b>				

9. The learning labs are accessible for independent practice and all models and mannequins are in a functional state.	9.1	Student or staff member assigned to allow access for students after college hours				R- Lab utilization register (time and purpose of use) R- Time table showing extra time for lab hours I- 2 students for accessibility of lab after college time
	9.2	System of accountability exists for ensuring security of materials				R- Cataloguing register/ inventory register R- In-charge for each lab O- proper storage
	9.3	Are draped appropriately and treated with respect and dignity				O- Properly covering of models and mannequins with cloths
	9.4	Have intact or repaired skin				O- Functional models and mannequins at each lab
<b>Standard-9</b>		<b>Score</b>				
10. The library space is appropriately equipped and has reference materials.	10.1	Proper cabinet / racks for storing books and materials with labelling				O - Sufficient number of cabinets / racks to keep all books and labelling on each rack
	10.2	Tables and chairs to accommodate group of students for reading or studying				O - Seating arrangements for group of students
	10.3	Space to keep bags for students				O - Racks / exclusive space to keep bags
	10.4	A system for recording and cataloguing materials				R- Updated accession register
	10.5	System of accountability exists for ensuring security of materials				O- Randomly check for the seal and accession number in book (seal should be of same institute)
	10.6	Has minimum of 500 different titled nursing books new edition				R- Accession register and purchase order
		<i>Minimum 6 copies of all reference materials described in the curriculum:</i>				
	10.7	Integrated Management of Neonatal and Childhood Illness modules, Government of India				O- Availability of all modules in the library
	10.8	Essential Newborn Care module, Government of India				
	10.9	HIV module, Government of India				
	10.10	Skilled Birth Attendant guidelines, Government of India & hand book (updated)				
	10.11	First Aid – National Disaster Management Authority				
	10.12	Facility Based Newborn Care,				

		Government of India				
	10.13	Palliative Care, Government of India				
	10.14	Basic Cardiopulmonary Life Support – Standard national/international modules				
	10.15	Infection Prevention Guidelines – Universally approved				
	10.16	Family Planning: a Global Handbook for Providers, USAID, JHU, WHO 2018				
	10.17	Recent clinical and educational journals are subscribed and available (on-line/ Hard Copies) * 3 nursing journals, * 3 Magazines, * 2 newspapers				R- Subscription details O- Check availability (if online subscription hardcopy should be kept in library)
	10.18	Minimum one computer with internet facility should be provided in the library				O- Functional condition R- Internet recharge bill
	10.19	Library is accessible for students after college hours				R- Library time table showing accessible after college time for each academic year students
	10.20	Students are aware of library schedule including extended hours				I- 2 students regarding timetable & accessible of library for extended hours R- Entry & exit details of the students in the register O- Time table in notice board
	10.21	Minimum 10% of total books available in the library for issuing to the students and faculty				R- Book issue Register
	10.22	Notice board available				O- Availability of notice board in library
<b>Standard-10</b>		<b>Score</b>				
11. A well-equipped and functional computer lab exists for the students and faculty.	11.1	There is a functional computer lab with 1:5 computer students' ratio functional computers				O- Availability of functional computers (calculate by considering largest students' strength) O- Tables to keep the computer and chairs for students
	11.2	There is reliable internet access with good bandwidth for use by faculty and students				O- Internet available for all computers R- Internet recharge bills
<b>Standard-11</b>		<b>Score</b>				

12. The hostel is adequately furnished and suitable for students.	12.1	Separate hostel to accommodate girls				O- Availability separate hostel building for girls
	12.2	Separate hostel to accommodate boys				O- Availability separate hostel building for girls
	12.3	Separate warden for girls' hostel				R- Hostel staff attendance registers I- 2 students about warden availability
	12.4	Separate warden for boys' hostel				R- Hostel staff attendance registers I- 2 students about warden availability
	12.5	Has rules and regulations displayed on notice boards				O- Displayed in hostel (board, chart, etc.)
		<i>Following criteria should be observe in both girls and boys hostels</i>				
	12.6	There is adequate security arrangement for residents 24x7				R- Hostel staff attendance registers I- 2 students about security availability
	12.7	Has adequate ventilation (open windows, fans / air coolers) in all rooms				O- Availability of fans / air coolers in room
	12.8	Has beds, mattress, table and chair for each student				O- Availability of mattress, chair and table
	12.9	Has cupboards and a personal space to keep their personal belongings safely / locked				O- Availability of lockable cupboard / almira for each student
	12.10	Has clean and functional bathing and toilet facilities				O- Check each toilet has water supply and clean O- Availability of dust bins O- Hand washing facility
	12.11	24 hours water supply available in bathrooms and toilets				O- Check water storage capacity of tanks I- 2 students about regular water supply
	12.12	Facility for hot water during morning and evening in bathroom				O- Availability of functional geyser in bathroom I- 2 students regarding regular functionality of geyser
	12.13	Ironing facilities are available for students				O- Ironing space / room with electricity supply and iron machine
	12.14	Electricity is available with back up facility in case of power cut especially during night				O- Availability of inverter and battery / central backup in working condition
	12.15	Safe drinking water is available round the clock in all floor				O- Available of functional RO filter / filter water availability I- 2 students for regular availability of safe water

	12.16	Has space for washing and drying clothes / laundry facilities				O- Available of exclusive space to wash cloths and to hang cloths for drying
	12.17	Dining hall with adequate seating arrangement				O- Availability of dining tables and chairs to sit minimum 1 batch students
	12.18	Recreation room (TV optional) available				O- Seating arrangements with indoor games
	12.19	Has room for students to see visitors				O- Chairs / seating arrangements for visitors O- Electricity with lighting and fan R- Visitors register
	12.20	Reading room available				O- Tables and chairs for studying
	12.21	Warden room available				O- Table, chair and cupboard O- Cot, bed, blanket and pillow to take rest I- Warden
	12.22	Hostel store room available				O- Exclusive space / room to keep goods
	12.23	Sick room available				O- Check availability of cot, bed, pillow and stretcher O- Check availability and condition of the hand structure
	12.24	Students have access to kitchen for hot water				I- 2 students accessible of kitchen whenever needed
	12.25	Students are aware of the anti-ragging policies				I- 2 students regarding policies O- Displayed policies in hostel (board, flex, etc.)
	12.26	Fire emergency response plan				R- Response plan displayed in each floor
	12.27	Evacuation route displayed in every floor				O- Evacuation route in each floor
	12.28	Students and hostel staff trained on safety protocols for any disaster				R- Record of date of training held within one year
	12.29	Drills are conducted for disasters				R- Record of date of drills held within one year I- 2 faculty and 2 students for assembling point
	12.30	Availability of fire extinguisher at each floor / corridor				O- Fire extinguisher availability and expiry date
<b>Standard-12</b>		<b>Score</b>				
13. Nutritious meals are provided to students.	13.1	Meals are prepared in a clean and hygienic manner				O- Kitchen hygiene and cooking process
	13.2	Include sources of protein and vitamins				R- Menu
	13.3	Breakfast, lunch, dinner and evening snacks are available for hostel students everyday				R- Weekly menu displayed I- 2 students about menu

	13.4	Meals are arranged with input from students				R- Student mess committee meeting register
<b>Standard-13</b>		<b>Score</b>				

TOTAL STANDARDS	13	13	13
TOTAL STANDARDS OBSERVED			
TOTAL STANDARDS ACHIEVED			
PERCENT ACHIEVEMENT			



**PERFORMANCE STANDARDS FOR  
NURSING INSTITUTES FOR NURSING EDUCATION IN UTTAR PRADESH  
(75 PERFORMANCE STANDARDS)**

**SECTION TWO  
College Management**



Performance Standards	Sl. No	Verification criteria	Baseline assessment	First assessment	Second assessment	Means of verification
1. Academic and other policies exist and are applied.  (College academic policies are present and include the following topics)	1.1	Attendance of students in classroom, clinical and community posting				R- Academic policy for each
	1.2	Dress code for students				
	1.3	Professional conduct in class, clinical and community areas, during field visits and on campus				
	1.4	Disciplinary action procedures (probation, suspension, expulsion)				R- Academic policy, disciplinary committee files and grievance cell records, check suggestion box, anti-ragging committee files
	1.5	Faculty and students are aware of the policies including anti-ragging and sexual harassment				I- 2 faculty and 2 students about policies R- Orientation report of faculty and students displayed O- Displayed policy in college
<b>Standard-1</b>		<b>Score</b>				
2. Student academic performance standards exist and are clear & transparent.  (Academic performance and advancement standards include)	2.1	Pass percentage for all written and practical examinations				
	2.2	Value of attendance, written assignment, seminar/presentation, group work, practical exams, and final exam toward final score				R- Student academic performance standards guideline / policy I - 2 students for aware of all weightage of internal marks
	2.3	Minimum student performance for each semester / year				
	2.4	Criteria for academic dismissal				
	2.5	Internal assessment guidelines				R- Internal exams guidelines, internal marks register and plan for weak students I- 2 faculty and 2 students for awareness of guideline
	2.6	There are guidelines to attend student grievances related to exam				R- Guidelines on re-evaluation / re-examination / re-totalling
<b>Standard-2</b>		<b>Score</b>				
3. College has a clear academic calendar and provides it to students.  (The academic calendar includes)	3.1	Start and end dates of the academic year				R- Academic calendar and MRP
	3.2	Tentative dates of holidays, vacations and preparatory leaves				R- Academic calendar and MRP
	3.3	Tentative dates of examinations (sessional and university)				R- Academic calendar and MRP
	3.4	Important national and international health days				R- Academic calendar and MRP

	3.5	Tentative date of parent teacher meeting				R- MRP and academic calendar
	3.6	Tentative date for seminar / workshop and other important events like sports, lamp lighting, festival celebration etc.				R- Plan of events and academic calendar
<b>Standard-3</b>		<b>Score</b>				
4.The college has an agreement with the clinical and community practice sites that allows students' learning to fulfil the requirements of the curriculum.		<i>Clinical practice site</i>				
	4.1	There is a Memorandum of Understanding (MoU) or permission letter between the college and the local public health authorities /administrative head of private hospital.  The MoU states that each clinical practice site allows students to directly participate in supervised care of patients maintaining student patient ratio of 1:3				R- Viability of MoU, Bed occupation rate, OPD, IPD, number of deliveries (normal & LSCS), number surgeries (minor & major), statistics, (age, disease, gender specific,)
	4.2	Clinical area has the required clinical volume to ensure 1:3 student patient ratio				R- Census, no of deliver (normal and caesarean), surgery (minor & major) with respect to the department.
		<i>Clinical site areas included beds in the student patient ration of 1:3 as per CRP:</i>				
	4.3	Medicine				O- Availability of departments in parent / affiliated hospitals
	4.4	Surgery including OT				
	4.5	Obstetrics & Gynecology				
	4.6	Paediatrics				
	4.7	Orthopaedics				
	4.8	Emergency medicine				
	4.9	Psychiatry				
	4.10	Major OT				
	4.11	Minor OT				
	4.12	Ophthalmology				
	4.13	ENT				
	4.14	Dental				
	4.15	Burns				
	4.16	Neonatology care unit				
	4.17	Communicable disease / Respiratory medicine / TB & chest diseases				

	4.18	Dermatology				
	4.19	Cardiology				
	4.20	Oncology				
	4.21	Neurology / Neuro-surgery				
	4.22	Nephrology				
	4.23	ICU / ICCU				
	4.24	Geriatric Medicine				
		<i>Community practice site</i>				
	4.25	There is a MoU or permission letter between the college and the local public health authorities (CMO) to allow training in urban and rural healthcare settings				R- Separate permission letter for rural and urban health practice R- Adequate case load is present for practice
		<i>Observation field visits available for:</i>				
	4.26	Water purification site and water quality tests				
	4.27	Milk dairy				
	4.28	Sewage disposal and treatment site				
	4.29	Old age home				
	4.30	Orphanage homes				
	4.31	Industries				
	4.32	Schools				
	4.33	Rehabilitation centre				
<b>Standard-4</b>		<b>Score</b>				
5. Transportation to and from clinical and community practice sites is assured.	5.1	Arranged transportation is adequate for the number of students				I- 2 students and 2 faculty on availability of sufficient as per CRP R- Vehicle log book and relevant documents
<b>Standard-5</b>		<b>Score</b>				
6. College has provision of Health services for the students	6.1	An annual medical examination				R- Health check and medical examination records & register
	6.2	Vaccination against Tetanus, Hepatitis B or any communicable diseases				I- 2 students and 2 faculty for provision of services
	6.3	Medical care is available during illness				
	6.4	Pre and post exposure prophylaxis				
<b>Standard-6</b>		<b>Score</b>				
7. Nursing faculty have the required qualifications.	7.1	There is evidence that the college Principal has desired qualification and experience as per INC regulations				R- Summary sheet of faculty in college (name, qualification, designation, years of experience and registration number)

	7.2	Vice Principal has desired qualification and experience as per INC regulations				R- Individual faculty file with documents
	7.3	All nursing faculty are M. Sc. (N) or B.Sc. (N) / P.B.B.Sc (N) or Diploma in Nursing Education and Administration (only for GNM) have desired experience as per designation revised in INC regulations				Note: Diploma in Nursing Education and Administration with 2 year experience faculty is only for GNM not B Sc Nursing course
	7.4	Nursing faculty is specialized in each department OBG / Paediatrics / Community Nursing / Medical-Surgical Nursing / Mental Health Nursing as per INC revised regulations				R- Master summary sheet of faculty
	7.5	Part time / external faculty with postgraduate qualification with teaching experience should be available to teach non-nursing subjects				R- Part time faculty file
<b>Standard-7</b>		<b>Score</b>				
8. Teacher-to-student ratio as per INC policy.	8.1	Teacher-to-student ratio should be 1:10				R & O- Total no of students and faculty onboard
<b>Standard-8</b>		<b>Score</b>				
9. Written job descriptions exist for staff at the college.	9.1	Job description exists for nursing and non nursing staff				R- JD of faculty and non-teaching staff are exists and signed by faculty & principal
<b>Standard-9</b>		<b>Score</b>				
10. Institute has a faculty development and ongoing evaluation program.	10.1	All Nursing faculty have received at least two including one extramural knowledge / skill update training or short-term course in their respective teaching subject in the past one year				R- Certificate of CNE /workshop / seminar, etc., attended in faculty individual file (if one faculty not attended consider as No)
(Annual faculty development plan exists including subject and competence based skill updating including OSCE/OSPE through CNE/conference/webinar/seminar/workshop)	10.2	Faculty development plan includes permission to faculty as requested by the council / universities for the purpose of examination or inspection. Such faculty to be considered as on duty				I- 2 faculty for permitting as on duty R- Permission letters
	10.3	All teachers of nursing including principal and vice principal should spend at least 4 hours to take classes/ clinical teaching / supervision / other academic activities every day during their respective posting				R-Clinical attendance register preferably at clinical site with ANS (Name of the faculty, place of supervision, in out time & sign, time & sign, purpose of visit) I- 2 students and 2 clinical staff for all nursing faculty are coming for clinical site for clinical

					coaching
		<i>There is a peer and reviewing officer (as nominated by head of institution) evaluation of nursing faculty performance on:</i>			
	10.4	Teaching skills			I- 2 nursing faculty
	10.5	Interpersonal and communication skills			R- administrative records, verify that teaching is monitored for effectiveness
	10.6	Review is recorded on file			
		<i>There are evaluations by students in following areas: (Note: these evaluations are not connected with faculty promotion)</i>			
	10.7	Relevance of teaching to course objectives			I- 2 students
	10.8	Effectiveness of instruction			R- administrative records, verify that teaching is monitored for effectiveness
<b>Standard-10</b>		<b>Score</b>			
11. College Principal and teaching staff meet regularly.	11.1	Meetings that include all faculty staff occur on a regular basis			R- College meeting register for MoM
	11.2	Meeting with HoDs and faculty on regular basis			I- 2 administrators and 2 faculty about regular meeting
	11.3	Teachers can provide input and influence decision making about education			
	11.4	Student and teaching results are discussed and areas for improvement identified			
<b>Standard-11</b>		<b>Score</b>			
12. A record of students from entrance to exit is maintained.	12.1	Documentation exists to track students from entrance to exit			R- Updated cumulative records of each students / supportive documents like transcripts, transfer certificate and photo copies of course completion certificate issued by college.
<b>Standard-12</b>		<b>Score</b>			
13. Fire safety protocols and response plan for any	13.1	Emergency response plan			R- Response plan in each floor
	13.2	Evacuation route displayed in every floor			O- Signage for evacuation route in each floor

disaster	13.3	Students, faculty and non teaching staff are trained on safety protocols for any disaster				R- Record of date of training held within one year
	13.4	Drills are conducted for disasters				R- Record of date of drills held within one year I- 2 faculty and 2 students for assembling point
	13.5	Availability of fire extinguisher at each floor / corridor				O- Fire extinguisher availability and expiry date
	13.6	Faculty and students are aware of the fire safety protocols and any other disaster policies				I- 2 faculty and 2 students for disaster policies
<b>Standard-13</b>		<b>Score</b>				

TOTAL STANDARDS	13	13	13
TOTAL STANDARDS OBSERVED			
TOTAL STANDARDS ACHIEVED			
PERCENT ACHIEVEMENT			



**PERFORMANCE STANDARDS FOR  
NURSING INSTITUTES FOR NURSING EDUCATION IN UTTAR PRADESH  
(75 PERFORMANCE STANDARDS)**

**SECTION THREE  
Classroom and Practical Instruction**



Performance Standards	Sl. No	Verification criteria	Baseline assessment	First assessment	Second assessment	Means of verification
1. Nursing faculty prepares the session as per INC curriculum and performs accordingly.	1.1	Developed and distributed the units and hours in the course syllabus to the faculties by the HoD and approved by the principal				R- Subject wise summary sheet with faculty wise units approved by HoD in hours
	1.2	Has developed a lesson plan to guide teaching, including learning objectives and related competencies, if any or has an outline of the class and has prepared notes				R- HoD / in-charge approved Soft / hard copy available with respective faculty
	1.3	Has prepared for the session to use visual aids during the class				R- Prefer A V Aids to teach for 1-week classes
	1.4	Refers to the correct learning resources (both online and offline) materials / reference / text books for that unit				O- Session plan including name of books to be referred
<b>Standard-1</b>		<b>Score</b>				
2. The nursing faculty uses effective session introduction, facilitation and summary skills.	2.1	Introduces topic, specifies unit and expected competencies				O- Facilitation skills of faculty by attending classes randomly
	2.2	States objectives as a part of an introduction				
	2.3	Uses notes or a teaching plan				
	2.4	Moves around the room and maintains eye contact with the students				
	2.5	Projects their voice so that all students can hear				
	2.6	Uses audio-visuals effectively				
	2.7	Provides appropriate examples from clinical areas relevant to the content taught (as applicable)				
	2.8	Asks questions to the entire group and then targets questions to individuals				
	2.9	Asks questions at a variety of levels (recall, application, analysis)				
	2.10	Encourages students to ask questions and accordingly responds to students' questions				
	2.11	Presents effective summary / main points of presentation				
<b>Standard-2</b>		<b>Score</b>				

3. Nursing faculty plan and administer knowledge assessments properly.	3.1	Formative knowledge assessments are administered at least mid and end term				R- Internal marks register and random answer sheets of last academic year / semester students
	3.2	Students are informed at least 1 week in advance of assessment				R- Verify notice board file for date of exams and notice given to students I- 2 students about time table displayed in notice board
	3.3	Questions covered the learning objectives in related modules				R- Question papers of all subjects for covering of modules in each semester
	3.4	Question bank exists as a Nursing faculty resource				R- Question banks available online or offline in library
	3.5	Knowledge assessments are reviewed periodically to determine reliability, fairness, validity and adherence to the course objectives.				I- 2 faculty whether college has a approved process to develop, review and finalise question papers for internal exams
Standard-3		Score				
4. Nursing faculty uses valid knowledge assessment tool and standard answer key for grading.	4.1	Whether the cover page of test paper contains all of the following (number and type of questions, number of pages and time allotted)				
	4.2	Whether the instructions for each section of questions is clear				
	4.3	Whether the marks for each question are stated				
	4.4	Questions assess at a variety of levels (not only recall, also application, analysis as applicable)				
		Whether the papers include the following types of questions:				
	4.5	Multiple choice questions				
	4.6	Have an easy to understand stem				
	4.7	Use the negative construction not at all or rarely (<10 % of the questions)				
	4.8	Number of choices never exceeds five				
	4.9	Essay questions				
	4.10	Have objective scoring criteria				
	4.11	Are not overly broad, and focus the student on a specific area				
	4.12	Short answer questions				
	4.13	Are clear and easy to understand				
	4.14	Very short answer questions				
4.15	Are clear concise and easy to understandable					

	4.16	System for linking answer key to test paper is clear				
	4.17	Answer key does not contain entire question (or is coded), in order to try to maintain the integrity of the question				
	4.18	Different question types have correct answers noted				
	4.19	Multiple choice questions have a single correct answer noted				
	4.20	Short answer questions have a clear answer or answers noted				
	4.21	Very short answer questions have a clear answer or answers noted				
	4.22	Elements of correct answer for essay questions is noted				
<b>Standard-4</b>		<b>Score</b>				
5. Evaluation, feedback and action taken for the result of internal examinations are recorded and reported properly.	5.1	Answer sheets should have only the roll number of the students				R- Answer keys of all subjects of last 2 internal exams
	5.2	Answer sheets are randomly reviewed using answer key for objectivity				
	5.3	Exam paper scores are accurately recorded				R- Internal mark register and answer sheet for comparison
	5.4	Results are shared within seven working days of examination with the students				I- 2 students for the results announcement
	5.6	Nursing faculty discusses answers with the students and clears their doubts				R- Answer sheets signed by the students
	5.7	Action plan is available for weak students (e.g. conducting extra class/practice session, student mentorship, etc.)				R- Counselling register with action plan of the students for improvement including extra classes / re-demonstration / extra time for lab practices
<b>Standard-5</b>		<b>Score</b>				
6. Nursing faculty use the skills lab effectively for demonstration and student practice of clinical skills.	6.1	Ensuring that all students have and read the necessary checklists and needed learning materials.				O- Clinical demonstration skills of faculty by attending sessions randomly
	6.2	Describing steps involved in the skill, using the relevant checklist				I- 2 faculty & 2 students about process of demonstration
		<i>Demonstrating the skill as follows:</i>				R- Skill lab utilization register, whether lab is utilising for demonstration and practice
	6.3	Simulates clinical setting as much as possible and ensures all necessary supplies and equipment				

	6.4	Demonstrates each step accurately using checklist and ensures that all students can see and that there are no more than six students per model / mannequin				
	6.5	Summarizes and allows students to ask questions				
		<i>Observe whether nursing faculty uses learning lab to foster practical learning by:</i>				
	6.6	Allowing students to practice the skill in small groups, taking turns with various roles (practicing, observing, giving feedback, simulating role of patient)				R- Lab utilization register - whether lab is utilising for independent practice
	6.7	Observing students practicing and providing feedback in a positive and constructive manner				O- Process of practice sessions
	6.8	Questioning students to check their knowledge and clinical decision-making skills				I- 2 students for practice of procedures
	6.9	Summarizing the session				
<b>Standard-6</b>		<b>Score</b>				
7. Nursing faculty use the skills lab effectively for assessing student achievement of clinical skill competence.	7.1	Preparing assessment station with all necessary supplies and equipment				O- Process of evaluation R- Last practical OSCE sheets
	7.2	Conducting assessments objectively using checklist				I- 2 faculty about process of evaluation
	7.3	Providing feedback at the conclusion of the assessment session, but not during the assessment				R- Lab utilization register - whether lab is utilising for evaluation purpose
	7.4	Recording results of the assessment session in the student's logbook/record				R- Skills attainment tracking sheet at skill lab I- Faculty about process of evaluation
	7.5	Providing opportunity for re-assessment if the student does not achieve competence during the session				O- Process of evaluation I- Students for re-assessment opportunity
<b>Standard-7</b>		<b>Score</b>				

TOTAL STANDARDS	7	7	7
TOTAL STANDARDS OBSERVED			
TOTAL STANDARDS ACHIEVED			
PERCENT ACHIEVEMENT			



**PERFORMANCE STANDARDS FOR  
NURSING INSTITUTES FOR NURSING EDUCATION IN UTTAR PRADESH  
(75 PERFORMANCE STANDARDS)**

**SECTION FOUR  
Preparation for Clinical and Community Practice and Instruction**



Performance Standards	Sl. No	Verification criteria	Baseline assessment	First assessment	Second assessment	Means of verification
1. A nursing faculty visits clinical and community practice sites and coordinates with clinical staff.	1.1	There is a schedule of regular meetings/visits between a nursing faculty and clinical / community site staff to discuss issues related to clinical practice of students (first one must be prior to the clinical placement starts)				R- Clinical and community site meeting registers for regularity of meetings. I- 2 nursing staff at clinical / community site
	1.2	Clinical / community rotation plan (CRP) including plan for each class of students exists and has been shared with all the relevant clinical and community practice sites				R- Availability of CRP with staffs at hospital and health centres
	1.3	Problems are discussed with clinical and community site staff, solutions are identified and action is taken to resolve problems				R- Clinical and community site meeting register for agenda and MoM
	1.4	The ward in charge of clinical and community practice are aware of the learning objectives and procedures required for each semester for clinical practice of students				I - Clinical and community staffs on the key skills to be achieved by the students as per curriculum
<b>Standard-1</b>		<b>Score</b>				
2. Clinical / community rotation plans have been developed to distribute students across clinical / community practice areas as appropriate	2.1	CRP including plan ensures that groups of students (e.g., from different colleges) are not assigned to same unit at the same time to avoid overloading				R- CRP of each courses in college
	2.2	CRP / annexed document identifies nursing faculty responsible for each block / ward				R- Clinical rotation plan with name of the responsible faculty for each hospital / ward
	2.3	Students complete a study block covering relevant theory content and required skills practice in the lab before practicing in the clinical area				R- Master rotation plan for theory classes R- Match unit plans dates actual dates R- Topics in class and lab attendance register
<b>Standard-2</b>		<b>Score</b>				
3. Nursing faculty have the necessary teaching materials to	3.1	There is a set of learning resource / teaching materials (learning guides / checklists, job aids, etc.) at the clinical				O- Faculty / students having checklists at clinical and community practice sites

effectively guide students in clinical and community practice.		/ community practice site or with the student				
	3.2	There are learning objectives for skills practice and they are provided to the students at the beginning of the course				I- 2 students for orientation of clinical objectives
<b>Standard-3</b>		<b>Score</b>				
4. Students are prepared for clinical and community practice prior to and upon their arrival at each clinical and community posting.		<i>Verify with the college administration and by document review and interviews if:</i>				
	4.1	A nursing faculty meets with students prior to their departure for clinical and community practice sites				I- 2 students about orientation of clinical / community sites prior to posting
	4.2	Students are oriented to the use of a personal clinical experience log book				I- 2 students' aware clinical objectives
		Students are oriented to each site on arrival including:				
	4.3	Introduction to staff at staff during their rotation				I- 2 clinical staff about the which year students posted in their ward
	4.4	An orientation to the facility including the general lay out of the departments, the pharmacy, laboratory and out-patient department				I- 2 student on orientation of hospital R- Check student's daily dairy / orientation assignments
	4.5	Students are taught about admission and discharge procedures				I- 2 student on orientation of admission and discharge procedures R- Check student's daily / orientation assignments
	4.6	Students are taught to identify emergency situations and notify appropriate authorities in the ward				I- 2 student on orientation of post prophylaxis for any pricks R- Check student's daily / orientation assignments
<b>Standard-4</b>		<b>Score</b>				
5. Students and nursing faculty use appropriate learning and assessment tools.	5.1	Students at the clinical and community practice sites have their personal learning resources (job aids, checklists, etc.)				O- Checklists with faculty and students in the practice sites I- 2 students for orientation about use of checklists
	5.2	Nursing faculty are recording observations, comments and achievement of competence in the students' clinical assessment tools (e.g. Check list / clinical evaluation form)				R- Competency tracking sheet for skills attainment

	5.3	Nursing faculty and students are using the clinical experience log books for recording the attainment of skills				R- Competency tracking sheet for skills attainment
<b>Standard-5</b>		<b>Score</b>				
6. Nursing faculty develops and implements structured Practical examinations.	6.1	Structured practical examinations are held at least mid and end term to evaluate the nursing care skills incorporating nursing process				R- Last practical exam answer sheets & tools and mark register
	6.2	As appropriate, patients are selected and made to participate with consent				R- Process of practical examination approved and shared with faculty and students I- 2 faculty and 2 students for process of practical examination
	6.3	Checklists or other tools are used to document observations of students in structured practical examinations				R- OSCE answer sheet
	6.4	Results are provided to students along with feedback and action plan once the exam is completed				R- Internal marks register (counselling register with action plan on failed students for improvement) I- Student for feedback given on exams and prepared action plan
<b>Standard-6</b>		<b>Score</b>				
7. Nursing faculty provide guidance for clinical and community practice sessions, monitors student performance and give feedback.		<i>Observe whether the nursing faculty:</i>				
	7.1	Observing students are performing the task as per clinical objectives				O- 2 faculty for process of guidance given by at clinical site
	7.2	Demonstrate skills on actual patients whenever possible, or use simulation if necessary				I- 2 faculty and 2 students on the process of guidance given by faculty at clinical site
	7.3	Supervise the students during clinical and community practice as they do patient care to avoid accidental work and do not leave students unsupervised for skills or activities that carry risk of patient harm				
	7.4	Providing praise and positive reinforcement during and / or after practice				
	7.5	Correcting student errors while maintaining student self-esteem				
	7.6	Discuss cases seen / activities conducted on the same day, particularly those that were interesting,				

		unusual, or difficult				
	7.7	Provide opportunities for students to clarify the doubts				
	7.8	Clarify progress on objectives and identify remaining learning needs				
	7.9	Document clinical / community activity evaluation periodically				R- Competency tracking sheet for skill attainment
<b>Standard-7</b>		<b>Score</b>				

TOTAL STANDARDS	7	7	7
TOTAL STANDARDS OBSERVED			
TOTAL STANDARDS ACHIEVED			
PERCENT ACHIEVEMENT			



**PERFORMANCE STANDARDS FOR  
NURSING INSTITUTES FOR NURSING EDUCATION IN UTTAR PRADESH  
(75 PERFORMANCE STANDARDS)**

**SECTION FIVE  
Clinical Areas Where Student Nurse Undertakes Clinical Experience**



Performance Standards	Sl. No	Verification criteria	Baseline assessment	First assessment	Second assessment	Means of verification
<b>Medical &amp; surgical nursing and nursing foundation</b>						
1. The Provider properly performs Hand Washing		<i>Determine by observing providers whether the provider:</i>				O- Whether the service providers are following all the steps of the procedure
	1.1	Remove rings / watches / cut shorts the nails and push sleeves above wrists				
	1.2	Turn on the water tap and adjust the flow				
	1.3	Apply a palm-sized amount of hand soap				
	1.4	Perform hand hygiene using plenty of lather and friction for at least 20 seconds:				
	1.5	Rub hands palm to palm				
	1.6	Back of right and left hand (fingers interlaced)				
	1.7	Palm to palm with fingers interlaced				
	1.8	Rotational rubbing of left and right thumbs				
	1.9	Rub your fingertips against palm of opposite hand				
	1.10	Rub your wrists				
	1.11	Repeat sequence at least 2 times				
	1.12	Wash for a minimum of 20 seconds				
<b>Standard-1</b>		<b>Score</b>				
2. The Providers Properly Monitoring Temperature, Pulse and Respiration (TPR)		<i>Determine by observing service providers whether the provider:</i>				O- Whether the service providers are following all the steps of the procedure
	2.1	Gather thermometer				
	2.2	Clean the tip with soap and cold water, then rinse it				
	2.3	Place the thermometer in axilla and position arm across chest to keep the thermometer in place				
	2.4	Wait until it beeps or flashes and remove				
	2.5	Check the temperature on the display				
	2.6	Observe respiratory rate for one full minute by observing the rise and fall of chest, place the patient's hands to rest over his / her chest				
	2.7	Accurately locate and palpate radial pulse using the pads of middle 2 or 3 fingers				
	2.8	Accurately report rate, rhythm, and quality of pulse and record rate on paper or electronic flow sheet				
	2.9	Record the readings on patient file / MCP card				
<b>Standard-2</b>		<b>Score</b>				

3. The provider properly perform the Wound Care		<i>Determine by observing or interviewing two providers whether the provider:</i>				
	3.1	Perform surgical handwashing				O- Whether the service providers are following all the steps of the procedure
	3.2	Ask assistant to bring the tray with the articles - cotton, sterile gauze pads, roll bandage, kidney tray, normal saline, bowl, thumb forceps and betadine solution or antimicrobial ointment				I- 2 service providers for steps of procedure to teach students
	3.3	Tactfully overturns the lid of the tray so that the inner sterile area faces up				
	3.4	Transfer bowl, artery forceps and thumb forceps to the overturned lid, aseptically				
	3.5	Ask the assistant to pour normal saline into the bowl				
	3.6	Pick the cotton ball with the thumb forceps and squeeze off the excess fluid over the kidney tray				
		<i>Wipe wound according to the nature and type of wound</i>				
	3.7	<input type="checkbox"/> Center to periphery in case of clean surgical wound				
		<input type="checkbox"/> Periphery to Center in case of infected or contaminated wound				
	3.8	Discard used cotton balls				
	3.9	Apply betadine solution or antimicrobial ointment on a gauze piece and apply it over the wound				
	3.10	Place cotton-dressing pad over the gauze piece				
	3.11	Use adhesive plaster or roller bandage to hold the dressing in place				
<b>Standard-3</b>		<b>Score</b>				
4. The provider properly performs the Intravenous Therapy		<i>Determine by observing service providers whether the provider:</i>				
	4.1	Arranges articles- gloves, alcohol wipe, IV cannula and suitable plaster				O- Whether the service providers are following all the steps of the procedure
	4.2	Position the arm so that it is comfortable for the patient and identify a vein.				
	4.3	Put on your gloves, clean the patient's skin with the alcohol wipe and let it dry.				
	4.4	Remove the needle cover ensuring not to touch the needle.				

	4.5	Insert the needle, bevel upwards at about 30 degrees. Advance the needle until a flashback of blood is seen in the hub at the back of the cannula				
	4.6	Once this is seen, progress the entire cannula a further 2mm, then fix the needle, advancing the rest of the cannula into the vein.				
	4.7	Apply pressure to the vein at the tip of the cannula and remove the needle fully.				
	4.8	Remove the cap from the needle and put this on the end of the cannula				
	4.9	Apply the dressing to the cannula to fix it in place				
<b>Standard-4</b>		<b>Score</b>				
5. The provider properly performs the Nasogastric (NG) tube insertion and feeding		<i>Determine by observing or interviewing two providers whether the provider:</i>				
	5.1	Perform hand washing and put on gloves				O- Whether the service providers are following all the steps of the procedure
	5.2	Determine how far to insert the tube (beginning from the ear lobe to the tip of the nose and down to the tip of xiphoidal process)				I- 2 service providers for steps of procedure to teach students
	5.3	Mark the end of the tube with an indelible marker				
	5.4	Lubricate the tip of the NG tube				
	5.5	Gently and skillfully insert NG tube up to the mark, while asking the client to swallow				
	5.6	Use bulb syringe to aspirate gastric content				
	5.7	Collect air in a 5-cc syringe and infuse it via NG tube while listening over epigastria with stethoscope				
	5.8	Properly anchor the tube with adhesive tape around the nose and Secure NG tube with adhesive tape				
		<i>Feeding with NG tube:</i>				
	5.9	Wash hands properly and put on gloves				
	5.10	Place syringe at the height of the IV pole				
	5.11	Pull the food content into the syringe with the required measurement				
	5.12	Close the tubing				
	5.13	Monitor patient for possible problem. Report / record all findings				
<b>Standard-5</b>		<b>Score</b>				

6. The provider properly Suctioning the nasopharyngeal and oropharyngeal airways		<i>Determine by observing or interviewing two providers whether the provider:</i>				
	6.1	Arrange articles: appropriate size of sterile suction catheter, suction machine, sterile water, disposable gloves, nasal or oral airway and towel or waterproof pad				O- All articles arranged in a tray I - 2 service providers for what all are articles need to perform this procedure?
	6.2	Perform hand washing				O- Whether the service providers are following all the steps of the procedure
	6.3	Adjust suction to appropriate pressure				I- 2 service providers for steps of procedure to teach students
	6.4	Put on a disposable, nonsterile glove and occlude the end of the connecting tubing to check suction pressure. Place the connecting tubing in a convenient location				
	6.5	For oropharyngeal suctioning: <input type="checkbox"/> Insert catheter through the mouth, along the side of the mouth toward the trachea. <input type="checkbox"/> Advance the catheter 3 to 4 inches to reach the pharynx				
	6.6	For nasopharyngeal suctioning: <input type="checkbox"/> Gently insert catheter through the nostrils and along the floor of the nostril toward trachea <input type="checkbox"/> Advance the catheter approximately 5 to 6 inches to reach the pharynx				
	6.7	Flush catheter with saline. Assess effectiveness of suctioning and repeat as needed and according to patient's tolerance				
	6.8	Allow at least a 30-second to one-minute interval if additional suctioning is needed				
	6.9	When suctioning is completed, remove gloves and wash hands				
<b>Standard-6</b>		<b>Score</b>				
7. The provider properly performs the Urinary Catheterization		<i>Determine by observing or interviewing two providers whether the provider:</i>				
	7.1	A clean tray containing - basin with water, clean glove, kidney tray, antiseptic solution, adhesive tape and scissors, specimen container, water soluble lubricant,				O- All articles arranged in a tray
	7.2	A sterile tray containing - sterile gloves, sterile drape, small bowl, cotton swabs, kidney tray, artery forceps, dissecting forceps and sterile syringe 20 ml and distilled water				I - 2 service providers for what all are articles need to perform this procedure?

	7.3	Wash hands and done sterile gloving.				O- Whether the service providers are following all the steps of the procedure
	7.4	Wash perineal area/genitalia with soap and water.				I- 2 service providers for steps of procedure to teach students
	7.5	Lubricate tip of catheter liberally and place it in the sterile tray ready for use.				
	7.6	Clean meatus with antiseptic solution if recommended.				
		<b>Female-</b>				
	7.7	With non dominant hand, carefully retract labia fully and expose urethral meatus. Maintain position of hand throughout the procedure				Applicable if provider inserting catheter in female patients
	7.8	Using dominant hand take sterile cotton swab dipped in antiseptic solution and clean perineal area from clitoris towards anus in the following sequence – meatus, labia minora and then labia majora. Use one swab for each wipe				
	7.9	Repeat cleaning with cotton swabs dipped in sterile normal saline in same sequence				
		<b>Male-</b>				
	7.10	Grasp penis firmly below glans with non dominant hand. Retract the foreskin and hold it retracted till end of procedure with non dominant hand, use sterile swabs dipped in antiseptic solution to clean meatus and moving out in circulation motion				Applicable if provider inserting catheter in male patients
	7.11	Insert catheter for 15-25 cm in male patients and 2.5 – 5 cm in female, until urine begins to flow, do not force catheter				
	7.12	Pull gently on catheter after balloon is inflated to feel resistance				
	7.13	Connect catheter to uro sac tied to bed below level of bladder				
	7.14	Secure catheter tubing to the patient's inner thigh with adhesive tape. Ensure adequate length to avoid traction				
<b>Standard-7</b>		<b>Score</b>				
8. The provider properly Administering Oxygen by Mask		<i>Determine by observing or interviewing two providers whether the provider:</i>				
	8.1	Connect flow meter to oxygen supply source				O- Whether the service providers are following all the steps of the procedure

	8.2	Apply adapter for tubing				I- 2 service providers for steps of procedure to teach students
	8.3	Connect nasal cannula tubing to flow meter				
	8.4	Set oxygen flow at prescribed rate				
	8.5	Evaluate patient's response to oxygen therapy including airway, respiratory rate, pulse oximetry reading, and reported dyspnea				
	8.6	Assist the patient to a comfortable position				
<b>Standard-8</b>		<b>Score</b>				
9. The provider properly the Administering a Blood Transfusion		<i>Determine by observing or interviewing two providers whether the provider:</i>				
	9.1	Ask the patient if he / she is allergic to any medication, iodine, tape or if he / she has had a transfusion or transfusion reaction in the past				O- Whether the service providers are following all the steps of the procedure
	9.2	Start the IV with 18 or19 gauge catheter if not already present. Keep the IV open by starting the flow of normal saline				I- 2 service providers for steps of procedure to teach students
	9.3	Obtain blood product from the blood bank according to agency policy				
	9.4	Complete identification and checks as required by agency: identification number; blood group and type; expiration date; patient's name; inspect blood for clots				
	9.5	Take a baseline set of vital signs before beginning the transfusion.				
	9.6	Start the administration slowly. Stay with the patient for the first 5 to 15 minutes of transfusion				
	9.7	Observe patient for flushing, dyspnea, itching or rash or any other				
	9.8	Ongoing monitoring is crucial throughout the entire duration of the blood transfusion for early identification of any adverse reactions. Assess frequently for transfusion reaction. Stop the blood transfusion if you suspect a reaction. Notify the physician				
	9.9	When the transfusion is complete, clamp off blood and begin to infuse normal saline				
	9.10	Record the administration of blood and the patient's reaction as ordered by agency				
<b>Standard-9</b>		<b>Score</b>				

10. The provider properly performs the Cardio pulmonary resuscitation (CPR)		<i>Determine by observing or interviewing two providers whether the provider:</i>				
	10.1	Check responsiveness and breathing				O- Whether the service providers are following all the steps of the procedure
	10.2	Shout for help / activates emergency response system				I- 2 service providers for steps of procedure to teach students
	10.3	Check pulse - carotid pulse (should be done for at least 5 seconds but not more than 10 seconds)				
	10.4	Place hand on lower half of the sternum and compress				
		<input type="checkbox"/> 30 compressions in no less than 15 seconds and no more than 18 seconds				
		<input type="checkbox"/> Compress at least 5cm depth				
		<input type="checkbox"/> Complete recoil after each compression				
10.5		Give two breath with or without a device (adult breaths)				
	10.6	<input type="checkbox"/> Maintain EC technique while providing breath (while using a respiratory device)				
		<input type="checkbox"/> Each breath given over one second. Visible chest rises with each breath				
10.7		Resume compression in less than 10 seconds and continue the cycle till the circulation resumes / signs of life appears				
<b>Standard-10</b>		<b>Score</b>				
<b>OBG including child health nursing</b>						
11. The provider properly perform antenatal assessment and counselling		<i>Determine by observing or interviewing two providers whether the provider:</i>				
	11.1	Measures height, weight and BP				O- Whether the service providers are measuring following parameters I- 2 service providers for steps of procedure to teach students
		<i>Observe / asks for symptoms indicating complications:</i>				
	11.2	Fever				O- Asking for each danger sign to pregnant woman during antenatal assessment
	11.3	Abnormal vaginal discharge/itching				I- 2 service providers for how to observe dangers in pregnant woman
	11.4	Palpitations, easy fatigability				
	11.5	Generalized swelling of the body, puffy ness of the face				

	11.6	Severe headache and blurring of vision				
	11.7	Vaginal bleeding				
	11.8	Decreased or absent fetal movement				
	11.9	Leaking of watery fluid per vaginum (P/V)				
		<i>Performs head to toe examination to check for abnormalities:</i>				
	11.10	Pallor				O- Observing each of the following during antenatal examination
	11.11	Measures of fundal height				I- 2 service providers for how to antenatal examination
	11.12	Determines fetal lie and presentation by palpation				
	11.13	Auscultates for FHS				
	11.14	Inspects for scars / any other relevant abdominal findings.				
	11.15	Educate the woman and her family members on signs of labour and danger signs of obstetric complications				
<b>Standard-11</b>		<b>Score</b>				
12. The provider uses the partograph to monitor labor and adjust the birth plan		<i>Determine, based on the clinical history and partograph of two women in labor, whether the provider:</i>				
	12.1	Records complete patient identification data				R- 2 filled partographs
		<i>Records every half hour:</i>				I- 2 service providers for recording of partograph
	12.2	Fetal heart rate (FHR)				
	12.3	Uterine contractions				
	12.4	Maternal pulse				
	12.5	Amount of IV solution if used				
		<i>Records every 4 hourly:</i>				
	12.6	Temperature				
	12.7	BP				
	12.8	Characteristics of the amniotic fluid if membranes have ruptured				
	12.9	Graphs cervical dilatation				
	12.10	Records the time of the observations				
	12.11	Adjusts the labor plan according to the parameters observed				
<b>Standard-12</b>		<b>Score</b>				
13. The provider adequately conducts		<i>Observe two women during a delivery and determine whether the provider (in the labor or</i>				

normal delivery (second stage of labor) and r adequately performs active management of the third stage of labor		<i>delivery rooms):</i>				
	13.1	Checks that the bladder is empty				O- Whether the service providers are following all the steps of the procedure
	13.2	Encourages to take deep breaths between contractions and to push during contractions				I- 2 service provider for steps of procedure to teach students
	13.3	Checks FHS every 5-10 minutes				
	13.4	Gives perineal support while delivering head by dorsiflexion technique				
	13.5	Delivers anterior shoulder first followed by posterior shoulder				
	13.6	Notes the time of birth				
	13.7	Places the baby on mother's abdomen and places the ID tag				
	13.8	Palpates the mother's abdomen to rule out the presence of additional baby (ies)				
	13.9	Administers uterotonic (Inj. Oxytocin, 10IU, IM OR Tab. Misoprostol, 600 mcg, orally)				
	13.10	Delivers the placenta by applying Controlled cord traction				
	13.11	Massages the uterine fundus in a circular motion and ensures that the uterus is well contracted				
	13.12	Checks the completeness of the placenta and membranes				
<b>Standard-13</b>		<b>Score</b>				
14. The provider properly conducts the Newborn assessment		<i>Determine by observing or interviewing two providers whether the provider:</i>				
	14.1	Take vitals: temperature, heart rate and respiration				O- Service providers observing each abnormality
		<i>Performs head to foot assessment:</i>				I- 2 service providers that what to observe during head to foot assessment
	14.2	Head: Palpates fontanelles, check for abnormalities (Caput, Cephalohematoma, lesions)				
	14.3	Eyes: examines for redness, swelling, discharge, yellow discoloration, hypertelorism				
	14.4	Ear: location and discharge				
	14.5	Nose: mucus accumulation, bleeding, flaring of nostrils				
	14.6	Mouth: cleft lip and cleft palate				
	14.7	Neck: webbed oh shoulder, movement				

	14.8	Palpates clavicles to check for fracture				
	14.9	Chest: observe for shape, chest indrawing, grunting sound, respiration pattern				
	14.10	GI system: observes abdomen for shape, mass, bowel sound				
	14.11	Passage of meconium and urine				
	14.12	Extremities: symmetry, fracture and club feet, etc.				
	14.13	Spine: tuft of hair, sacral dimple, spina bifida				
	14.14	Skin: rashes, mottling, skin and nail bed colour				
<b>Standard-14</b>		<b>Score</b>				
15. The provider properly performs resuscitation of the newborn		<i>Determine by observing or interviewing two providers whether the provider:</i>				
	15.1	If baby is not breathing or crying, clamps and cuts the cord immediately and shifts the baby under the radiant warmer				O- Whether the service providers are following all the steps of the procedure
	15.2	P-Positions the head with neck slightly extended using shoulder roll				I- 2 service provider for steps of procedure to teach students
	15.3	S-Clears airway by suctioning mouth then nose				
	15.4	S-Stimulates by gently rubbing the back 2-3 times				
	15.5	R-Repositions the head				
	15.6	Assesses the breathing § If not breathing well- § If breathing well-provide observational care with mother o Applies appropriately sized mask correctly o Initiates bag and mask ventilation using room air o Gives 5 ventilatory breaths and looks for chest rise o If no chest rise after 5 breaths, takes corrective steps o If adequate chest rise, continues ventilation for 30 seconds (breathe-two-three)				
	15.7	Assesses breathing § If breathing well-provides observational care with mother § If not breathing well- o Calls for help o Continues bag and mask ventilation (Golden				

		1 minute completed)				
	15.8	Continues bag and mask ventilation for 30 seconds (and trained help assists with other tasks as below). Trained Help Assesses heart rate § If heart rate $\geq 100$ /minor Assesses breathing. If breathing well, continues observational care with mother § If heart rate $< 100$ /min and/or baby not breathing well Continues bag and mask ventilation with oxygen o Provides chest compression, intubation and medication o Organizes referral for care at SNCU and continue ventilation if not breathing well				
<b>Standard-15</b>		<b>Score</b>				
16. The provider properly performs the care of newborn in incubator / radiant warmer		<i>Determine by observing or interviewing two providers while s(he) provided care to newborn in incubator</i>				
	16.1	Switch on incubator / radiant warmer, sets temperature on servo mode and prewarms it for 15-20 minutes				O- Whether the service providers are following all the steps of the procedure
	16.2	Transfers the baby, undressed except for diaper				I- 2 service provider for steps of procedure to teach students
	16.3	Connect skin probe to baby's abdomen through tape				
	16.4	Maintains fluid and electrolyte balance (IV fluid / NG tube feeding or mothers milk as per instructions)				
	16.5	Maintains record of vitals				
	16.6	Uses manual mode preferably for prewarming or quickly reheat a severely hypothermic newborn				
	16.7	Permits mother/ parent to see and bond with the baby as per hospital policy				
<b>Standard-16</b>		<b>Score</b>				

17. The provider properly Use the Phototherapy Machine for Newborn with Jaundice		<i>Determine by observing or interviewing two providers whether the provider:</i>				
	17.1	Switches on the phototherapy machine and checks whether all the tubes are lighting up.				O- Whether the service providers are following all the steps of the procedure
	17.2	Undresses the baby covers eyes with eye pad, covers external genitalia with dry napkin				I- 2 service provider for steps of procedure to teach students
	17.3	Places the infant on the basinet				
	17.4	Ensures frequent changes of baby position (every 2 hours or after breast feeding) in order to maintain exposure to all parts				
	17.5	Encourages frequent breast feeding				
	17.6	Observes for abnormal skin colour changes, altered respiration, jerky movement, cold body, signs of dehydration due to complications				
<b>Standard-17</b>		<b>Score</b>				
18. The Provider promptly cares for the woman with Pre-eclampsia/ eclampsia	18.1	Monitors BP in every case, and tests for proteinuria if BP is >140/90 mmHg				R- 2 case sheets of women who had Pre-eclampsia / eclampsia
	18.2	Administers Magnesium Sulphate full dose (14 gms) or at least the IM dose (5 gms deep IM in each buttock) and refers If: • BP is 140/90 mmHg or more with proteinuria 2+ along with danger signs like severe headache, blurring of vision, severe pain in abdomen or reduced urine output OR • BP shoots to 160/110 or more with proteinuria 3+, OR • In cases of eclampsia				O- Each step has been performed
	18.3	If BP is >160/110 mmHg or more, give anti-hypertensive				
<b>Standard-18</b>		<b>Score</b>				
19. The provider properly performs the general management of PPH (This standard is based on review of notes however where possible try to observe the actual management of a patient AND check the records)		<i>Rapid evaluation:</i>				O- Whether the service providers are following all the steps of the procedure
	19.1	General condition				I- 2 service provider for steps of procedure to teach students
	19.2	Pulse				
	19.3	BP				
	19.4	Breathing				
		If there is shock or suspicion of shock [weak, fast pulse (110 or more per minute), systolic BP less than 90 mmHg, pallor, cold and perspiring skin, rapid breathing, confusion or				

		unconsciousness]:				
	19.5	Starts oxygen at 6–8 L/minute by mask				
	19.6	Takes a blood sample for hemoglobin, cross-matching, and clotting test				
	19.7	Initiates IV infusion with saline or Ringer's lactate to replace volume according to blood loss				
	19.8	Assesses woman's need for transfusion based upon signs and symptoms of shock or impending shock due to amount of blood lost				
	19.9	Performs bladder catheterization and measures for urine output every hour				
	19.10	Administers 20 IU of oxytocin in 1000 ml / 10 IU of oxytocin in 500 ml NS or RL at 40-60 drops per minute. Performs Bimanual compression of the uterus / aortic compression / balloon tamponade				
<b>Standard-19</b>		<b>Score</b>				
<b>Infection Prevention</b>						
20. Infection prevention equipment are available as required based on the Government of India guidelines	20.1	10 liter bucket with tap or running water (24 hrs.)				O- Whether the following are available at the site
	20.2	Plain plastic tub, 12" at base, for 0.5% chlorine solution / Hypochlorite solution				
	20.3	0.5% chlorine solution / Hypochlorite solution				
	20.4	Autoclave / boiler / pressure cooker				
	20.5	Stove in working condition (used for boiling)				
	20.6	Plastic mug (1 liter)				
	20.7	Teaspoon / measurement jar for measuring bleaching powder				
	20.8	Surgical gloves (different sizes)				
	20.9	Utility gloves (thick rubber)				
	20.10	Soap in a soap dish / liquid soap in a dispenser				
	20.11	Puncture proof container / hub cutter / needle destroyer				
	20.12	Personal Protective equipment including plastic apron, shoes, mask, cap, goggles				
	20.13	Dustbin—colour-coded, based on state biomedical waste management guidelines				
<b>Standard-20</b>		<b>Score</b>				
21. The provider		<i>Before removing gloves:</i>				

properly disposes the used instruments and medical waste	21.1	Discards the placenta into a leak-proof container with a plastic liner or as per the State Waste Management Guidelines				O- Whether the service providers are following all the steps of the procedure in the labor or delivery rooms
	21.2	Disposes medical waste (gauze, etc.) in a plastic container with a plastic liner				I- 2 service provider for steps of procedure to teaching students
	21.3	Put the soiled linen in a leak-proof container				
	21.4	Places all reusable instruments in a 0.5% chlorine / hypochlorite for 10 minutes				
	21.5	Decontaminates the syringe and needle by flushing them three times with 0.5% chlorine solution and disposes of the needle and syringe in a puncture-resistant container, without removing, recapping or breaking the needle (or dispose of as per state waste disposal guidelines for sharps)				
	21.6	If gloves are disposable, immerses both gloved hands in a 0.5% chlorine solution, removes gloves by inverting and places them in a container with a plastic liner; if they are reusable, immerses them in a 0.5% chlorine solution for at least 10 minutes				
	21.7	Performs hand hygiene after removing gloves				
	21.8	Washes hands with running water and soap for 20 seconds and dries with an individual clean towel / paper towel or allows hands to air-dry, or rubs hands with 3-5 ml of an alcohol-based solution until the hands are dry (if hands are not visibly soiled)				
<b>Standard-21</b>		<b>Score</b>				
<b>Mental health nursing</b>						
22. The provider properly conducts History Taking of the patient with mental health problem		<i>Verified through direct observation or interview two provider whether provider collects:</i>				Observe, interview & or check records
	22.1	Personal Data				Name, age, marital status, occupation, address
	22.2	Data about source of information				Name, age, education of informant & relationship with patient, impression of reliability & adequacy of information
	22.3	Reason for referral				Immediate reason for seeking treatment, coming to hospital
	22.4	Presenting complain with duration				Symptoms with duration. Onset / course / predisposing, precipitating / maintaining factors

	22.5	History of present illness				How symptoms began, subsequently changed with time [gradual or stepwise increase/remained same/episodic] Association with stressors/life events, biological functions [sleep, appetite, weight], patient's relationship, day to day activity. Any other relevant information.
	22.6	Family History				Age & occupations of parents, their relationship with one another, Information about siblings. Patient's relationship with parents & siblings. Social standing of the family.
	22.7	Personal History				Antenatal & birth history, Early developmental history, Health during childhood. Occupational, Marital, Sexual history
	22.8	Past medical / surgical history				Specific [if any]
	22.9	Past psychiatric history				If patient had psychiatric illness in the past [when]. Was it episodic or continuous. Nature of treatment received & response to treatment. Drug adherence.
	22.10	Premorbid Personality				Relationships with others, Leisure activities, Character, Attitudes & standards, Prevailing mood
<b>Standard-22</b>		<b>Score</b>				
23. The provider properly performs Mental Status Examination		<i>Determine by observing or interviewing two providers whether the provider:</i>				
	23.1	Observe general appearance, attitude and behavior				
	23.2	Speech and language (Quality, Rate, Volume, fluency and Rhythm)				
	23.3	Mood (subjective) and Affect (objective)				
	23.4	Disorder of thought (stream, form and content)				
	23.5	Disorder of perception				
	23.6	Disorders of cognition (orientation to time, place and person)				
	23.7	Disorders of memory (immediate, recent and remote)				
	23.8	Attention and concentration (digit span and serial subtraction test)				
	23.9	Intelligence (general information, comprehension abstract thinking)				

	23.10	Judgement (personal, social and test)				
	23.11	Insight (levels)				
<b>Standard-23</b>		<b>Score</b>				
24. The provider properly administers oral Medication in Psychiatric and substance - dependent patients		<i>Determine by observing or interviewing two providers whether the provider:</i>				
	24.1	Prepare the tray with prescribed medicines (to be given at particular time), treatment chart/medicine prescription card, paper bag and clean paper slips and glass of water				O- Whether the service providers are following all the steps of the procedure
	24.2	Cross check physician's orders in instruction's book and compare with treatment chart/book				I- 2 service provider for steps of procedure to teaching students
	24.3	Take the tray to the bed side, greet the patient and assist in sitting				
	24.4	Explain the procedure and need for medication				
	24.5	Ask the patient to take glass of water				
	24.6	Check the sixteen rights of giving medicine				
	24.7	Never stand with your back towards the patient				
	24.8	Never leave the medicines near bed side or elsewhere without supervision				
	24.9	Take out the medicine on the paper slip and give it to the patient to swallow				
	24.10	Ensure that the patient has swallowed the medicine by observing neck and throat movement. If not sure ask the patient to open the mouth and show				
	24.11	Stay with the patient for some time and ask open ended questions.				
	24.12	Remove all articles from bedside after ensuring that the patient has swallowed the medicine				
	24.13	Document by putting signature on treatment chart and medicine card				
	24.14	Replace the medicine pouch in locked medicine cub board				
	24.15	Replace the treatment chart / book, instruction book & other articles				
<b>Standard-24</b>		<b>Score</b>				
		TOTAL STANDARDS	24	24	24	
		TOTAL STANDARDS OBSERVED				
		TOTAL STANDARDS ACHIEVED				

PERCENT ACHIEVEMENT			
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**PERFORMANCE STANDARDS FOR  
NURSING INSTITUTES FOR NURSING EDUCATION IN UTTAR PRADESH  
(75 PERFORMANCE STANDARDS)**

**SECTION SIX  
Community Areas Where Student Nurse Undertakes Community Experience**



Performance Standards	Sl. No	Verification criteria	Baseline assessment	First assessment	Second assessment	Means of verification
1. The nursing student estimates Hb by using Sahli's haemoglobinometer	1.1	Articles required - sahli's haemoglobinometer, N/10 HCL, gloves, lancets, distal water and dropper				O or I- 2 students whether the students are following the steps/tasks mentioned in verification criteria
	1.2	Wash hands and wear gloves				
	1.3	Clean the Hb tube and pipette				
	1.4	Fill the Hb tube with N/10 HCl upto 20% or 2 gm % with the dropper				
	1.5	Clean tip of the woman's ring finger with spirit swab				
	1.6	Prick the finger with lancet and discards first drop of blood				
	1.7	Allow a large blood drop to form on the fingertip and sucks it with pipette upto 20 cumm mark. Take care that air entry is prevented while sucking blood				
	1.8	Wipe tip of the pipette and transfers blood to Hb tube containing N/10 HCl				
	1.9	Rinse the pipette 2-3 times with N/10 HCl				
	1.10	Leave the solution in test tube for 10 min				
	1.11	After 10 minutes, dilutes the acid by adding distilled water drop-by-drop and mix it with stirrer				
	1.12	Match with the colour of the comparator				
	1.13	Note down the reading (lower meniscus) when the colour of the solution exactly matches that of comparator on both sides of the haemoglobinometer				
<b>Standard-1</b>		<b>Score</b>				
2. The nursing student conduct urine testing for protein and sugar by using dipsticks	2.1	Articles required - clean container for routine test/ sterile container for culture, Disposable gloves, anti-septic solution, cotton balls and dipsticks				O or I- 2 students whether the students are following the steps/tasks mentioned in verification criteria
	2.2	Remove one strip from bottle of dipstick and replace the cap				

	2.3	Dip reagent area of the strip in urine and remove immediately to avoid dissolving the reagent				
	2.4	Remove excess urine-run the edge of the strip against bottle rim				
	2.5	For urine albumin – match colour against the bottle immediately				
	2.6	For urine sugar – read after 30 seconds, by comparing the colour of reagent area to the colour chart on the table of the bottle				
<b>Standard-2</b>		<b>Score</b>				
3. The nursing student conducts Home Visit accordingly.	3.1	After area mapping is done. Locate the right house, approach to a family and introduce self and institution.				O or I- 2 students whether the students are following the steps / tasks as mentioned in verification criteria.
	3.2	Establish rapport by being courteous, polite and friendly				R- Family folder.
	3.3	Listens carefully to what family is saying.				
	3.4	Observe the following and fill in the family folder: * Physical infrastructure * Cultural background * Head of the Family and occupation of the family members * Age * Educational level of the family members * Socio cultural background				
	3.5	Makes appropriate community diagnosis & plans for next visit				
		<b>Day 2 of Home visit</b>				
	3.6	Demonstrates appropriate procedure as planned in last visit.				
	3.7	Gives appropriate health talk.				
	3.8	Reinforces pertinent information as per plan				
		<b>Day 3 of home visit (Termination of IPR with the family)</b>				
	3.9	Summarize content with the family & plan for the household visit				
	3.10	Plan for the follow-up visit				
	3.11	Record the visit with appropriate details of the care rendered to the family.				
<b>Standard-3</b>		<b>Score</b>				

4. The nursing student Performs Bag Techniques at Home	4.1	Upon reaching the home, select a work area which is well lighted and dry where the bag can be placed and set up. Place bag away from children and domestic animals.				O or I- 2 students whether the students are following the steps/tasks mentioned in verification criteria
	4.2	Spread newspaper / spread sheet on a flat, clean surface on a mat / dhari and place the bag on left hand side of the newspaper. Make a paper bag and place on the right top corner of the bag.				
	4.3	Unbutton the outer lining of the bag, remove the hand washing articles. Identify a wash area, seek help from the family and wash hands.				
	4.4	Remove apron from the bag and put it on if necessary.				
	4.5	Remove necessary supplies and equipment and place on a clean area on newspaper.				
	4.6	Close the bag (half covered)				
	4.7	Carry out the required nursing procedure. Place soiled swabs inside the newspaper bag for disposal.				
	4.8	Give the newspaper bag with soiled swabs etc., to family for proper disposal by burning.				
	4.9	Clean the used articles by using running water.				
	4.10	Used Articles that cannot be processed during field visit should be wrapped well with newspaper and to be placed in the outside compartment for further processing.				
	4.11	Place articles which are contaminated with infected material in a plastic cover and carry separately for autoclaving.				
	4.12	Wash hands and open the bag to return articles into the bag.				
	4.13	Use a cotton swab moistened with spirit and wipe outside of used bottle and bowls and replace in the bag.				
	4.14	Wash/ Sanitize hands and Close the bag.				
	4.15	Fold the newspaper with used side inside and place it in the side pocket and carry the bag.				
	4.16	Write a report of observations, the procedure done. Health talk given to the family. Plans for				

		the next visit.				
<b>Standard-4</b>		<b>Score</b>				
5.The nursing student follows principles of Health Education techniques during home visit.	5.1	Organize the health education area				O or I- 2 students whether the students are following the steps/task as mentioned in verification criteria.
	5.2	Follows the steps of the lesson plan with objectives.				
	5.3	Gives Clear explanation on the Subject matter.				
	5.4	Uses modulated voice, local language, is loud, clear and explains in simple terms				
	5.5	Interacts with the participants, family members & encourages discussion.				
	5.6	Uses appropriate A.V. aids which are well organized.				
	5.7	Clears doubts during the session.				
	5.8	Takes feedback for the session				
	5.9	Summarizes the topic clearly at the end after Conclusion				
<b>Standard-5</b>		<b>Score</b>				
6. The nursing student follows correct counselling techniques to motivate clients for family welfare measures during the visit in OPD / HWC / PHC / CHC	6.1	Greets, shows client respect and helps the client to feel at ease: o Speaking softly o Ensuring adequate privacy				O or I- 2 students to verify if the student are able to follow the steps mentioned in verification criteria
	6.2	Includes with permission of the client the wife / husband or important family members during the counselling session				
	6.3	Assures confidentiality by telling the client that she / he will never share the personal information of the client with anyone. Keeps all the records secured at all the times				
	6.4	Asks relevant questions to identify client's needs and reasons for visiting the clinic				
	6.5	Addresses any related needs such as protection from sexually transmitted infections, including HIV and support interventions / care based on the need.				

	6.6	With the help of contraceptive demonstration kit and charts, educates client about the relevant information(e.g. mechanism, side effects, benefits, need for protection against STIs including HIV, etc.) about contraceptive methods choices available to the client including: o IUCD o Male Condoms o Male Sterilization o Emergency Contraception o Postpartum contraception (LAM, IPPIUCD, Condom, Injectables (DMPA), female and male sterilization) o Post abortion contraception (within seven days of abortion or miscarriage - all methods available) o Standard Days Method (with regular menstrual cycles of 26-36 days)				
	6.7	Explains that the interval between this birth to next pregnancy should be at least 2 years for better health of herself, this baby and the next baby				
	6.8	Explains the unpredictable and approximate return of fertility after child birth				
	6.9	Rules out pregnancy, assesses risk of STIs and initiates method-specific counselling once client has shown interest in a method or has chosen a method. Performs physical assessment as necessary.				
	6.10	Provides the method of choice if available or refers woman to the nearest health facility where it is available				
	6.11	Thanks, the client/couple politely, says goodbye and encourages her to return to the clinic if she has any questions or concerns.				
<b>Standard-6</b>		<b>Score</b>				
7.The nursing student is able to explain on the universal immunization programme (UIP) Schedule	7.1	BCG - At birth or as early as possible till one year of age, 0.1ml (0.05ml until 1-month age), intra-dermal				I- 2 students for the steps mentioned in verification criteria.
	7.2	OPV 1, 2 & 3 - At 6 weeks, 10 weeks & 14 weeks (OPV can be given till 5 years of age) 2 drops oral				

	7.3	Pentavalent 1, 2 & 3 - At 6 weeks, 10 weeks & 14 weeks (can be given till one year of age) 0.5 ml intra-muscular				
	7.4	Rotavirus - At 6 weeks, 10 weeks & 14 weeks (can be given till one year of age) 5 drops oral				
	7.5	IPV - Two fractional dose at 6 and 14 weeks of age 0.1 ml Intra dermal two fractional doses				
	7.6	Measles/MR - 1st dose at 9 completed months-12 months and 2nd dose at 16-24 months 0.5 ml sub-cutaneous				
	7.7	JE - 1st dose at 9 completed months-12 month and 2nd dose at 16-24 months 0.5 ml Sub-cutaneous 0.5 ml sub-cutaneous				
	7.8	Vitamin A - 1st dose at 9 completed months with measles rubella 1 ml (1 lakh IU), oral and 2nd to 9th dose 16-18 months. Then one dose every 6 months up to the age of 5 years 2 ml (2 lakh IU) oral				
<b>Standard-7</b>		<b>Score</b>				
8. The nursing student are able to identify and records danger signs during antenatal assessment at HWC / PHC / CHC	8.1	Vaginal bleeding /leakage Per vagina				O- 2 student and that s/he asks each danger sign in pregnant woman  (Or)  I- 2 students to know the dangers in a pregnant woman
	8.2	Respiratory difficulty				
	8.3	Fever/ foul smelling discharge				
	8.4	Severe headache/blurred vision				
	8.5	Generalised swelling of the body, puffiness of face, pitting pedal edema				
	8.6	Pain in the abdomen, low urine output				
	8.7	Convulsions/loss of consciousness				
	8.8	Decreased excessive or absence of fetal movements				
	8.9	Performs immediate action in the event of any of the above symptoms and refers to the appropriate setting without any delay				
<b>Standard-8</b>		<b>Score</b>				
9. The nursing student is able to assess and screen for breast abnormalities in women	9.1	Ensure a separate room / corner to maintain privacy of woman for counselling and clinical examination.				O or I 2 students whether the students are following the steps / tasks mentioned in the verification criteria
	9.2	Explain the woman that her breasts will be examined. Assure her that the procedure is painless				

9.3	Request the woman to undress from her waist up. Make her sit on the examination table with her arms on her side			
9.4	Wash hands thoroughly and dry them. If necessary, put on new examination or high-level disinfected gloves on both hands			
	Ask the woman to put her hands over her head. Then examine the breasts to note:			
9.5	Any difference in shape, size			
9.6	Dimpling or puckering of skin			
9.7	Pulling in of nipple or other part of breast			
9.8	Itchy, scaly sore or rash on nipple			
9.9	Swelling, redness/darkness in either breast			
9.10	Look at the nipples and note the size, shape and direction in which they point. Check for rashes or sores and nipple discharge by compression.			
9.11	Ask the woman to press her hands on her waist to check if there is any abnormality			
9.12	Observe her breasts while woman has hands over her head and presses her hands on her head. Check to see if breasts hang evenly			
9.13	Ask her to lie down on the examining table. Place a pillow under her shoulder on the side being examined and place woman's arm over her head			
9.14	Palpate the entire breast using the spiral or 'Dial of a Clock' technique using the pads of three middle fingers			
9.15	Note any lump or tenderness			
9.16	Squeeze the nipple gently using thumb and index finger and checks for any discharge. Palpate for any thickening behind the nipple			
9.17	Repeat these above steps for the other breast			
9.18	Request the woman sit up and raise her arm. Palpate the tail of the breast and check for enlarged lymph nodes or tenderness in each breast. Palpate both the axillae			
9.19	After completing the examination, ask the woman to put her dress back.			

	9.20	If the findings are normal, tell the woman everything is fine and when she should return for a repeat examination				
	9.21	Give women written materials to re-inforce self-education				
	9.22	If there are any abnormal or suspicious findings, explain about it to the woman and her family member/ASHA				
	9.23	Record and draw the observations on the client record and facility register.				
<b>Standard-9</b>		<b>Score</b>				
10.The nursing student performs proper techniques and shows competence in Intramuscular Injection.	10.1	<b>Arrange articles:</b> Medication in vial / ampoule, clean gloves, alcohol swabs, sterile syringes and needles				O or I 2 students whether the students are arranged the tray with all articles/ instruments / equipment required
	10.2	Read the medication card. Carefully read the medication name, date of expiry and the content inside for any changes.				O or I- 2 students whether the students are following the steps/tasks mentioned in verification criteria
	10.3	Load the syringe and expel the air inside carefully without medication wastage.				
	10.4	Select an appropriate administration site.				
	10.5	Assist the patient to position properly based on the site of the injection. Drape as needed to expose only area of site that is needed.				
	10.6	Clean the area around the injection site with al swab and allow area to dry.				
	10.7	Remove the needle cap by pulling it straight off. Hold the syringe in your dominant hand between the thumb and forefinger.				
	10.8	Aspirate by slowly (for at least 5 seconds) pulling back on the plunger to determine whether the needle is in a blood vessel. Watch for a flash of pink or red in the syringe. Act fast withdrawing the syringe if blood streaks.				
	10.9	If no blood is aspirated, inject the solution slowly.				
	10.10	Withdraw the needle smoothly and steadily at the same angle at which it was inserted.				
	10.11	Apply gentle pressure at the site with dry gauze.				
	10.12	Do not recap the used needle. Engage the safety shield or needle guard, if present.				

	10.13	Observe the area and the patient for any signs of reaction at determined intervals after administration. Record in the register and patients slip / notebook.				
<b>Standard-10</b>		<b>Score</b>				
11. The nursing student is able to perform proper anthropometric measurement on children	11.1	Articles required: weighing scale, measuring tape without metal cap and stadiometer / proper markings on the wall for height measurements				O or I 2 students whether the students are arranged the all articles/ instruments / equipment required
	11.2	Measure height with stadiometer or with proper markings on the wall				O or I- 2 students whether the students are following the steps / tasks mentioned in verification criteria
	11.3	Weight Measurement with weighing scale after correcting the zero error				R- School health record
	11.4	Measures mid arm circumference - midpoint between acromion process to the olecranon process				
	11.5	Head circumference - securely wrap the tape around the widest possible circumference of the head (broadest part of the forehead above eyebrow, above the ears and most prominent part of the back of the head)				
	11.6	Calculate the B.M.I - weight in kg / height in meter square				
	11.7	Interpret the findings for the PEM status and record the findings.				
<b>Standard-11</b>		<b>Score</b>				

TOTAL STANDARDS	11	11	11
TOTAL STANDARDS OBSERVED			
TOTAL STANDARDS ACHIEVED			
PERCENT ACHIEVEMENT			

## SUMMURY OF NURSING INSTITUTES STANDARDS

AREAS	NUMBER OF STANDARDS	Baseline assessment	First assessment	Second assessment
Section one: College infrastructure and training materials	Total Standards	13	13	13
	Total Standards Observed			
	Total Standards Achieved			
	Percent Achievement			
Section Two: College Management	Total Standards	13	13	13
	Total Standards Observed			
	Total Standards Achieved			
	Percent Achievement			
Section Three: Classroom and Practical Instruction	Total Standards	7	7	7
	Total Standards Observed			
	Total Standards Achieved			
	Percent Achievement			
Section Four: Preparation for Clinical and Community Practice and Instruction	Total Standards	7	7	7
	Total Standards Observed			
	Total Standards Achieved			
	Percent Achievement			
Section Five: Clinical areas where student nurse undertakes clinical experience	Total Standards	24	24	24
	Total Standards Observed			
	Total Standards Achieved			
	Percent Achievement			
Section Six: Community areas where student nurse undertakes community experience	Total Standards	11	11	11
	Total Standards Observed			
	Total Standards Achieved			
	Percent Achievement			
Overall Score	Total Standards	75	75	75
	Total Standards Observed			
	Total Standards Achieved			
	Percent Achievement			