

Annexure

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Annexure 3.1: List of Hospitals in Pune City with 100 or more beds

Private Sector

No.	Hospital name	Address	Beds
1	Bharati Hospital, Bharati Vidyapeeth Medical foundation	Pune-Satara Rd. Dhankavdi, Pune	831
2	Colony Nursing Home	50-51 Laxmi Park Colony, Navi Peth, Pune	100
3	Columbia Asia Hospitals Pvt. Ltd.	Sr. No. 17/7 & 17/8 (1,2,3), 22/2A, Plot. No. 03, Kharadi, Pune-14.	100
4	Deenanath Mangeshkar Hospital	Plot. No. 8+13/2, Erandwane, Pune	411
5	Deendayal Memorial Hospital	926, Fergusson College Rd, Pune 4	120
6	Sancheti Institute for Orthopedic Rehabilitation	16, Shivaji Nagar, Pune	150
7	Inlaks & Budhrani hospital	7-9, Koregaon Park, Pune 1	370
8	Jehangir Hospital	33, Sasson Rd., Pune	335
9	JPMT's Sanjeevan Hospital	23, Opp. Karve Rd., Pune	115
10	KEM Hospital	Rasta Peth Pune	550
11	Sahyadri Speciality Hospital	Plot No. 30 L, Lane No.1, Erandwane, Pune	150
12	Joshi Hospital	778, Shivaji Nagar, Opp Kamla Nehru Park, Pune, 411004	100
13	Medipoint Hospital Pvt Ltd.	241/1, New DP Road, Aundh, Pune	102
14	Noble Hospital	Magarpatta City, Hadapsar, Pune	250
15	Oyster and Pearl Hospital	Behind Pride Executive Hotel, Pune	110
16	Poona Hospital & Research Store	27, Sadashiv Peth pune	220

17	Rao Nursing Home	Pune Satara Road, Bibwewadi, Pune- 37	125
18	Ruby Hall Clinic	40, Sasson Rd. Pune	566
19	Sane Guruji Arogya Kendra	165-A, Malwadi, Hadapsar, Pune 28	250
20	Seth Ramdas Shah Hospital	Rasta Peth Pune	110
21	Surya Hospital Pvt.Ltd.	1317 Kasaba Peth Pune	100
Public Sector			
1	Sasson General Hospital	Sasson Road, Pune	State
2	Command Hospital	Wanowari, Pune	Military
3	Dr. Babasaheb Ambedkar Cantonment Hospital	Kirkee, Cantonment Board, Pune	Military
4	Military Hospital (CTC),	Pune Cantonment Board	Military
5	SVP Cantonment General	Opp. Golibaar Maidaan,	Military
6	Aundh Chest Hospital	Aundh, Pune.	District
7	Manasvardhan De-addiction Rehabilitation & Mental Health	Balewadi, Opp. Bharati Vidyapeth English School, Pune-45	PMC
8	Naidu Infectious Disease Hospital	Near Le Meridien- Station road	PMC
9	Kamla Nehru Hospital	Kasba Peth Post Office	PMC
10	T.B.Hospital	Sanghvi gaon	PMC
11	Late Rajiv Gandhi Hospital	Parnakuti, Yerawada, Pune	PMC
12	Sonawane Hospital	near Poona Saw mill, Bhawani Peth, Pune	PMC
13	Homi Bhabha Hospital	Deep Bungalow Chowk Pune	PMC
<i>Source: http://mpcb.gov.in/biomedical/pdf/BMWList.pdf</i>			

- I. Name of the Hospital:
- II. Name of the Respondent (Optional):
- III. Gender: Male / Female
- IV. Age (rounded off):
- V. No. of years of service with this hospital:
- VI. No. of total years of experience:
- VII. Basic Qualification:

A. Indicate the Nature of following Training Programs: (tick the appropriate)

- | | | | |
|---------------------------------------------------------------------------------------|------------------|--------------------|---------------------|
| 1. Induction Training at the time of joining: | <i>Too Basic</i> | <i>Appropriate</i> | <i>Too Advanced</i> |
| 2. Quality Patient Care(NABH): | <i>Too Basic</i> | <i>Appropriate</i> | <i>Too Advanced</i> |
| 3. Train the Trainer(Senior Nurses to train Junior Nurses): | <i>Too Basic</i> | <i>Appropriate</i> | <i>Too Advanced</i> |
| 4. Super Specialty: (e.g. ICU, OT, CAT Lab etc): | <i>Too Basic</i> | <i>Appropriate</i> | <i>Too Advanced</i> |
| 5. Code Blue: High alert: : | <i>Too Basic</i> | <i>Appropriate</i> | <i>Too Advanced</i> |
| 6. Disaster Management: | <i>Too Basic</i> | <i>Appropriate</i> | <i>Too Advanced</i> |
| 7. Communication skills: (with patients and their relatives, doctors and colleagues): | <i>Too Basic</i> | <i>Appropriate</i> | <i>Too Advanced</i> |
| 8. Stress Management: | <i>Too Basic</i> | <i>Appropriate</i> | <i>Too Advanced</i> |
| 9. Any other, please specify: | | | |

B. Indicate the duration of following Training Programs:

10. Induction Training- at the time of joining:
11. Quality Patient Care: : *4 times a year/ twice a year/ once a year/ ongoing*
12. Train the Trainer: (for Senior Nurses to train Junior Nurses) :
4 times a year/ twice a year/ once a year/ ongoing
13. Super Specialty: E.g. ICU, OT, CAT Lab, Cardiac etc:
4 times a year/ twice a year/ once a year/ ongoing
14. Code Blue: (High alert) : *4 times a year/ twice a year/ once a year/ ongoing*
15. Disaster Management: *4 times a year/ twice a year/ once a year/ ongoing*
16. Communication skills: (with patients and their relatives, doctors and colleagues):
4 times a year/ twice a year/ once a year/ ongoing
17. Stress Management: *4 times a year/ twice a year/ once a year/ ongoing*
18. Any other, please specify:

Rate the following statements on 5 to 1 scale: 5- Highest and 1- Lowest (Circle the Numbers)

C. Training Programs/ Sessions

19. The overall quality of the training programs	5	4	3	2	1
20. Programs measured up to expectation	5	4	3	2	1
21. Programs' worth in terms of time	5	4	3	2	1
22. Organization and co-ordination of the programs	5	4	3	2	1
23. Course content relevant to work	5	4	3	2	1
24. Materials, tools used, useful and practical	5	4	3	2	1
25. Program interactive and encouraged participation	5	4	3	2	1
26. Timings and duration of the program	5	4	3	2	1
27. Cost effectiveness of the program	5	4	3	2	1
28. Programs periodically evaluated and improved	5	4	3	2	1
29. Quality of In-Hospital training programs	5	4	3	2	1
30. Quality of External training programs	5	4	3	2	1



D. Trainers

31. Knowledge of the subject	5	4	3	2	1
32. Encourage participation	5	4	3	2	1
33. Answer questions completely	5	4	3	2	1
34. Respect your knowledge and experience	5	4	3	2	1
35. Use appropriate examples	5	4	3	2	1
36. Use effective mix of lectures and exercises	5	4	3	2	1
37. Provide clear explanations	5	4	3	2	1
38. Keep the sessions interesting	5	4	3	2	1
39. Level of presentation	5	4	3	2	1

E. Trainees

40. Nurses chosen by carefully identified training needs	5	4	3	2	1
41. Nurses take their training seriously	5	4	3	2	1
42. Nurses participate in determining the training they need	5	4	3	2	1
43. Nurses are given clear understanding of the skills and knowledge they are expected to learn	5	4	3	2	1
44. Nurses after training encouraged to reflect and plan improvements at their workplace	5	4	3	2	1

F. Training methods used during the program

45. Lectures	5	4	3	2	1
46. Visual aids	5	4	3	2	1
47. Group discussion	5	4	3	2	1
48. Case study methods	5	4	3	2	1
49. On the job practical	5	4	3	2	1
50. Which methods do you prefer the most?	Point no.- 45	46	47	48	49

G. Venue

51. Location and distance	5	4	3	2	1
52. Lodging if any	5	4	3	2	1
53. Conference rooms facility	5	4	3	2	1

H. Facilities provided during training programs

54. Food	5	4	3	2	1
55. Audio video reception	5	4	3	2	1
56. Transport	5	4	3	2	1
57. Service provided	5	4	3	2	1

58. Hospital sponsors all training programs	5	4	3	2	1
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I. Benefits or Outcomes of the training Program

59. The training proved motivating	5	4	3	2	1
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60. New and useful updates and lessons learnt through training	5	4	3	2	1
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61. All queries and problems answered through training	5	4	3	2	1
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62. Can explain the training programs to others	5	4	3	2	1
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63. Knowledge learnt can be applied to job	5	4	3	2	1
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64. Support from immediate superiors to use knowledge learnt	5	4	3	2	1
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65. Programs have improved overall performance at work	5	4	3	2	1
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66. Improvement in career opportunities	5	4	3	2	1
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67. Programs have contributed to personal development					
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a. Improved morale	5	4	3	2	1
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b. Increased motivation	5	4	3	2	1
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c. Greater confidence	5	4	3	2	1
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d. More support from others	5	4	3	2	1
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68. Would like to have more similar training programs	5	4	3	2	1
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69. Would recommend training programs to others	5	4	3	2	1
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70. What affects your decision to attend the training programs?

 a. Compulsion from management

 b. Self interest

 c. Needed for promotions

 d. Content of the programs

 e. Speakers

 f. Any other

71. Cost of Registration (fees) if any

 a. Too high

 b. Just right

 c. Too low

72. Time and days' suggestion

 a. During working hours/ non-working hours

 b. Duration in days-

 c. Number of hours each day-

J. Other

73. Training programs conducted that you remember and their overall rating

a.	_____	5	4	3	2	1
b.	_____	5	4	3	2	1
c.	_____	5	4	3	2	1
d.	_____	5	4	3	2	1
e.	_____	5	4	3	2	1
f.	_____	5	4	3	2	1

74. Any Training programs- the content of which you already knew or did not learn anything new

- a.
- b.
- c.
- d.
- e.

75. Any Training programs in which you gained new knowledge

- a.
- b.
- c.
- d.
- e.

76. Any specific areas in which you would like more training programs to be held

- a.
- b.
- c.
- d.

77. Any other comments or suggestions:

(सी) पी एच डी. प्रश्नावली डॉ. अनुराधा वाहेगांवकर

१. रुग्णालयाचे नांव :
२. प्रतिसाद देणा-याचे नांव (ऐच्छिक) :
३. लिंग पुरुष/ स्त्री
४. वय (पूर्णाकात)
५. प्रस्तुत रुग्णालयातील सेवा कालावधी :
६. एकूण सेवाकालावधीची वर्षे :
७. मूलभूत अर्हता/गुणवत्ता :

ए. पुढील प्रशिक्षणाच्या स्वरूपाचा निर्देश करा (खूण करा)

१. सेवाप्रारंभीचे प्रशिक्षण/(प्रवेशा वेळचे)	अति सामान्य	योग्य	अतिप्रगत
२. रुग्णाच्या देखभालीची गुणवत्ता (NABH धोरणानुसार)	अतिसामान्य	योग्य	अतिप्रगत
३. शिक्षणार्थीचे प्रशिक्षण(ज्येष्ठ परिचारिकाकडून कनिष्ठ परिचारिकांचे प्रशिक्षण)	अतिसामान्य	योग्य	अतिप्रगत
४. अति विशेषता/तज्ज्ञता (उदा.अतिदक्षता,शल्यगृह, कॅथप्रयोगशाळा इ.)	अतिसामान्य	योग्य	अतिप्रगत
५. नील संकेत: BLS अतिसावधानता/प्रशिक्षण	अतिसामान्य	योग्य	अतिप्रगत
६. आपत्कालीन व्यवस्थापन	अतिसामान्य	योग्य	अतिप्रगत
७. संवाद कौशल्य (रुग्णाशी,नातेवाईकांशी, डॉक्टरांशी,सहका-यांशी)	अतिसामान्य	योग्य	अतिप्रगत
८. तणाव व्यवस्थापन	अतिसामान्य	योग्य	अतिप्रगत
९. अन्य नेमकेपणाने नोंद करा.			

बी. पुढील प्रशिक्षण योजनांच्या कालावधी विषयीच मत प्रकट करा.

(वर्षातून ४ वेळा/दोनदा/एकदा/सतत)

१०. सेवा प्रारंभीचे प्रशिक्षण
११. रुग्णाच्या देखभालीचे प्रशिक्षण
१२. ज्येष्ठ परिचारिकांकडून कनिष्ठांचे प्रशिक्षण (प्रशिक्षणार्थीचे प्रशिक्षण)
१३. अति विशेषता (उदा. अतिदक्षता, शल्यगृह, कॅथ प्रयोगशाळा, हृदय विकार इ.)
१४. नील संकेत (अति दक्षता)
१५. आपत्कालीन व्यवस्थापन
१६. संवाद कौशल्य (रुग्णांशी नातेवाईक डॉक्टर सहकारी)
१७. तणाव व्यवस्थापन
१८. अन्य काही नेमकेपणाने सांगा.

खालील विधानांचे मूल्यांकन करा. ५ सेवाधिक ते १ दर्जाचे (वर्तुळ करा)

सी. प्रशिक्षण कार्यक्रम/सत्रे

१९. प्रशिक्षण कार्यक्रमाचा सर्वसाधारण दर्जा	५	४	३	२	१
२०. प्रशिक्षण कार्यक्रमाचे अपेक्षित मूल्यांकन	५	४	३	२	१
२१. प्रशिक्षण कार्यक्रमाची यथार्थता वेळेनुसार	५	४	३	२	१
२२. कार्यक्रमाचे संयोजन व समन्वयन	५	४	३	२	१
२३. कामाच्या दृष्टीने शिक्षणांतर्गत विषयांचा समावेश	५	४	३	२	१
२४. उपकरणे, साधने यांची उपयुक्तता आणि उपायोजकता व्यवहार्यता	५	४	३	२	१
२५. कार्यक्रमातील परस्परसंवाद व प्रोत्साहित सहभाग	५	४	३	२	१
२६. कार्यक्रमाच्या वेळा आणि कालावधी	५	४	३	२	१
२७. कार्यक्रमाची आर्थिकदृष्ट्या मूल्यमापन	५	४	३	२	१
२८. कार्यक्रमांचे वेळोवेळी मूल्यमापन व सुधारणा	५	४	३	२	१
२९. रुग्णालयांतर्गत प्रशिक्षणक्रमांची गुणवत्ता	५	४	३	२	१
३०. रुग्णालय बाह्य प्रशिक्षणक्रमांची गुणवत्ता	५	४	३	२	१

डी. प्रशिक्षक

३१. विषयाचे ज्ञान	५	४	३	२	१
३२. सहभागासाठीचे प्रोत्साहन	५	४	३	२	१
३३. प्रश्नांना पूर्णपणे उत्तरे देणे.	५	४	३	२	१
३४. ज्ञानाबद्दलची आस्था व अनुभव	५	४	३	२	१
३५. योग्य उदाहरणांची निवड	५	४	३	२	१
३६. व्याख्याने व अभ्यास यांचा मेळ	५	४	३	२	१
३७. स्पष्ट खुलासे देणे	५	४	३	२	१
३८. सत्रे मनोरंजक करणे.	५	४	३	२	१
३९. अभिव्यक्तीची पातळी	५	४	३	२	१

इ. शिक्षणार्थी

४०. प्रशिक्षणाच्या गरजांनुसार परिचारिकांची निवड	५	४	३	२	१
४१. परिचारिका प्रशिक्षणाकडे गांभीर्याने पाहातात का ?	५	४	३	२	१
४२. आवश्यक प्रशिक्षणची निश्चिती करण्यात परिचारिकांचा सहभाग	५	४	३	२	१
४३. परिचारिकांकडून अपेक्षित कौशल्ये व ज्ञान याबद्दल स्पष्ट जाणीव दिली जाते का ?	५	४	३	२	१
४४. प्रशिक्षणानंतर परिचारिकांना प्रतिक्रिया देण्यासाठी व त्याचा उपयोग कामासाठी करण्यास प्रोत्साहित केले जाते का?	५	४	३	२	१

एफ. कार्यक्रमासाठी वापरल्या जाणा-या पध्दती

४५. व्याख्याने	५	४	३	२	१
४६. द्रुक श्राव्य साधने	५	४	३	२	१
४७. गटचर्चा	५	४	३	२	१
४८. एखादया घटनेचा अभ्यास करण्याची पध्दती	५	४	३	२	१
४९. कार्य करताना प्रयोगाची संधी	५	४	३	२	१
५०. कोणत्या शिक्षण पध्दतीची निवड तुम्ही प्राधान्याने कराल?	५	४	३	२	१

जी. स्थळ

५१. स्थळ व अंतर	५	४	३	२	१
५२. भोजन व्यवस्था अुपलब्धता	५	४	३	२	१
५३. चर्चा कक्षाची सोय	५	४	३	२	१

एच. शिक्षणाच्या वेळच्या सुविधांची उपलब्धता

५४. अन्न	५	४	३	२	१
५५. द्रुक श्राव्या ग्रहण	५	४	३	२	१
५६. वाहतुक सोय	५	४	३	२	१
५७. अन्य सुविधा	५	४	३	२	१

५८. रुग्णालयाकडून पूर्ण प्रशिक्षणाची व्यवस्था ५ ४ ३ २ २

आय. प्रशिक्षणाचे फायदे व उपलब्धता

५९. प्रशिक्षणामुळे प्रेरणा मिळाली.	५	४	३	२	१
६०. प्रशिक्षणातून अद्ययावत नवीन ज्ञानप्राप्ती	५	४	३	२	१
६१. मनातील सर्व शंका व प्रश्नांना उत्तरे मिळाली.	५	४	३	२	१
६२. इतरांना शिक्षण कार्यक्रम समजावणे शक्य	५	४	३	२	१
६३. प्राप्त केलेल्या ज्ञानाचा प्रत्यक्ष उपयोग	५	४	३	२	१
६४. वरिष्ठांकडून ज्ञानाचा उपयोग करण्यास मदत	५	४	३	२	१
६५. कार्यक्रमांमुळे कार्यात सुधारणा	५	४	३	२	१
६६. नोकरीतील संधीत वाढ	५	४	३	२	१
६७. व्यक्ति विकासासाठी कार्यक्रमाचा उपयोग	५	४	३	२	१
ए. आत्मविश्वास वाढला	५	४	३	२	१
बी. प्रेरणा वाढली	५	४	३	२	१
सी. आत्मविश्वास वाढला	५	४	३	२	१
डी. इतरांकडून अधिक मदत मिळू लागली.	५	४	३	२	१
६८. असे अधिक कार्यक्रम आवडतील का	५	४	३	२	१
६९. या कार्यक्रमांची इतरांना शिफारस कराल का ?	५	४	३	२	१

जे. अन्य

७०. आपण घेतलेल्या व लक्षात राहतील असे कार्यक्रम व त्यांचे मूल्यमापन

ए. _____	५	४	३	२	१
बी. _____	५	४	३	२	१
सी. _____	५	४	३	२	१
डी. _____	५	४	३	२	१
इ. _____	५	४	३	२	१
एफ. _____	५	४	३	२	१

७१. नोंदणी शुल्क (असेल तर)

- ए. खूप जास्त
बी. ठीक
सी. खूप कमी

७२. आपण नवीन काही शिकलो नाही अथवा माहिती असलेलेच असे काही शिक्षणक्रम होते का ?

- ए.
बी.
सी.
डी.
ई.

७३. कोणत्या शिक्षणक्रमातून आपल्याला नवे ज्ञान मिळाले ?

ए.

बी.

सी.

डी.

ई.

७४. कोणत्या विशिष्ट क्षेत्रातील अधिक प्रशिक्षणाची आपणास अपेक्षा आहे?

ए.

बी.

सी.

डी.

७५. वेळ व दिवसांविषयी सूचना

ए. कामाच्या वेळेत/अन्यवेळी

बी. किती दिवसांचे ?

सी. प्रत्येक दिवशी किती तास?

७६. शिक्षण घेण्याच्या निर्णयावर कोणत्या मुद्द्यांचा प्रभाव पडेल?

ए. व्यवस्थापनाकडून सक्ती

बी. स्वतःची आवड

सी. बढतीच्या संधीत वाढ

डी. कार्यक्रमातील समाविष्ट (घटक) विषय

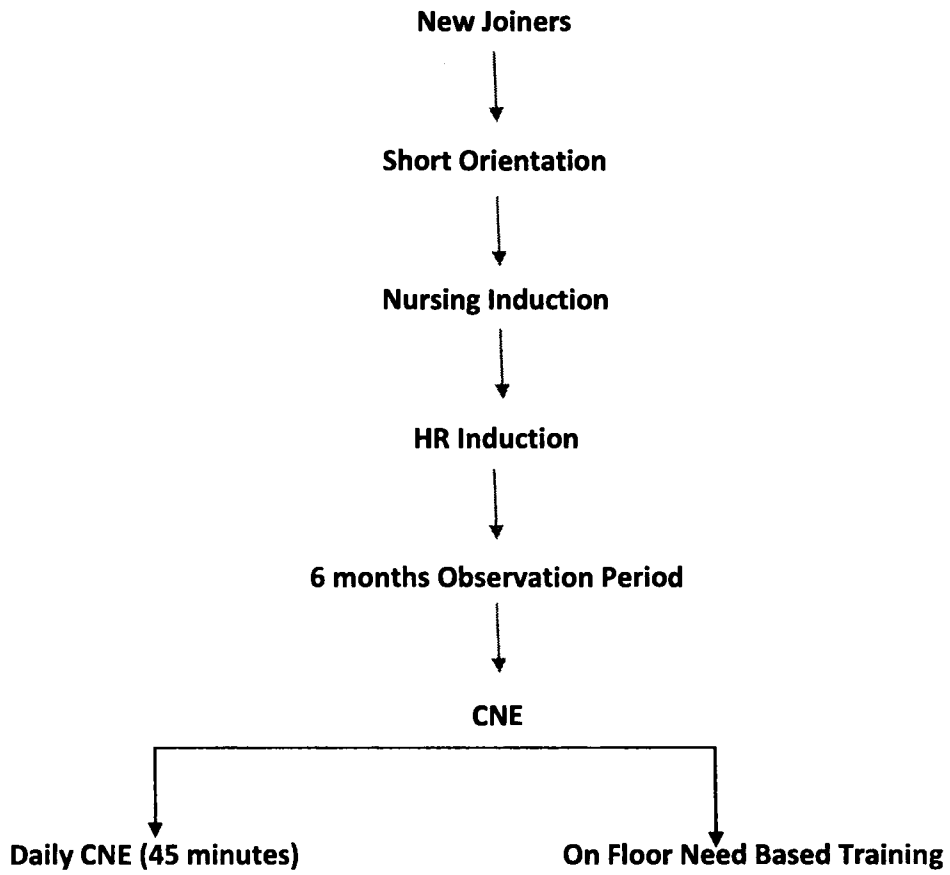
ई. व्याख्याने

एफ. अन्य काही

७७. अन्य टिप्पणी वा सूचना

Annexure 5.1

Training Flow Chart – Jehangir Hospital



INDUCTION & ORIENTATION PROGRAMME

TIME: 8 am TO 3.00pm

VENUE: TRAINING HALL.

FROM: May 23.5.2013 to 3.6.2013 (EXCEPT ON SUNDAY)

Date & Day	Time	Topic	Faculty	Department & Designation
23/5/2013 Thursday	8am to 10am	Introduction & Orientation of hospital	Ms. Swati & Ms. Madhavi	Nursing Educator
	10am to 10.30am	Tea-Break		
	10.30 to 11.00am	Wel-come Note & Nursing ethics	Ms. Nirmala Iyer	Nursing Director
	11.00 to 11.30 am	Pre-Test	Ms. Madhavi & Ms. Swati	Nursing Educator
	11.30am to 12.30pm	Hierarchy	Ms.Cythia	Dy.Nursing Superintendent
	12.30pm to 1.30pm	General rules and regulation	Ms. Lucia	ANS
	1.30pm to 3pm	Patients right & responsibilities	Ms. Neeta	ANS (Q & T)
24/5/2013 Friday	8am to 9am	Basic Nursing Procedures	Ms. Swati & Ms. Madhavi	Nursing Educator
	9am to 10.00 am	Vital signs and pain assessment	Ms. Swati	Nursing Educator
	10.00 to 10.30 am	Tea-Break		
	10.30 to 11.30 am	Injections and oral administration of medication	Ms. Madhavi	Nursing Educator
	11.30 am to 12pm	DVT	Ms.Sali	Huntleigh Company
	12pm to 1pm	Admission and Discharge Procedure	Ms. Gholap	Nursing Supervisor
	1pm to 2pm	Diet Therapy	Dietitian	F & B
	2pm to 3pm	Daily Medicine Indenting	Mr.Ashok	Pharmacy

25/5/2013 Saturday	8am to 10 am	Artificial feeding	Ms. Swati & Ms. Madhavi	Nursing Educators
	10 to 10.30 am	Tea Break		
	10.30am to 3pm	Demonstration On Infection Control Methods	Dr. Vikram, Ms. Sheena, Ms. Pooman	Infection Control dept.
26/5/2013	SUNDAY			
27/5/2013 Monday	8am to 9am	Revision	Ms. Swati	Nursing Educator
	9am to 10am	Policy on Infection Control	Dr. Vikram, Ms. Sheena Ms. Pooman	Infection control dept.
	10am to 10.30 am	Tea-Break		
	10.30am to 3pm	Demonstration On Infection Control Methods	Dr. Vikram, Ms. Sheena, Ms. Pooman	Infection Control dept.
28/5/2013 Tuesday	8am to 9am	Crash Cart Medication	Ms. Swati & Ms. Madhavi	Nursing Educator
	9 am to 10 am	Preparation of the patients for the investigations procedure & consents	Ms. Swati	Nursing Educator
	10am to 10.30am	Tea-Break		
	10.30am to 11.30 am	Care of biomedical equipment	Mr. Thucker	Biomedical dept.
	11.30am to 12.30pm	Principle of sterilization	Ms. Lucia	ANS
	12.30 pm to 1.30 pm	Handling and taking over	Ms. Swati	Nursing Educator
	1.30pm to 3pm	Method of blood collection	Ms. Sherly	Lab dept.

29/5/2013 Wednesday	8am to 10am	Drug Calculation & ICU Drugs	Ms.Smita – Neuro ICU Incharge	Nursing
	10am to 10.30am	Tea- Break		
	10.30 to 2pm	On Hand Practice on Manikin BLS Practical	Ms.Gawade/Ms.Mary Charles	Nursing Supervisor/ANS
	2pm to 3pm	Post -Test		
30/5/2013 Thursday	8am to 10 am	NABH Policies(COP)	Ms. Madhavi	Nurse Educator
	10 am to 10.30 am	Tea Break		
	10.30am to 11.30 am	Basic of I/V therapy & Drip calculation	Ms.Linta	BD company
	11.30am to 12.30pm	Access to computer system	Mr.Mridul Joshi	IT Dept
	12.30 pm to 1.30 pm	Nursing care plan	Ms. Madhavi	Nurse Educator
	1.30pm to 3pm	Soft Skills	Ms. Swati & Ms. Madhavi	Nursing
31/5/2013 Friday	8am to 10am	Daily inventory maintenance	Ms. Swati	Nursing Educator
	10am to 10.30am	Tea-Break		
	10.30am to 12.30pm	oxygen cylinder , central central oxygen and central suction handling	Mr. Jaisingh	maintenance
	12.30pm to 1.30pm	Blood transfusion	Mr. Elavia	Blood bank
	1.30 pm to 3 pm	Care of death Patient	Sr. Gholap	Supervisor
1/6/2013 Saturday	8am to 10.30am	Documentation	Ms. Swati	Nursing Educator
	10.30 to 11am	Tea Break		
	11am to 1pm	Pressure ulcer	Ms. Sali	Hunt Leigh Company
	1pm to 2pm	Cardiac emergency	Ms. Madhavi	Nurse Educator

	2pm to 3pm	Handling of glucometer	Ms. Sheetal	Ross Company
2/6/2013	SUNDAY			
3/6/2013 Monday	8am to 9am	Patient safety	Ms. Madhavi	
	9am to 10am	Management of medication	Ms. Neeta	ANS
	10am to 10.30am	Tea break		
	10.30am to 11.00pm	Pre analytic analysis	Dept. Laboratory	laboratory
	11 to 12 pm	Pre and post operative care of patients	Ms. Bharati Shetty	OT Matron
	12 Pm to 1.00 pm	Introduction of NABH	Dr. Pradnya and Dr. Shalaka	Q.S Office
	1.00 to 3.00 pm	Post Test & Feedback		

Annexure 5.2

Confirmation after 6 months



Staff Confirmation



Second Senior Level (needs supervision)



First Senior Level (supervises)

(as per competency)



Ward- In-Charge

BHARATI MEDICAL FOUNDATION'S
BHARATI HOSPITAL & RESEARCH CENTRE
DEPARTMENT OF NURSING

NAME: _____ CLINICAL AREA :: _____

WEEKLY PLANNING OF CLINICAL TEACHING WEF _____ TO _____

DATE DAY	TOPIC	METHOD OF TEACHING	TEACHER / PRESENTATOR	REMARKS
MONDAY				
TUESDAY				
WEEDSDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				

SIGNATURE

SIGNATURE HOD – NURSING DEPT

BHARATI MEDICAL FOUNDATION'S
BHARATI HOSPITAL & RESEARCH CENTRE
DEPARTMENT OF NURSING

NAME: _____ CLINICAL AREA: _____

WEEKLY ACTIVITY PLANNING WEF _____ TO _____

DATE DAY	07.30 a.m. - 09.30 a.m.	9.30 - 10.30 am	10.30 -1.00 pm	1.00 -1.30 pm	1.30 - 3.30 pm	REMARKS
MONDAY						
TUESDAY						
WEEDSDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						

Date: _____ SIGNATURE OF NURSE EDUCATOR
 _____ SIGNATURE HOD – NURSING DEPT

LIST OF TOPICS FOR INDUCTION TRAINING

1. Admission procedures
2. Discharge procedures
3. DAMA protocols
4. Death protocols
5. Code blue
6. Communication and telephone manners
7. Documentation
8. Vital signs
9. Bed making
10. Medication administration
11. Intracath insertion
12. Nebulization
13. Blood transfusion
14. Sample collection
15. BSL monitoring
16. Nasogastric tube insertion and feeding
17. Catheterization and care
18. Suctioning
19. Oxygen therapy
20. Pre and post op care
21. Assisting for lumbar puncture ,ICD insertion ,bone marrow biopsy
22. ICD care
23. Tracheostomy care
24. Cardiac monitoring
25. Pulse oximetry
26. Syringe pump,infusion pump
27. CPR.ventilation
28. Preparation of articles for different procedures
29. GCS and pain scale
30. Emergency and common drugs.
31. Fluid and drug calculation
32. Infection control protocols
33. ANC and PNC assessment, Partograph

Delineation of Basic Privileges in Wards			
	YES	NO	REMARK
NURSING PRIVILEGES FORMAT			
Name:			Designation:
Emp ID:			
Basic Privileges	YES	NO	REMARK
Checking of Vital Sign			
Mouth Care			
Bed Making			
Bathing and Hygiene needs			
Enema and Bowel wash			
Nasogastric tube care/ Nasogastric feeds			
Phlebotomy and IV Cannulation care			
Urinary catheterization care			
Medication Management			
Drug administration: Oral drugs			
Drug administration: IV Fluids			

	Drug administration: IV medications, Injections							
	Insulin administration under supervision							
	Health education							
	Patient Care							
	Care of patient under supervision							
	Infection control practices							
	hand hygiene							
	Bio medical waste segregation							
Signature of staff								



NOBLE HOSPITALS, PUNE

EMPLOYEE'S TRAINING CARD



Name :

Department :

DOJ :

Emp. No.:

Designation :

Name of Training	Date of Training	Internal Trainer	External Trainer	From	To	Total		Sign of HOD	Remarks	Sign of HR
						Days	Hrs			

Life is Precious. . . we care for it

Training Attendance Record

Training Topic :

Venue :

Trainer Name :

Date :

Designation :

Signature of Trainer :

Start time :

End time :

Duration :

Sr. No	Emp ID	Employee Name	Department	Designation	Signature



NOBLE HOSPITAL [POST-ORIENTATION PROGRAMME]

Name of the staff:

EMP NO/Ward:

Designation:

Date:

1. Code Yellow means

- e) Violence
- f) Missing of baby
- c) cardiac arrest
- d) fire

2. Code Blue indicates

- a) Violence
- b) Missing of baby
- c) cardiac arrest
- d) fire

3. The risk factor for fall

- a) Medications: 4+ or sedatives.
- b) Uneven or slippery surfaces.
- c) Poor lighting.
- d) All of the above

4. Precaution is to be taken to prevent fall of the patient

- e) Safe environment & link intervention
- f) Be at the side of the patient
- c) Provide large space
- d) None of the above

5. The Restrain Patient is to be monitored

- e) 4hrly
- f) 2hrly
- c) 6hrly
- d) 1/2hrly

6. Vulnerable patients include

- e) Geriatric & Pediatric Patient
- f) Women in labor
- c) mentally & physically disabled patient
- d) All of the above

7. Name the scale used to monitor BEDSORE

- e) Measuring tape
- f) VAS scale
- c) Braden scale
- d) Morse scale

8. Explain LAMA [LONG FORM]

- e) Leave against medical advice
- f) Left against medical advice
- c) Log off against medical advice
- d) none of the above

9. For collection of Haemogramme/urea/creatinine/electrolyte/Cross matching the sample container used are

- e) Purple, yellow, red
- f) Red, purple, green
- c) black, blue, orange
- d) purple, yellow, green

10. Right for administration of Medication

- e) 5
- f) 10
- c) 14
- d) 7

11. While sending female patient for Radiology we should confirm about

- e. Marriage status
- f. Disease condition
- c) Alone status
- d) pregnancy status

12. Guideline for assessment of patient to give CPR

- e) A-B-C
- f) C-A-B
- c) B-A-B
- d) C-A-R

13. Define CPR:

- i) CPR is the technique of inflation of the lungs and compression of the heart, used in an attempt to revive a patient who has suffered a cardiac arrest.
- j) Defibrillation is the therapeutic use / delivery of an unsynchronised electrical
- k) It stands for continuous paper restoration
- l) All of the above

14. During chest compression the ratio of chest compression & breaths provided is

- e) 110: 4
- f) 31:5
- c) 60:3
- d) 30:2

15. Maintenance of Airway for cardiac arrest, ambu bagging is done by

- e) Head tilt & chin lift
- f) Trauma jaw thrust
- c) Head & chest lift
- d) head & chin tilt

16. In trauma patient, ambu bagging is done by

- e) Head tilt & chin lift
- f) Trauma jaw thrust
- c) Head & chest lift
- d) head & chin tilt

17. General Principle of Documentation is

- e) Completeness
- f) Correctness
- c) confident
- d) All of the above

18. After Angiography patient's peripheral pulsation should be felt

- e) DD/DT
- f) DT/PP
- c) DP/PT
- d) TP/DM

19. IV RL 1000ML FOR 8HRS, how many drops you will start

- e) 33
- f) 20
- c) 42
- d) 46

20. IV 2000ml for 24hrs, how many drops you will start

- e) 28
- f) 12
- c) 36
- d) 60

NOBLE HOSPITAL

WARD TEST: EMERGENCY DRUGS

Name of the staff:

EMP NO:

Designation:

Date:

Department:

MCQ: 15mks.

1. Name any 2 Anti-Epileptic drugs _____ & _____
2. Atropine is a _____
3. Action of Inj. Atropine is _____
4. Action of Epinephrine is _____
5. Inj Dopamine is _____
6. Action of Inj. Dopamine is _____
7. Pharmacological name of CROCIN IS _____
8. Name any 2 Benzodiazepines _____ & _____
9. Name any 2 Opoids _____ & _____
10. Anti emetic [give example] _____ & _____
11. Inj Heparin is _____
12. Inj Clexane is _____
13. Inj.Pantodac is _____
14. Tb.Cordarone is _____
15. NSAIDS are _____ & _____

NOBLE HOSPITAL

WARD TEST: CPR/CODE BLUE

Name of the staff:

EMP NO:

Designation:

Date:

Department:

MCQ (15mks)

1. CPR should be initiated within _____ minute
2. C stands for _____
3. A stands for _____
4. B stands for _____
5. D stands for _____
6. Chest compression in 1 minute is _____ compression
7. Airway of the patient is maintained by _____
8. Chest compression should be _____ cm in depth
9. CPR stands for _____
10. Before starting the compression, we should check the _____ pulse
11. In Noble Hospital the Emergency No is _____
12. During emergency Code _____ is activated
13. RLS stands for _____
14. During CPR we should give _____ compression & _____ rescue breath
15. Before starting with CPR we should see the _____ of the patient & oneself

CIRCULAR

This is to inform you that various training programs will be conducted in the month of August 2014 for nursing and OT staffs.

Timings are as below:-

Nursing

- 1) Morning duty staff:- 3-4 pm
- 2) Evening duty staff :- 1-2 pm

OT

- 1) Daily 1 hour.

Venue: - CMR

Note:-

- a) In-charges must attend all the lectures possible.
- b) Be on time for all trainings.
- c) Dairy and pen is a must.
- d) Staffs for NABH audit must not miss even a single lecture.
- e) It is mandatory for all the concerned staff to attend all the lectures

Mrs.Manisha Sanghvi

Executive Director

Date- 30/7/14



NURSING TRAINING CALENDER - NOVEMBER 2014					
SR NO	DATE	TIME	TOPIC	TRAINER	
1	10/11/2014	1-2:15 pm	Falls scale	Mrs. Sindhu Praveen	
2	11/11/2014	1-2:15 pm	Initial assessment	Mrs. Sindhu Praveen	
3	12/11/2014	1-2:15 pm	Bed making	Mrs. Sindhu Praveen	
4	13/11/2014	1-2:15 pm	Vulnerable patients and their care	Mrs. Sindhu Praveen	
5	14/11/2014	1-2:15 pm	Biomedical waste management	Mrs. Sindhu Praveen	
6	15/11/2014	1-2:15 pm	Restraints and its monitoring	Mrs. Sindhu Praveen	
7	17/11/2014	1-2:15 pm	Pain management	Mrs. Sindhu Praveen	
8	18/11/2014	1-2:15 pm	Barrier nursing/ Standard precautions	Mrs. Sindhu Praveen	
9	19/11/2014	1-2:15 pm	High risk medication	Mrs. Sindhu Praveen	
10	20/11/2014	1-2:15 pm	Transfer checklist/BT Reaction Form	Mrs. Sindhu Praveen	
11	21/11/2014	1-2:15 pm	Narcotic drugs/ Lasa medications	Mrs. Sindhu Praveen	
12	22/11/2014	1-2:15 pm	End of life care	Mrs. Sindhu Praveen	
13	24/11/2014	1-2:15 pm	Incidence reporting	Mrs. Sindhu Praveen	
14	25/11/2014	1-2:15 pm	Nurses notes	Mrs. Sindhu Praveen	
15	26/11/2014	1-2:15 pm	Verbal order policy	Mrs. Sindhu Praveen	
16	27/11/2014	1-2:15 pm	Importance of record keeping in nursing	Mrs. Sindhu Praveen	
17	28/11/2014	1-2:15 pm	Care bundles	Mrs. Sindhu Praveen	
18	29/11/2014	1-2:15 pm	Revision	Mrs. Sindhu Praveen	

INDUCTION PROGRAMME FOR NURSES

DAY 1	INTRODUCTION TO THE ORGANIZATION
	MISSION/ VISION/ VALUE STATEMENT
	ORGANOGRAM
	SOFT SKILLS/ GENERAL ETTIQUETTES
	EMPLOYEE RIGHTS AND RESPONSIBILITIES
	PATIENT RIGHTS AND RESPONSIBILITIES
	INTRODUCTION TO NABH- CHAPTERS
	NURSING QUALITY INDICATORS
	HAND WASHING- STEPS
	HAND WASHING- MOMENTS

DAY 2	EMERGENCY CODES AND THEIR MANAGEMENT
	INCIDENCE REPORTING
	MEDICATION ADMINISTRATION
	MEDICATION ERRORS
	EXPIRY MEDICINE POLICY
	LASA
	HIGH RISK MEDICATION
	NARCOTIC DRUGS

DAY 3	BIOMEDICAL WASTE SEGREGATION
	NEEDLE STICK INJURY
	SPILLAGE MANAGEMENT
	SAFE INJECTION/ INFUSION PRACTICES
	DISINFECTANTS AND THEIR DILUTENTS
	BMW SEGREGATION
	CARE BUNDLES
	BARRIER NURSING
	SAMPLE COLLECTION
	FUMIGATION

DAY 4	INITIAL ASSESSMENT
	VERBAL ORDERS
	END OF LIFE CARE
	BLOOD TRANSFUSION/ ADVERSE REACTION
	RESTRAINS
	BACK CARE
	LAMA/DAMA
	CATHETER CARE
	VULNERABLE PATIENT
	PATIENT IDENTIFICATION
	MLC

DAY 5	NURSING ROUNDS
	PATIENT OVER
	IT TRAINING
	O2 CYLINDER POLICY
	VISITOR TIMING POLICY
	DP PROTOCOL
	ROOM READINESS PROTOCOL
	PROTOCOL FOR BED CATEGORY
	COMMON ORTHOPEDIC CONDITIONS

WARD:-

DATE:-

REMARKS

1	Bed making	Beds checked	Lockers checked	Availability of linen	
2	Bed bath/ Mouth care	sponging done	Mouth care	Charting in files	
3	Label on intracath/ IV sets	Intracath changed	Procedure charted		
4	Room readiness- to be checked daily morning & after Discharge.	Rooms checked	Checklists completed		
5	Ward cleanliness	Patient room	Nurses Station	Dressing trolley	
6	Bed sore care/ Back care - positioning every 2 hourly	Back care given	Position changing	Charting in files	
7	BMW segregation.	Date on hypochlorite	Proper waste segregation	Availability of BMW bags/ Hypochlorite solution	
8	Catheter care/ perenial care given by staff	Catheter care	Charting in file		
9	Checking fridge temperature & Contents in the fridge	Temperature log chart	Medicine in fridge		
10	Discharge Process	Discharge Summary	Return of Medication	Send file to billing Dept.	

NURSING TOPICS	INFECTION CONTROL PRACTICES
Initial assessment	Disinfectants and their dilutions
LASA	BMW segregation
Safe Injection / infusion practices	Hand washing
Incidence reporting	Care bundles
Medication errors	Barrier Nursing
Patient rights	Sample collection
Employee right	NSI
End of life care	Blood spillage
Vulnerable Patients	Fumigation
Patient Identification	
Code blue	
Back care	
Blood transfusion/ Adverse reaction	
ADR	
Restraints	
Verbal order policy	
MLC	
Expiry medicine policy	
LAMA/ DAMA	
Catheter care	

INDIVIDUAL TRAINING RECORD - NURSING YEAR - 20



NAME OF THE STAFF :-

DESIGNATION:-

WARD :-

EMP NO:-

DATE OF JOINING :-

DATE	TIME	TOPICS	NAME OF THE TRAINER	DESIGNATION	SIGN	EVALUATION

INFECTION CONTROL PRE-INDUCTION TEST

Name of the staff: _____ Id. No. _____ Department: _____

Q 1) What is the long form of HICC? (1)

Q 2) List the hospital acquired infections monitored as quality indicators in the hospital?

1. _____ (4)
2. _____
3. _____
4. _____

Q 3) Which is the basic and most important protocol one must follow? (1)

Q 4) Which vaccine is given in the hospital at the time of Joining? (1)

Q 5) Who is the chairman of HICC and infection control officer? (2)

Q 6) What are the Bio medical waste color code systems in the hospital? (4)

- A.
- B.
- C.
- D.

Q 7) What do you mean by PPE and name the items under PPE (2)

- Q 8) Name 4 notifiable diseases: (2)
- 1.
 - 2.
 - 3.
 - 4.
- Q 9) What do you mean by HAZMAT? (1)
- Q 10) On what basis the isolation policy is? (1)
- Q 11) Name two diseases required strict isolation? (1)
- 1.
 - 2.
- Q 12) Where is the isolation room located? (1)
- Q 13) Do not recap the needle? (1)
- a. True
 - b. False
- Q 14) Most common disinfectant used in the hospital is 1% Hypochlorite solution: (1)
- a. True
 - b. False
- Q 15) Used dressing material is discarded in _____ bag. (1)
- Q 16) The needles are discarded in the _____ (1)

INFECTION CONTROL POST-INDUCTION TEST

Name of the staff: _____ Id. No. _____ Department: _____

Q 1) What is the long form of HICC? (1)

Q 2) List the hospital acquired infections monitored as quality indicators in the hospital?

9. _____ (4)

10. _____

11. _____

12. _____

Q 3) Which is the basic and most important protocol one must follow? (1)

Q 4) Which vaccine is given in the hospital at the time of Joining? (1)

Q 5) Who is the chairman of HICC and infection control officer? (2)

Q 6) What are the Bio medical waste color code systems in the hospital? (4)

A.

B.

C.

D.

Q 7) What do you mean by PPE and name the items under PPE (2)

Q 8) Name 4 notifiable diseases: (2)

- 1.
- 2.
- 3.
- 4.

Q 9) What do you mean by HAZMAT? (1)

Q 10) On what basis the isolation policy is? (1)

Q 11) Name two diseases required strict isolation? (1)

- 1.
- 2.

Q 12) Where is the isolation room located? (1)

Q 13) Do not recap the needle? (1)

- c. True b. False

Q 14) Most common disinfectant used in the hospital is 1% Hypochlorite solution: (1)

- c. True b. False

Q 15) Used dressing material is discarded in _____ bag. (1)

Q 16) The needles are discarded in the _____ (1)

QUESTIONNAIRE ON END OF LIFE CARE

NAME:

DATE:

TIME: 30 Minutes.

Total Marks: 20.

- 1) What do you understand by the term end of life care?

- 2) Indications/ for whom end of life care is given?

- 3) Explain euthanasia?

- 4) Which procedures can be avoided for patients who are receiving end of life care?

- 5) Enumerate the nursing care for patients requiring end of life care?

CARE BUNDLES QUESTIONNAIRRE

NAME:

DATE:

TIME: 30 Minutes.

Total Marks: 20.

1) Write the full form of the following care bundles?

- a) SSI-
- b) CAUTI-
- c) VAP-
- d) CLABSI –

2) What are the measures to prevent SSI?

3) How will you prevent CAUTI in the wards?

4) Explain the care bundles to prevent VAP?

The following staffs/ Incharges have scored full marks in the post test conducted on Initial nursing assessment.....

1) Mrs. Navghire – G Ward

2) Mrs. Mungse- B Ward

3) Mrs. Sarika Dive- R Ward

4) Mrs. Priya Malkar- JRC- ICU

5) Mrs. Komal Holkar- E Ward



CLINICAL PRIVILEGE- NURSING

Name:

Date:

Designation:

Employee Code No:

Registration No:

Nursing Council:

Qualification:

Additional training undergone:

Year of registration:

Registration Valid till:

Year of experience in health care:

To the OT Matron Sancheti Hospital;

Based on my qualification and experience I wish to seek privileges to work in following capacity. Relevant JD is acceptable to me.

Tick Req	Capacity	Work independently	Work under supervision	Remarks
	Sister In charge			
	Scrub Nurse			
	Circulating Nurse			
	Nurse Assistant			

Name Of applicant:

Sign & Date:

Recommendation: On my assessment the applicant has necessary competence therefore I recommend /do not recommend as the applicant does not have required competence.

Sign of OT Matron & Date:

Approval: Granted/ On Hold/ Refused

Sign of Medical Director:

Date:

Noted and acted

Name & Sign of HR In-charge

Date:

CLINICAL PRIVILEGE- NURSING

Name:

Date:

Designation:

Employee Code No:

Registration No:

Nursing Council:

Qualification:

Additional training undergone:

Year of registration:

Registration Valid till:

Year of experience in health care:

To the Nursing Head Sancheti Hospitals:

Based on my qualification and experience I wish to seek privileges to work in following capacity. Relevant JD is acceptable to me.

Tick Req	Capacity	Work independently	Work under supervision	Remarks
	Nursing Head			
	Deputy Nursing Head			
	Nurse Educator			
	Infection Control Nurse			
	Nurse Manager			
	Nursing Supervisor			
	Evening supervisor			
	Night Supervisor			
	Sister In charge			
	Staff Nurse (senior)			
	Staff Nurse (junior)			
	ICU Nurse			
	Recovery Area Nurse			
	Trauma Center Nurse			
	Scrub Nurse			
	Circulating Nurse			
	Nurse Assistant			

Name Of applicant:

Sign & Date:

Recommendation: On my assessment the applicant has necessary competence therefore

I recommend /do not recommend as the applicant does not have required competence.

Sign of Nursing Head & Date:

Approval: Granted/ On Hold/ Refused

Sign of Medical Director:

Date:

Noted and acted

Name & Sign of HR In-charge

Date: