# **A.P. NURSES AND MIDWIVES COUNCIL**

# Hanumanpet, Vijayawada

### **INSPECTION PROFORMA FOR NPM PROGRAMME**

Ple	ase <u>Tick</u> the Appropri	ate Boxe	S.	Dat	te of inspection:	
A.T	ype of Inspection:	1. First	Inspection		2.Periodical Inspect	ion
		3. yearl	y Inspection		4. Re- Inspection	
	Nursing Programme Undnspection:	er NPM				
C. (	General Information:					
1	Name of the Institution		:			
2	Full address with Pinco	de	:			
						<del></del>
						<del></del>
3	Telephone Numbers of principal	the	:			<del></del>
4	Telephone Numbers of Institution	the	:			
5	Email of the Institution		:			<del></del>
6	Administrative Control		: 1. Governme	ent [	2. Arm	ny 🔲
			3. Autonomo	ous [		
7	Name of the Trust/		4.Missionary	//trust	t/soc	
•	Society/Missionary/Cor (Enclose certified copy		-			. <u> </u>
	trust)	or tho				
8. \	When was the NPM pro	gramme S	Started: (Enclose	е Сор	y)	
Ī	G.O:					
_	Date:					

Contact details of:	Name	Phone	Email ID
a) Dean of the medical			
college/Director of the			
institution or hospital			
b) Medical Superintendent			
c) HOD OBG department			
d) HOD Paediatric department			
e) Nursing Superintendent			
f) Principal college of Nursing			

### 10. Admission criteria for NPM Programme (Enclose the copy):

Programme	No. of	Seats Sanctio	ned	No. of St	udents Unde	er Training
	Govt	APNMC	INC	1 <sup>st</sup> year	2 <sup>nd</sup> year	Total
NPM						

### 11. Furnish the details of NPM trainees: (Enclose the copy)

Name &	District	Professional	RN, RM	Name of	Name of	Year of	Previous
Address	(Place	Qualification	Nos	Board/	Institution	passing	experience in
Ph No &	of		APNMC	University			Midwifery
Email	working)		Validity				

### 12. Mention the date of Renewal/validity for NPM Programme:

State Nursing Council	
Indian Nursing Council	

13	Name and a	2291hhr	of the state	hoard of	examination	for NPM:
IJ.	INALLIC ALLU C	auui 633	UI LIIE SLALE	Dualu Ul	CACITIIII I GUUT	IUI INI IVI.

14. Name and address of the State nursing registration council:

### 15. Office Staff:

S. No	Designation	Nos Sanctioned for College	Nos Sanctioned for NPM Programme	Vacant	Remarks
1.	Office Supt.				
2.	Sr. Asst.				
3.	Jr. Asst./ Record Asst.				
4.	Librarian				
5.	Data entry operator				
6.	Driver				
7.	Peon/Office Attendant				
8.	Security Guard/ Watch man				
9.	Cleaner (Bus)				
10.	Sweeper				

# D. 1. Teaching Faculty details: (Enclose the detailed copy)

	Nursing Faculty	Speciality	Years of Clinical experience	Years of Teaching experience	Permanent/ Contractual/ Deputed	Total
Faculty Student	PhD(N)					
ratio:	MSc(N)					
Preceptor student ratio: (NPM)	BSc(N)/ PBBSc(N) with NPM educator training					

# 2. Fill the Teaching faculty profile for NPM Programme

S.No	Name & Designation	Age	APNMC RN RM No. Date of	Permanent/ Contractual/	Pay scale Total	Name of Ins	titution, Universit self-attestation	y, Year of pas of all the teac	sing(enclose hing faculty)	photos with
	Doolgiidion		validity	Deputed	Emoluments	BSc(N)	PBBSc(N)	NPME	MSc(N)	PhD(N)

		Year	s of experie	nce	Doto of	Date of leaving	Total			
Clinical		Teaching Experience in each course					Date of Joining	employment & Institution	Experience in	Remarks
	ANM	GNM	BSc(N)	NPME	MSc(N)	Total		Name	Midwifery	

3. Availability of Medical/clinical preceptors at the respective clinical site for Midwifery postings (ANC, PNC, LR): Yes	〗 No □
If Yes, Number:	

Include specialty, qualification and years of experience for every preceptor

- 1.
- 2.
- 3.

### 3. INFORMATION OF INTERNATIONAL TRAINERS:

Batch No.	Duration of Training	Number of Faculty trainers for NPM

S.No	Name	National ity	Qualificat ion	Reg No	Teaching Experience CI		Teaching Experience Clinical experience Experie		Total Experience in Midwifery			
					UG	PG	Total	UG	PG	Total	wildwitery	

# E. <u>BUDGET</u>

1.	a. Is there a separate budget for the College	1. Yes	2. No	
	b. Proposed Amount per annum (current year) :			
			_	
2.	If yes, give the name and designations of the drawing	g and disbursing	g authority:	
3.	What was the last year budget Allocation:			

### Furnish the following details:

S.No	Particulars	Expenditure
1	Learning Resources packages	
2	Stationary per candidates	
3	Honorarium for other faculty Guest faculty Clinical faculty	
4	Stipend for NPM Trainees	
5	Lodging and boarding for trainees	
6	Mobility support for participants	
7	Monthly incentives for Midwifery Educators	
8	Honorarium to the principal	
9	Contingency fund expenses	
10	Maintenance of Vehicles and Cost of Petrol/Diesel	
11	The library – Purchase of books, Journals, and daily newspapers and maintenance etc.,	

<sup>\*</sup> Enclose audited budget copy.

# F. TRAINING INFRASTRUCTURE & HUMAN RESOURCES (Academic & Clinical)

Observe and verify if the College of Nursing has the necessary infrastructure & Human resources for running the NPM educator/ NPM program.

S.No.	Standard	Verification Criteria	Yes / No / NA	Comments
1.	The College premises is clean and has basic essential facilities	<ul> <li>Observe if the College, learning labs, library and toilets are clean (absence of dust, soil, trash, spider webs etc.</li> <li>Observe if the college has the following essential facilities</li> <li>Administrative space</li> <li>Additional room to accommodate12 faculty trainers</li> <li>Toilets facility for faculty trainers and trainees with water facilities</li> <li>Facility for drinking water (water cooler/RO)</li> </ul>		
2.	The classroom for NPM educators/NPM training is comfortable and properly equipped for teaching learning activities	Observe if the classroom has the following:  • Dedicated classroom/seminar hall available for the program with seating capacity for minimum 30 students  • Spacious enough to conduct group activities		
		<ul><li>Adequate lighting</li><li>Adequate ventilation</li></ul>		
		Black board or white board with Chalk or white board markers		
		LCD projector and screen		
		Notice board		

The skills lab is well equipped for practical	Observe if the skill lab has the following/specify:
learning sessions	Describe the set-up of Skills Lab - Station-wise setup, Cabin-wise setup
	Adequate lighting & ventilation
	Adequate number of tables to place models (for at least 6 skills stations)
	Seating for students is available (as needed)
	Whiteboard with markers / chalk board with chalk
	Cabinets with locks for storing models
	Anatomic models and mannequins (1/2 mark each=7)
	<ul> <li>Child birth simulator / Maternal and neonatal birthing simulator</li> </ul>
	Cervical dilatation model with attachment
	<ul> <li>Zoe model with different size attachments&amp; uterus collection</li> </ul>
	Postpartum suturing trainer
	Female bony pelvis and Foetal skull
	Hand held uterus model and Penile Model
	Breast and breastfeeding model
	Essential newborn care and newborn resuscitation Mannequin

		Adult IV arm training kit
		Abdominal palpation mannequin for Leopold manoeuvres
		Adult Intramuscular Injection training     mannequin
		Female catheterization mannequin
		Adult CPR mannequin
		Mannequin for simulation and Management of PPH
		Infection prevention (IP) supplies and equipment
		Equipment and instruments available and are functional
		Educational posters, anatomical models and charts related to RMNCH
		Availability of elbow operated taps for hand washing
		Designated skills lab In charge present
		Inventories, stock book present and updated
		Skills lab usage register available and updated
4.	Library is available equipped	Observe whether the college has
	with appropriate reference material	Designated librarian (in-charge)
		Adequate cabinets for storing books and materials

		<ul> <li>Adequate tables and chairs for reading (at least one highest batch of students can sit at one time)</li> </ul>	
		<ul> <li>A system for recording and cataloguing library materials</li> </ul>	
		Computer with internet connection available	
		<ul> <li>Availability of books and references in OBG/ midwifery/ paediatrics</li> </ul>	
		Availability of national guidelines	
		Subscription of recent clinical/ educational journals — printed and online	
		Availability of reading area for NPM Trainings	
5.	A well - equipped and functional computer lab exists	Observe and specify whether the college has the following  Total number of functional computers available	
		System of accountability exists to ensure security of materials	
		Designated person /In charge available	
		Laptop available for use with LCD projector	
		Functional Printers available and students are permitted to take copies	
		Wide angle HD camera available (for virtual classroom training)	
		High speed internet (4 Mbps internet line) with WIFI connection	

6.	The hostel where the NPM	Observe whether the hostel has	
	educators/NPMs stay is adequately furnished and	A responsible person e.g., hostel manager/warden	
	meals are provided	Security guard posted especially at night	
		Has clean and functional bathing and toilet facilities, wash area	
		Has adequate lighting and ventilation (open windows/fans/air conditioner)	
		Breakfast, lunch and dinner are available for hostel students everyday	
		Total number of rooms in the hostel allocated for the trainees and are adequate	
		Total Number of trainees in the hostel & Number of trainees in each room and are adequate	
7.	Accommodation facilities are adequate for midwifery faculty trainers/NPM trainers	<ul> <li>Observe whether the accommodation has</li> <li>Adequate number of furnished rooms to provide single occupancy with attached bathroom and toilet facilities.</li> </ul>	
		Access to clean drinking water	
		Availability of food arrangements	
		Security arrangements	
8.	Transportation facilities are adequate	Verify with the school administration and document whether  • Vehicle is available in the college or transportation has been arranged through a separate budget earmarked for this purpose	

		<ul> <li>Transportation arranged from the hostel to the college</li> <li>Transportation is arranged from the college to the clinical practice sites</li> <li>Arranged transportation is adequate for the number of students</li> </ul>	
9.	Clinical facilities are adequate and conducive for clinical learning	Observe if the following clinical facilities are present.  • 100-200 bedded Parent Hospital having minimum 50 maternity beds or 50 bedded maternity hospital  • Labour room as per the LaQshya guidelines of Government of India with minimum 6 labour rooms/ spaces  • Has well established and functional MLCU  • Case load of minimum 6000 deliveries per year  • Maternal and neonatal units  • Maternity OT and Obstetric HDU/ICU  • Separate Kangaroo Mother Care Unit  • 8-10 level II neonatal beds and affiliation with level III neonatal beds  • Affiliated Heath Sub centre, Community Health Centre and Primary Health Centre  • Affiliation/Referral links to Tertiary Hospital-Medical College Hospital	

10	The college and clinical facility have adequate human resources for the NPM educator/NPM program	<ul> <li>Head of institution/Principal of the college is available to oversee the program being implemented effectively</li> <li>Midwifery faculty trainers (National/international) are posted and available in the ratio of 1:5 for NPM educator program.</li> <li>NPM educators/trainers are posted and available in the ratio 1:10 for NPM program</li> </ul>	
		Replacement of trainers is done in case of long leave by the trainers	
		<ul> <li>Guest faculty are involved in taking classes/training sessions for the Program( check guest faculty register)</li> </ul>	
		<ul> <li>Head of the clinical facility is available to oversee the program being implemented at the clinical area</li> <li>Medical preceptors are available at the ratio of 1:5 for NPME program/. 1:10 for NPM program</li> <li>Adequate human resources are available in LR</li> <li>Adequate human resources are available in maternal</li> <li>Adequate human resources are available in neonatal units</li> </ul>	
		Staff for cleaning and office management are available	

# G. EDUCATIONAL/TRAINING PROCESS- (Training Plan, Educational Process)

### 1. ASSESSMENT OF TRAINING PLAN:

S.No	Criteria	Yes/No	Remarks
	Observe if the following plans are present an	d followed system	atically:
1	Master rotation plan with equal rotations to all trainees *		
2	Clinical rotation plan with each trainee posted to all the areas / wards *		
3	Learning objectives / learning outcomes for each area / ward *		
4	Time table *		
5	Skills lab rotation plan *		
6	OSCE plan*		
7	Plan for assessment and evaluation * - with evaluation formats		
8	List of assignments and seminars with allotment to the trainees*		
9	Lesson plans / session plans / lecture notes with learning objectives		
10	Audio visual aids / teaching aids		
11	Sessions are completed as per the curriculum (verify session plan)		
12	Attendance register -Theory		
13	Attendance register - Skills lab		
14	Attendance register - Clinicals		
15	Leave record		
16	Summative evaluation and mark list		

<sup>\*</sup>Enclose copies of the document

### **NPM Program**

### **Course of Instruction:**

Module	Theory (Hours)			Skill Lab (Hours)			Clinical (Hours)		
	Prescribed	Allotted	Completed	Prescribed Allotted Completed		Prescribed	Allotted	Completed	
Module1	90			20			180		
Module2	100			40			980		
Module3	40			35			570		
Total	230 hrs			95 hrs			1730 hrs		

### 2. ASSESSMENT OF EDUCATIONAL PROCESSES

This section deals with the educational processes implemented in the educational institution. If the criteria is met give one score for each criteria. If criteria is not met give 0.

S.No	Performance Criteria	Criteria Check List	Observation		Remarks
	(Score)		0	1	
1	Midwifery educators organize and implement the curriculum effectively	A master rotation plan is made for the NPM educator/NPM program as per the curriculum (check co y with dates and areas)			
		Clinical rotation plans are made and followed (check the plans with the dates. Cross check with students)			
		<ul> <li>Time table is made and followed (check copy and up-to date implementation)</li> </ul>			
		<ul> <li>Rotation includes evening and night shifts for the trainees (check the plan)</li> </ul>			
		<ul> <li>Records and registers are maintained up-to-date (check daily attendance, class attendance, leave register etc</li> </ul>			
		Leave and vacation are given as per the curriculum (check leave record)			
2	Midwifery educators create an environment that facilitates learning	<ul> <li>Midwifery educators have a good understanding of latest educational technology (enquire)</li> </ul>			
		Midwifery educators incorporate experiential learning, reflective learning and scenariobased learning in the teaching learning process			
		(look into the lesson plan / teaching plan)  • Midwifery educators			
		integrate the transformative learning process in midwifery education (ask trainees)			

	I		
		<ul> <li>Midwifery educators</li> </ul>	
		select and use effective	
		and appropriate teaching	
		and learning resources.	
		<ul> <li>Recognize and support</li> </ul>	
		the learning styles and	
		unique learning needs of	
		NPM students (check	
		mentorship Plan/	
		Portfolios)	
3	Midwifery educators	Midwifery educators	
	conduct regular	assess student	
	monitoring and	competency using various	
	evaluation of students	assessment strategies	
	and programs	and tools check records	
		Checklists are used in the	
		evaluation of skills (check)	
		<ul> <li>Maintain various</li> </ul>	
		assessment records	
		(check)	
		<ul> <li>Plan for assessment is</li> </ul>	
		made periodically (check	
		the exam timetable / plan)	
4	Midwifery educators	<ul> <li>Research and evidence-</li> </ul>	
	promote the use of	based practices are	
	research and use it to	focused during teaching	
	inform midwifery	(ask trainees about the	
	education and practice	evidence of certain	
		midwifery practices)	
		Cultivate a culture	
		supporting critical inquiry	
		and evidence-based	
		practice (look into the	
		trainees projects).	
		<ul> <li>Research and use of</li> </ul>	
		evidence is taught as a	
		part of the curriculum	

### H. CLINICAL PRACTICE SITE PROFILE/INFORMATION

S.No	Criteria	Remarks
1	Type of facility	Medical college/ District Hospital/Others
2	Type of affiliation	Parent hospital / affiliated hospital
3	Nearest public hospitals	
	and distance from the	
	institution	
4	Number of nursing	
	institutions affiliated to the	
	hospital	
5	Number of students posted	
	from other institutions for	
	midwifery practice	

6	Total number of beds	Parent hospital: Affiliated hospital:							
7	available Total number of beds	Area Total Beds Bed Occupancy							
•	available in the maternity wing and their bed	1 0			Last Month			Last one year	
	occupancy	Antenatal Ward							
		Labour							
		room							
		Postnatal Ward							
		HDU/ Obstetric ICU							
		SNCU/NICU							
		Nursery							
		Any other							
8	Total no of human	Designation		Morn	ing	Evening	Night	Total	
	resource available in LR						<b>)</b>		
	(Verify)	Obstetrician							
		Medical office	r						
		Paediatrician							
		Anaesthetist							
		Nurses							
9	What is the frequency of	Midwives  Monthly	1	Quar	torky		Semi A	nnual $\square$	
9	staff rotation at labour	Annual	] 1	Quai	leny		Sellii A	IIIIuai	
	room, as per the hospital policy?	Rotation will r	ot don	e [		No	defined	l policy	
10	Number of health care	a)Doctors		b)Nurs	es				
	providers attended								
	Dakshata training								
11	Is there a skills practice corner available	Yes				No			
	adjacent to the labour								
	room for practice on								
	mannequins?								
12	Is the labour room	Yes				No			
40	LaQshaya certified ?	1 4 4 84 41	1.	-10	41				
13	Statistical record of the	Last 1 Month	La	st 6 m	ontn	S	Last	one year	
	following area (MRD)								
	a) Antenatal cases in OPD								
	b) Total number of								
	deliveries conducted in								
	the facility								
	o Normal vaginal								
	delivery								

	o Assisted vaginal delivery			
	o Caesarean section			
	o Percentage of Caesarean section at the facility			
	o No of PPIUCD inserted			
	c) Total number of NICU admissions			
14	Total number of vaginal deliveries conducted in	a)Doctors:	PG : UG:	PG Students: UG Students:
	last month by	b)Nurses:	Staff: NPME: NPMs:	UG Students: PG Students:
15	Dedicated area/ newborn care corner available	Yes	No 🗆	
16	Facility for drinking water in Labor room	Yes 🖂	No 🗀	
17	Toilet facility available in LR	Yes □	No 🗀	
18	Is there a demonstration room or seminar room available in the MCH win?	Yes 🖂	No 🗀	
19	Are the NPM educator/NPM trainees allowed to conduct deliveries independently	Yes 🖂	No 🗀	
20	Is there a functional MLCU established in the MCH wing No. of nurse midwives:	Yes 🖂	No 🗀	
	If Yes, Is there a triaging system?	Yes 🗀	No 🗀	
21	Who does the triaging and How is it done and followed up?			
22	Describe the function of MLCU.			

### **I. SYSTEM OF EXAMINATION**

1.Name of examination Board:
2. Eligibility for admission to Examination:
i) Attendance percentage Theory Classes Clinical Practice
ii) Internal assessment marks (Minimum % of marks Required)
3.Scheme of Examination followed for NPM Programme: As per Board ☐ University ☐ (Enclose a copy of subject wise details including theory & practical internal & external marks and duration of exam) Enclose Copy
4. Where is practical Examination conducted:
5. Who conducts the Examination:
6. How many students are examined per day for practical:
7. No. of attempts permitted for supplementary NPM students:
8. Pattern of promoting the students:
9. Report from Principal regarding the pattern of examination:
Opinion of the Assessors about the Institution/NPM Programme:
No of Seats approved by the Assessors:

# J. 1. FEEDBACK FROM HEAD OF THE INSTITUTION (Academic)

Name:	Designation:	Date:
Kindly	provide your feedback regarding the trainings in your own words	
1.	What is your observation about this training? How is it different from t courses?	he regular
2.	What are the strengths of this training?	
3.	What are the weaknesses in this training?	
4.	What do you think about the attitude of the trainers?	
5.	What do you think about the attitude of the trainees?	
6.	Are there any logistical problems in facilitating clinical practice? Expla	in.
7.	Are the other faculty involved in this training in any way? What are the	e benefits seen?
8.	Are there any difficulties in providing physical facilities for the trainers Explain	and trainees?
9.	Comment about the role and involvement of medical preceptor	
10	Did you face any specific difficulty? How can they be rectified?	
11	Any suggestions/ comments?	

# 2. FEEDBACK FROM HEAD OF THE INSTITUTION (Clinical)

Name	Designation:	Date:
1.	Kindly provide your feedback regarding the trainings in y	our own words
2.	What is your observation about this training? How is it dicourses?	fferent from the regular
3.	What are the strengths of this training?	
4.	What are the weaknesses in this training?	
5.	What do you think about the attitude of the trainers?	
6.	What do you think about the attitude of the trainees?	
7.	Are there any logistical problems in facilitating clinical pr	actice? Explain.
8.	Are the other faculty involved in this training in any way? seen?	What are the benefits
9.	Are there any difficulties in providing physical facilities for trainees? Explain.	r the trainers and
10	Comment about the role and involvement of medical pre	ceptor
11	Did you face any specific difficulty? How can they be rec	tified?
12	Any suggestions/ comments?	

# **CHECK LIST**

1.	SNRC Consent/Recognition letter (year mentioned) verified & annexed.	Yes	No
2.	INC consent/affiliation permission verified & annexed	Yes	No
3.	Land deed document, approved plan, Building Completion Certificate verified & annexed.	Yes	No
4.	Teaching faculty Original Certificates, relieving Orders, Photos (self attested) verified & annexed.	Yes	No
5.	Parent Hospital documents/Affiliated hospital permission letter verified & annexed	Yes	No
6.	Permission letters for Urban & Rural experience verified & annexed.	Yes	No
7.	Transportation (Registration Certificate) details verified & annexed.	Yes	No
8.	Audited Budget Report of current year verified verified & annexed	Yes	No
9.	List of library books & Journals annexed	Yes	No
10.	List of Skill Lab Equipment	Yes	No

#### **GUIDELINES:**

- Verify the name of clinical affiliation as per G.O/Dept. memo/or any other document of authorized body & enclose the xerox copy. Land/building/vehicle documents must be on society name.
- 2. Fill all the details in each page and enclose the copies attested by Principal after verification.
- 3. Interact with students to verify teaching methods, learning experiences, exams, level of knowledge etc. and to find out any other problems.
- 4. Check the inventory in Skill Lab provided by the Nursing Institute and respective clinical areas.
- 5. Record any deficiencies found as per the INC norms in remarks coloumn.
- 6. Observe the clinical uniform of the faculty & students, and record.
- 7. Sign on each page of the Inspection Proforma.
- 8. Identify & document the observations as asked. Do not recommend/suggest for permission.
- 9. Submit the TA & DA Bill along with report.
- 10. Follow the Guidelines of INC related to NPME/NPM qualification, experience and requirements.
- 11. Assessors should be signed in each page.
- 12 Post or submit the Report on the same day to Council.

Name of the Assessor	·	Name of the Assessor : _	
Signature :		Signature : _	
Designation :		Designation : _	
Address :		Address :_	
		_	
		_	
Telephone No	o.(off) :	Telephone No.(	(off) :
	(Res) :	(	Res) :
	(Mob) :	(	Mob) :