APEX TRUST NURSING COLLEGE

CAPACITY BUILDING PROGRAMME FOR MENTOR & TRAINEE

Date: 24.3.25- 28.3.25

Venue: Samarpan Institute of Nursing and Paramedical Sciences

Organized by: UPSMF & JHPIEGO

Members attended:

- Prof Usha Rani R, Vice Principal
- Ms. Anushi, Associate professor
- Ms. Nikita, Nursing Tutor
- Ms. Pradeepika Vishwakarma, Nursing Tutor

REPORT:

1ST DAY, 24.3.25

- Started training programme with welcome and introductory session includes learners introduction, expectation, goals and objectives, apprehension, training norms, agenda of the training, background and need of the training.
- Difference between trainer and teacher
- Demystifying various terminology related for plan for teaching
- Discussion on home work
- Academic calender, MRP, CRP, Course plan, unit plan, lesson plan
- Preparing the teaching environment
- Facilitate group learning activities

- Prepare and deliver interactive presentations
- Mapping of learners and managing weak students

DAY 2, 25.3.25

- Recap
- Knowledge assessment through OSCE/OSPE
- Discussed in detail skill lab management and its maintenance
- Manage clinical practice
- Monitor students progress- competency tracking

DAY 3 26.3.25

- Recap
- Overview of clinical practice processes
- Clinical objectives
- Clinical coordination committee
- Check competency link with goal
- Areas of community posting
- Competencies to achieve, roles & responsibilities of teacher and student
- Wayford & institutional planning
- Post training knowledge assessment, course evaluation

DAY 4, 27.3.25 - Pragati training

Discussion about

- Challenges in nursing education system
- Finding out gaps & solutions

- How can mentors contribute in quality of nursing education
- Role of mentor institutions to improve quality of nursing education
- Student centred factors to improve nursing education Discussed about
- Quality, quality improvement, quality improvement in nursing education

Approaches :

SBMR – Standard Based Management Recognition PDCA- Plan, Do, Check, Act

Implementation cycle:

Desired programme ----gaps------ cause analysis----solutions ------actual

Mentor mentee status Mission Nirmaya

Activities of mentor institution

Assessment periodic:	Reports:	Meetings:
• Self-evaluation 3 months • Physical validation - 6 months – UPSMF	• Monthly periodic report – before 5th of every month • Quarterly periodic report • MOA • TLP • Clinical • Management • Community OSCE • Simulation • Pragati	• QI meeting • JHPIEGO & UPSMF • Mentee

REPORT:

Performance standard status	Training + FDP	Related to mentee	Best practices
• Overall section wise • Gaps • Plan of action	• Intramural • Extramural	• Number of Mentee at least 2 • Mentee training	• Research/ patent • Pass percentage

Nursing education study centre- NESC

DAY 5: 28.3.25

Qualities of mentor

Mentor mentee engagement

Mentor: 2 mentee institution need to be guide

Approaches – nearby – inperson, email time limit, meeting in person, flyer QCI, portal training

Standards:

Self improvement

- GNM, BSC N – 75,33
- ONLY ANM – 58,31

Meeting:

- Management person for procurement, principal, nodal officer/ mentor, trainer – section
- Letter of intent (LOI)
- Within 6 months – MOU – Time period, terms & conditions

- Within 6 months – first validation (mentee institutions)
- Mail- communication

After validation

- MOA with UPSMF
- Letter of intimate
- MOU with Mentee institutions

SOP- MM Engagement

- One- one contact
- Rating 3 years
- Counselling
- Communication through mail
- Collective meeting
- Showcase our journey
- Set standards
- NESC

PLAN OF ACTION AT INSTITUTION LEVEL

- Discussion with principal regarding training program
- Schedule plan for FDP & CNEP with Quality improvement training
- 12 modules – ETA need to orient all trainees and faculties
- Plan for microteaching and demonstration according to check list
- Performance standard tools- section wise need to update and revise
- NESC to generate in institution

3-Day Capacity Building Training Agenda

Time	Duration	Topic	Suggested Methodology	Facilitator
		Day -1		
8:30-9am	30 min	Registration	Entry in attendance sheet	Ms Oshin & Ms Annie
09:00-9:15am	15 min	Pre-test	Simultaneous activity by learners, observed by trainers	Ms Kalpana
09:15-10:15am	60 min	Welcome & Introductory session Learner's introduction, expectation, goals and objectives, apprehension training norms, agenda of the training, background and need of the training.	Group work and interactive discussion	Ms Kalpana & Dr Dinesh
10:15-10:30am	15 min	Difference between Trainer and Teacher	Facilitative discussion using PPT	Dr Dinesh
10:30-11:00am	30 min	**Tea**		
		Readiness for teaching (Plan for Teaching)		
11:00-11:15am	15 min	Demystifying various terminology related to plan for teaching	Interactive Presentation	Dr Monica
11:15-1:15pm	120 min	Discussion on homework- 01:15pm 1.Academic Calendar 2. MRP 3. CRP 4. Course plan 5. Unit Plan	Homework presentation followed by interactive discussion	Ms Oshin Ms Annie Ms Kalpana

		6. Lesson Plan		
01:15-1:30pm	15 min	Preparing the teaching Environment	Interactive presentation	Ms Kalpana
01:30-2:30pm	**60 min**	**Lunch**		
02:30-2:45pm	15 min	Inaugural session		
02:45-3:15pm	30 min	Facilitate group learning activities	Interactive Presentation	Ms Oshin
03:15-4:15pm	60 min	Prepare and deliver interactive presentations	Group work followed by presentation and discussion along with feedback on kobo link	Ms Kalpana
4:45-5:05pm	20 min	Mapping of learners and managing weak students	Interactive discussion using ppt and free listing on white board	Dr Dinesh
4:15-4:45pm	**30 min**	**Tea**		
4:45-5:15pm	30 min	Summary of the day, Homework, Key take home messages	Interactive discussion using ppt	Ms Kalpana
		Day 2		
9:00-9:40am	40 min	Recap	Recap by learners	Ms Kalpana
9:40-10:30am	50 min	Knowledge Assessments, 10:30am	Group presentations	Ms Oshin
10:30-12pm	90 min	Facilitate the development of health care delivery skills.	Group presentation followed by interactive discussion	Dr Dinesh & Ms Annie

		Working Tea		
12:00-1:30pm	90 min	Skill Assessment through OSCE/ OSPE	Interactive presentation followed by OSCE Practice	Dr Monica
01:30-2:30pm	60 min	**Lunch**		
2:30-03:15 pm	45 min	Discuss in detail Skill lab management and its Maintenance	Interactive Presentations	Ms Annie
03:15-4:15pm	60 min	Manage Clinical Practice	Interactive Presentations	Dr Dinesh
04:15-4:45pm	30 min	**Tea**		
04:45-5:05pm	20 min	Monitor students' progress -Competency tracking	Discussion using tracking sheet	Ms Kalpana
05:05-5:30pm	25 min	Summary, Way forward, agenda for Day3, ToL and closing of the day	Participatory discussion	Ms Annie
		Day -3		
09:00-9:30am	30 min	Recap ToL & Agenda	Recap by learners	Ms Annie
09:30-11:00am	90 min	Overview of Clinical Practice Processes	Interactive Presentation	Dr Dinesh
11:00-11:30	30 min	**Tea**		
11:30-12pm	30 min	Clinical Objectives.	Interactive Presentation	Ms Monica
12-12:30pm	30 min	Clinical Coordination Committee	Participatory discussion	Ms Kalpana & Dr Dinesh
12:30-1pm	30 min	How to check competency Link with Goal?	Interactive Presentation	Dr Dinesh
1:00-2:00pm	60 min	**Lunch**		
2:00-3:30pm	90 min	Areas of community posting Competencies to achieve, roles & responsibilities of teacher and student.	Participatory Discussion	Ms Oshin
3:30-4:30pm	60 min	Wayford & Institutional planning	Large group discussion	Dr Dinesh

			followed by small group activity	
4:30-5:00pm	30 min	**Tea**		
5:00-5:30pm	30 min	Post-training knowledge assessment, Course evaluation (Feedback).		Ms Oshin

Further, session was continued with Mapping of learners and managing weak students, this was interactive session in which he asked about methods to find out ways to identify weak students and how we can work to make them smarter in studies. In this he told us about Mapping **refers to visualization and understanding a learner's journey, needs and learning experience.**

Methods of mapping-

1. Learners experience mapping- information must be provided according to learner's perspective and comprehension.
2. Empathy mapping- by identifying their thoughts, feelings and behavior these methods develops deeper understanding for learners.
3. Concept mapping- This is pedagogical tool for organizing and representing knowledge include connecting new to the existing one.
4. Mind Mapping- It is a nonlinear approach to explore concepts and ideas, encouraging visual spatial relationships.

Importance of mapping-

1. Improve learning experiences
2. Personalized learning
3. Enhance engagement and satisfaction
4. Better resource allocation
5. Increased retention.

How it can be done –

1. Identify audience
2. Understand their needs
3. Map the journey
4. Identify learners difficult points
5. Develops solution
6. Continuous evaluation on feedbacks.

Definitions of Micro-teaching

Microteaching is a teacher training procedure which reduces the teaching situation to a simpler and more controlled encounter achieved by limited the practice teaching to a specific skill and reducing teaching time and class size.

Characteristics of Microteaching

1 Objectives are specified in behavioural terms.

2. Class is divided into small groups of 5-10 pupils.

3. Teaching is relatively simple and non-threatening.

4. Immediate feedback is provided by the supervisor.

5. The role of the supervisor is well defined to improve teaching.

6. Patterns of classroom interaction can be objectively studied.

7. The trainee practices only one skill selected for practice.

8. Time duration is 5-10 minutes.

9. It is a highly individualized training device.

10. There is a high degree of control in practicing a skill.

Objectives of Microteaching

1. To enable the teacher trainee to learn and assimilate new teaching skills under controlled condition.
2. To enable the teacher trainees to gain confidence in training and mastering a number of teaching skills on a small group of pupils.
3. To utilize the academic potential of teacher trainees for providing much needed feedback.
4. To give the teacher trainees training in the component skills of teaching at the pre-service level.
5. To gain maximum advantage with title time, money and material.

Principles of Microteaching

Micro-teaching resolves around certain principles to improve its reach in al round developments of the teacher-

1. One skill at one time: – In skills in micro-teaching are targeted one at a time. Training on particular skills is given until it is mastered. Once mastered another skill is targeted next. Thus micro-teaching is for one skill at a time.
2. Small scale content: – Limiting the content gives more freedom and ease to the trainees. Thus, micro-teaching is based upon the principle of limited content. Teachers are to prepare their lessons within the given content; therefore, it becomes easier for them to conduct their lessons.
3. Practice: – Mastering skills require practice. While focusing on one skill at a time, microteaching program also gives an opportunity to practice those skills. Lots of practice can boast the self-confidence and promote in development of teaching skills.
4. Experiments: – Experiments are the key factors in any concept. In micro-teaching, many experiments are conducted in order to test the skills of the teachers.
5. Immediate feedback: – Micro-teaching consists of teacher-pupil and supervisor as students. Once a session ends, teacher-pupil and supervisors come up with their feedback. This feedback is given instantly after the lesson-plan ends. Thus, it helps in rectify the drawbacks.
6. Self-Evaluation Opportunities: – Evaluation plays an important role in any task. In micro-teaching, supervisors conduct various test and thus there are several chances to analyze mistakes
7. Evaluation gives an opportunity to understand the mistake and overcome it. This program includes a session where drawbacks are pointed out along with their solution. Thus, overall improvement becomes an easier target.

8. Continuous Efforts: – Acquiring and mastering skill is a slow and ongoing process. Even after mastering a previous skill, one should continually strive for betterment. Continuous efforts make it easier to attain overall development.

Significance of Microteaching

1. It is an excellent way to build up skills and confidence and to experience a wide variety of teaching styles and also learn and practice ways of giving constructive feedback.
2. It trains teaching behaviours and skills in a protective environment and helps in receiving well-intended feedback.
3. It helps in getting an insight into the needs and expectations of students.
4. It provides individualized training with more realistic evidence to students.
5. It provides a democratic type of behaviour among faculty members and student teachers.
6. It helps in getting feedback which is not critical but constructive, suggestive and helpful and this helps them in their transmission to school teaching.

Micro teaching helped in three phases-

1. Knowledge Acquisition Phase: –

It involves three activities—

a. To provide knowledge and awareness of a particular teaching skill.

b. To observe demonstration of the teaching skill.

c. To analyse and discuss the demonstration of the activities of the skill.

2. Skill Acquisition Phase: –

It also includes three activities—

a. To prepare a micro lesson for the teaching skill.

b. To practice a skill in real classroom situation.

c. To evaluate the preference.

3. Transfer Phase: –

After practicing and acquiring mastery, over a particular skill, the teacher trainees are required to transfer the skill in a normal classroom situation.

Components of Microteaching

Components of Microteaching

Microteaching involves four components, which are given below: –

1. Modelling
2. Feedback
3. Microteaching Setting
4. Integration

Modelling: Modelling means demonstration of a lesson on the use of a particular skill by the teacher educator or an expert. Modelling includes three types of modelling.

These are: –

a. Perceptual Modelling
b. Symbolic Modelling
c. Audio Modelling

Perceptual Modelling: – In perceptual modelling, a film or a videotape or a live model of the derived behaviours of a particular skill is shown. The purpose behind this act is to help acquire the behaviours through imitation.

Symbolic Modelling: – In this format of modelling, written materials in the form of handbooks, guide, materials etc. are presented.

Audio Modelling: – In audio modelling version of the format, the desired behaviours of a skill are presented through audiotape recorder.

Microteaching Setting: – Microteaching setting refers to a microteaching class which coincide of 5-10 students and the duration of the micro lesson is 5-10 minutes. In the Indian model, duration of micro lesson plan is six minutes. The purpose of microteaching setting is to gain mastery over teaching skill. Microteaching setting facilitates a student trainee to undergo the different steps of a microteaching cycle. The schematic diagrams of microteaching setting and a micro-teaching cycle are given under the heading –Procedure of Implementation" in this unit.

Secondly she taught us about **BLOOM,'S TAXONOMY,** she started with definition:

Bloom's Taxonomy is a hierarchical framework used by educators to classify and structure educational objectives according to their complexity and specificity.

This taxonomy encompasses three primary domains: cognitive (intellectual processes), affective (emotional responses and attitudes), and psychomotor (physical skills and abilities).

The session stared with knowledge assessment in which a small group discussion was done on formative and summative assessment, and we discuss this with question paper. We discussed the general information on paper, distribution of marks, how to form MCQ how to put option), Units included.

1. Summative assessment-75 marks (final year exam)
- In long question nursing management must ask
- Avoid giving option all the above and none of above.
- In option if year it should be in ascending or either descending order.
- No signature of subject incharge, except principal sig.
2. Formative assessment- 50(sessional exam)

Next session was taken by Ms Anne, on DEMONSTRATION

She told us about the steps to be followed during demonstration-

1. Bridging the gap
2. Start demonstrate either patient or simulation
3. Tell students to practice
4. Return demonstration.

OSCE (objective structured clinical evaluation)-

She told us about

Advantages of OSCE-

1.Uniform scenarios for all candidates
2. Availability
3. Safety, no danger of injury to patients
4. No risk of partiality/favouritism

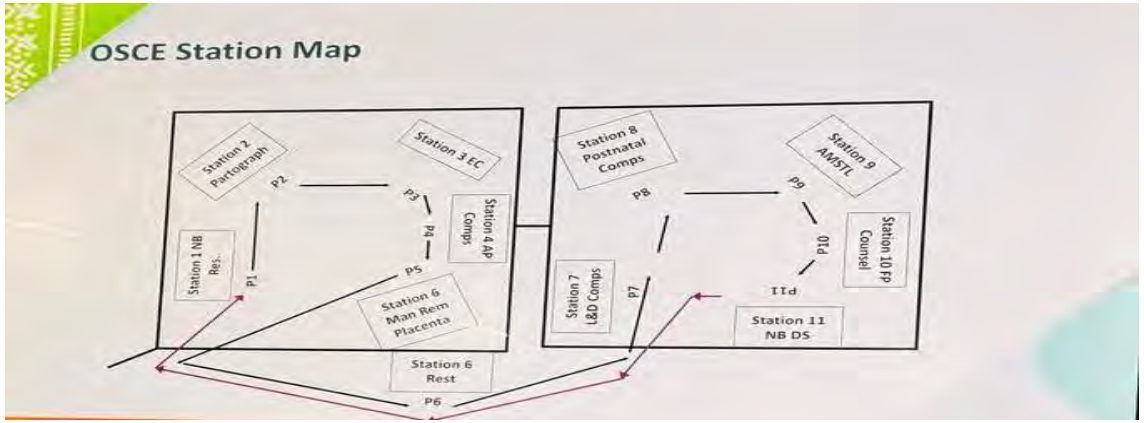
5. Feedback from Actors (simulators)

6. Allows for Recall

7. Stations can be tailored to level of skills to be assessed

Features of OSCE STATION-

1. Manned and unmanned station
2. Rest station
3. 15-20 stations
4. One Marshall to avoid delays and manage students.
5. Time limit (5-10 mints)
6. Station requirements-Scenario, checklist, time limit, Smart watch and alarm.
7. Checklist validation recourse -1. Equipment's, 2. Models, 3. Documents



Comparison between OSCE and OSPE

OSCE

- Higher levels of psychomotor skills
- More than 4mints
- Each station had examiner
- Set in isolated small hall

OSPE

- Higher level of knowledge
- 2-4 mints
- Arranged in one big hall examiner not required.

Next session was taken by Ms Anne on skill lab its management and maintenance

Key features we discussed

- Lab must be under lock and key
- Document register
- Proper light, not placed open
- Safety and security.
- Avoid using harsh solution
- Avoid cutting and destroying the articles
- Teacher must be present with students
- Strict watch by camera

STUDENT CENTERED FACTOR FOR IMPROVING QUALITY OF NSG ISTITUTION?

So, we discuss following points: Healthy environment

1. Equity

2. Resourcefulness

3. Group activity

4. Individual Approach

5. Filling Gaps

To evaluate these points one Quality improvement team must be developed and review everything on monthly basis. Then Dr Monika has given one task about definitions of Quality, Quality improvement, Quality Improvement in nursing.

Quality- the standard of something as measured against other things of a similar kind; the degree of excellence of something.

Quality improvement- is a continuous and systematic effort to improve the efficiency, effectiveness, and outcomes

Quality Improvement in nursing- it is *systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups.*

Approaches-

Methods- Ms Oshin explained implementation cycle-

1. Desired performance
2. Actual performance
3. Performance gap

4. Cause
5. Analysis
6. Solution

Then she explain the methods to perform work-

1. Man recourse
2. Materials
3. Machine
4. Money
5. Minutes

Ways to analyse causes-

1. Brain storming
2. Fish bone diagram
3. Flow chart

Then she discussed about Assessments (Self-assessment after 3 months), reports(MPR, QPR, MOU)), physical validation (a comparison between self-assessment and mentor institute).

TIMS

Regular QI Team meetings must be conducted in institutes to analyse the quality 9MENTOR INSTITUTE) And if you are mentoring your mentee regular conduct of meeting collect monthly reports and send to UPSMF AND JHEPIEGO.

Reporting must be on basis of performance standard, trainings (FDP, NPD, EXTRA INTRA MURAL ACTIVITIES)-

1. Overall gaps

2. Action plan

3. Gap closed

All mentor institutes must have NESC (Nursing Education Study Centre) ROOM to train mentees.

Activities of Mentor Institution

Assessment periodic:

- Self-evaluation. 3 months
- Physical validation - 6 months – UPSMF

Reports:

- Monthly periodic
- report – before 5th of every month
- Quarterly periodic report
- MOA
- TLP
- Clinical
- Management
- Community OSCE
- Simulation
- Pragati Training

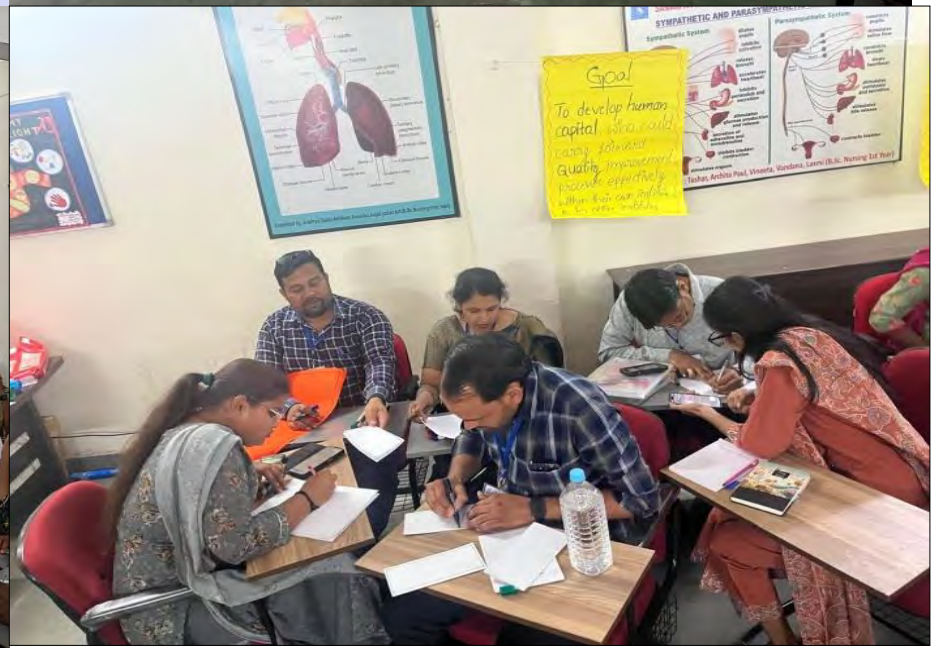
Meetings:

- QI meeting
- JHPIEGO & UPSMF

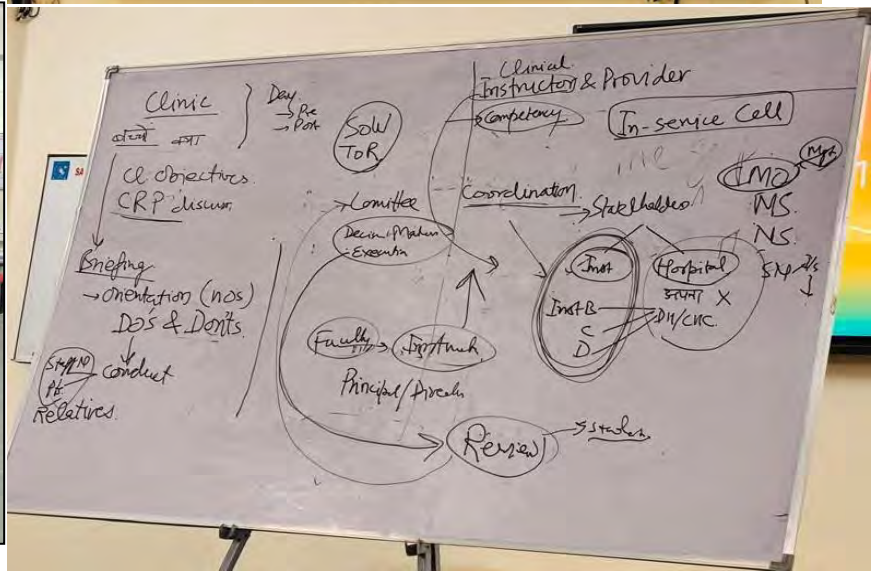
- Mentee

How to approach to institution for mentee-

1. In person
2. Emails
3. Meeting
4. Social media.
5. Design MOU between institute principal.


SYMPATHETIC AND PARASYMPATHETIC
Sympathetic System
Parasympathetic System
Goal
To develop human capital, where could carry forward Quality improvement process effectively

Competency Tracking Sheet
Student name 1
Student name 2
Student name 3
TC
SL
CA


Clinic
Day
Pre
Post
Cl. objectives
CRP discuss
Briefing
→ orientation (nos)
DOS & Don'ts
Conduct
Relatives
SOW
ToR
Comittee
Decision Making
Executive
Clinical Instructor & Provider
Competency
In-service Cell
Coordination
Stakholders
IMO
MS.
NS.
Inst
Hospital
Inst B
C
D
DH/CHC
Faculty
Principal/Provost
Review