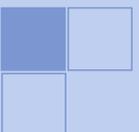


2013

# Guidelines for conducting ANM's Examination



Indian Nursing Council  
Combined Council Building, Kotla Road,  
Temple Lane, New Delhi-110002





# **Guidelines for Conducting ANM's Examination**



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Combined Council Building, Kotla Road,  
Temple Lane, New Delhi-110002**

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## PREFACE

The Government of India (GoI) is committed to increase the number of deliveries attended by skilled healthcare providers, strengthening the quality of pre-service nursing and midwifery education. In its efforts to increase skilled attendance at birth, the Ministry of Health and Family Welfare of India (MoHFW) along with Indian nursing council developed operational guidelines for strengthening pre service education for nursing and midwifery education cadre in January 2013 which aimed to Strengthen the foundation of nursing and midwifery education across the country and initiating with ten high focus states of India, resulting in higher functioning educational institutions and better prepared service providers i.e. ANMs and nurse midwives who are competent, confident and ready to work, especially in rural areas.

In order to strengthen the Auxiliary nurse midwives (ANMs) and General Nursing and midwifery (GNMs) education, Indian nursing council has taken the initiative of developing National Nodal Centers (NNCs) of excellence to train the ANM teachers on MNCH-FP skills as per GoI guidelines; revised the curriculum, admission eligibility for ANMs from 10 to 10+2, and added 6 months of internship. The long felt need to conduct competency based examination and certification for the ANMs had helped to evolve the “Guidelines for conducting ANM examinations”

This Guidelines for conducting ANM examinations is intended to guide the state nursing councils, examination boards and ANM teachers clearly on critical competencies of ANMs related to RMNCH+A and IMNCI and various methods of assessment for knowledge, skills and attitude.

I hope that all the state nursing councils, examinations boards and ANM teachers will take this forward in planning and implementing the competency based examination to all ANMs. In addition, they will take other innovative measures which will help in preparing the competent and confident Auxiliary nurse midwives upon graduation.

New Delhi  
Date: ....., 2013.

Shri.T.Dileep Kumar  
President, INC

## ACKNOWLEDGEMENT

In the development and finalization of these guidelines, numerous people were involved in ensuring the content was comprehensive, practical and appropriate for the Auxillary Nurse Midwives (ANMs) education.

I would like to express my sincere thanks to Shri T. Dileep Kumar, President, INC, Dr. Asha Sharma, Vice President, INC and Dr. Bulbul Sood, Country Director Jhpiego and her team for their commitment and support to ensure that the guidelines are comprehensive and readily available for implementation of the revised ANM curriculum of 2 years that is focused on development and evaluation of competencies of various areas of RMNCH+A and IMNCI.

I would earnestly acknowledge the contribution and the technical support given by Ms. P. Princy Fernando from Jhpiego in preparation and typing of the guidelines. The developed guidelines were reviewed, edited by secretary to align it with the prescribed revised syllabus and current GoI guidelines on RMNCH+A & IMNCI. The draft guidelines were presented to the registrars of all state nursing councils and examination boards and finalized incorporating their inputs in the meeting at INC on 8-9 April, 2013.

New Delhi  
Date:     , 2013

Surekha Sama  
Secretary, INC

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List of all registrars of SNRC and examination boards to be added

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## 1. Introduction

Auxiliary Nurse Midwives (ANMs) play major role in improvement of the health and family welfare service. The National Rural Health Mission (NRHM) has been launched by Government of India (GoI) to bring about improvement in the health system and health status of people, especially those who live in the rural areas of the country. The Indian Nursing Council (INC) revised the syllabus by having series of consultations with various stake holders and the components of skilled birth attendant (SBA) and integrated management of neonatal and childhood illnesses (IMNCI) have been integrated in the syllabus.

Several meeting with stakeholders for “strengthening pre service nursing and midwifery education” were held at New Delhi under the chairpersonship of Additional Secretary & Managing Director, NRHM, GoI. During the meeting, it was decided to implement the revised syllabus and competency based certification with internship. To meet the above purpose, Indian Nursing Council has developed this guideline for conducting competency based examinations, which will ultimately guide the nursing councils, ANM teachers and examiners for preparation and conduction of objective structured clinical examination (OSCE).

## 2. Objectives for conducting OSCE:

- To strengthen the implementation of 2 years revised ANM curriculum and competency based training
- To improve the teaching skills of the teachers at ANMTC with focus on clinical training and practice of ANM
- To prepare the ANM with hands on clinical practice
- To better prepare the ANMs with an effective practice in delivering services at the community
- To bring about quality in implementation of ANM program in the country
- To regulate the examination methods for all ANM schools in the country
- To implement the uniform standards of assessment of ANMS

## 3. Expected Competency of ANMs

### First Year

Community health nursing and health promotion:

- Describe community structure
- Community assessment and home visiting
- Health assessment of individuals of different age groups
- Describe health organization and team responsibilities
- Perform nutritional assessment
- Demonstration on cooking using culturally accepted diet.
- Conduct IEC activities related to nutrition( Preparation of Health education materials like charts, posters, models, puppets)
- Health education activities- demonstration, celebration of nutrition day, safe motherhood day, nurses day in group/individual
- Assess personal hygiene, and health education
- Assess environmental sanitation
- Assess mental health status of an individual and counsel or refer

<p>Child health nursing:</p> <ul style="list-style-type: none"> <li>▪ Assess growth and development of children</li> <li>▪ Assess health status of children</li> <li>▪ Care of the sick child (&lt;2months and 2months – up to 5 years)</li> <li>▪ Counsel mothers about feeding of infants and young child (Demonstration on complementary feeding)</li> </ul> <p>Primary health care nursing and health centre management:</p> <ul style="list-style-type: none"> <li>▪ Administer immunization safely</li> <li>▪ Give care to the sick child (&lt;2months and 2months – up to 5 years)</li> <li>▪ Provide first aid in various emergencies</li> <li>▪ Provide primary medical care</li> <li>▪ Organize and manage health Sub-center</li> <li>▪ Render care at home</li> </ul>
<b>Second Year</b>
<p>Midwifery:</p> <ul style="list-style-type: none"> <li>▪ Assessment and care of normal pregnant women</li> <li>▪ Conducting normal delivery</li> <li>▪ Recognize different degrees of tears, give emergency care and refer</li> <li>▪ Assessing and care of postnatal mothers and newborns</li> <li>▪ Assessing and referring mothers at risk</li> <li>▪ Counsel eligible couples about different methods of contraception</li> <li>▪ Prepare acceptors for sterilization and IUCDs</li> <li>▪ Detection of cervical cancer</li> <li>▪ Management of sick neonates and children (IMNCI)</li> </ul>

#### 4. Suggested activities for evaluation:

Every student ANM should perform/participate in all the suggested activities as listed below during her training period. The teacher should ensure that each student work book\*is completed of suggested activities before taking annual examination.

First year	
Areas	Activities for evaluation
1. Community health nursing	<ul style="list-style-type: none"> <li>▪ Preparation of health organizational chart</li> <li>▪ Return demonstration of home visit</li> <li>▪ Conduct field visits</li> <li>▪ Preparation of IEC material- ( Preparation of Health education materials like charts, posters, models, puppets)</li> <li>▪ Demonstration of counseling technique</li> <li>▪ Mapping Village</li> <li>▪ Conduct community survey</li> </ul>
2. Health promotion A) Nutrition	<ul style="list-style-type: none"> <li>▪ Demonstration of cooking methods of balanced diet</li> <li>▪ Nutrition education to a group</li> <li>▪ Counseling on nutrition – individual, family and special needs like Antenatal, postnatal, complimentary feeding, pre-school child, school age, adolescence, old age and post sickness feeding</li> <li>▪ Planning diet of a family assigned</li> </ul>

\* The work book for ANM student, to be published by INC shall be procured by each school for ensuring the learning by doing the suggested activities.

	<ul style="list-style-type: none"> <li>▪ Assess nutritional status of family, individual, women and child</li> </ul>
B) Human body and hygiene	<ul style="list-style-type: none"> <li>▪ Preparation of anatomy practical book</li> <li>▪ Return demonstration of personal hygiene on care of various parts of body for sick and healthy individual.</li> <li>▪ Conduct health education on menstrual hygiene</li> <li>▪ Counseling the adolescence on physiological changes, fulfillment of basic needs &amp; body hygiene and healthy life styles</li> </ul>
C) Environmental sanitation	<ul style="list-style-type: none"> <li>▪ Purification of water at home and community</li> <li>▪ Disinfections of well, tube well tank and pond</li> <li>▪ Construction of a small scale soak pit</li> <li>▪ Health education for use of sanitary latrine; prevention of vector borne disease and water borne disease; treatment, management and disposal of waste –home/village and prevention of environmental hazards specially related to waste and excreta.</li> </ul>
D) Mental health	<ul style="list-style-type: none"> <li>▪ Assessment of mental health status of individual</li> <li>▪ Care plan for an elderly person at home</li> </ul>
3. Primary health care A) Infection and immunization	<ul style="list-style-type: none"> <li>▪ Demonstration of sterilization using pressure cooker/autoclave <ul style="list-style-type: none"> <li>○ Syringes and needles</li> <li>○ Equipment's/Instruments</li> <li>○ Gloves</li> </ul> </li> <li>▪ Demonstration of preparation of malaria slides and using RDT</li> <li>▪ Demonstration of various techniques of vaccination/Injection/open vial vaccination and management of adverse effects during immunization</li> <li>▪ Carry out activities related to cold chain system <ul style="list-style-type: none"> <li>○ Maintenance of ILR</li> <li>○ Preparation and maintenance of ICE Pack/box</li> <li>○ Storage of vaccines</li> <li>○ Calculation of vaccine requirement and indenting</li> </ul> </li> <li>▪ Prepare poster/chart on immunization schedule</li> <li>▪ Demonstrate segregation of disposal of remaining/unused vaccines and its containers</li> <li>▪ Demonstrate relevant record keeping</li> </ul>
B) Communicable diseases	<ul style="list-style-type: none"> <li>▪ Conducting survey and preparation of surveillance report</li> <li>▪ Conduct health education on assigned communicable disease</li> <li>▪ Demonstration on standard safety measures in nursing practice</li> <li>▪ Demonstrate providing care for family and individual (child/adult) with communicable disease.</li> <li>▪ Participation in control of epidemic and its relief work in the community</li> </ul>
C) Community Health Problems	<ul style="list-style-type: none"> <li>▪ Demonstration of <ul style="list-style-type: none"> <li>○ Urine testing for albumin and glucose</li> <li>○ Urinary catheterization</li> <li>○ Local application of cold and hot</li> <li>○ Plain water enema</li> <li>○ Checking of BP and TPR</li> <li>○ Identification of minor ailments</li> </ul> </li> <li>▪ Health assessment of and identification of problems <ul style="list-style-type: none"> <li>○ Family</li> <li>○ Individual</li> </ul> </li> <li>▪ Caring of family and individual with assigned health problems/handicaps integrating alternative accepted practices of</li> </ul>

	<p>AYUSH</p> <ul style="list-style-type: none"> <li>▪ Health education (culturally accepted): individual and family on health problems and its prevention and management.</li> </ul>
D) Primary medical care	<ul style="list-style-type: none"> <li>▪ Preparation of list of common drugs used in sub center, their action dosages and use</li> <li>▪ Demonstration of administration of medication by different routes</li> <li>▪ Drug study <ul style="list-style-type: none"> <li>○ Oral</li> <li>○ Parenteral</li> </ul> </li> </ul>
F) First aid and referral	<ul style="list-style-type: none"> <li>▪ Demonstration of following: <ul style="list-style-type: none"> <li>○ Care of wound</li> <li>○ Application of splints, slings, bandages</li> <li>○ Transportation of casualties</li> <li>○ Basic Life Support</li> <li>○ Insertion of nasogastric tube &amp; feeding</li> </ul> </li> <li>▪ Care during different emergencies <ul style="list-style-type: none"> <li>○ Bleeding</li> <li>○ Drowning</li> <li>○ Electrocutation</li> <li>○ Convulsion</li> <li>○ Foreign body</li> <li>○ Shock</li> <li>○ Stings</li> <li>○ Bites</li> <li>○ Burns</li> </ul> </li> </ul>
4.Child Health Nursing	<ul style="list-style-type: none"> <li>▪ Assessment of growth and development newborn-adolescent</li> <li>▪ Assisting mother in breast feeding, feeding of babies of HIV mother, low birth weight babies and babies with congenital anomalies</li> <li>▪ Health education on <ul style="list-style-type: none"> <li>○ Exclusive breast feeding</li> <li>○ Breast feeding techniques</li> <li>○ Preparation of ORS</li> <li>○ Preparation and feeding of complementary feeds/food</li> </ul> </li> <li>▪ Assessment of common childhood illnesses in infant, children using IMNCI protocols and adolescent.</li> <li>▪ Preparation of IEC material/poster on <ul style="list-style-type: none"> <li>○ Growth and development</li> <li>○ Prevention of common accidents in children</li> <li>○ Menstrual cycle</li> <li>○ Physical changes in adolescence</li> </ul> </li> <li>▪ Counseling the mother, child and adolescent</li> <li>▪ Assessment nutritional status of child for PEM and nutritional deficiencies</li> </ul>

Second year	
Areas	Activities for evaluation
5. Midwifery	<ul style="list-style-type: none"> <li>▪ Taking history and antenatal examination</li> <li>▪ Demonstration of vaginal examination</li> <li>▪ Plotting of partograph during labor</li> <li>▪ Return demonstration of normal delivery using five Cleans(C's)</li> <li>▪ Demonstration of perineal care</li> <li>▪ Essential care of newborn (Immediate &amp; routine)</li> <li>▪ Apgar score and resuscitation of a newborn baby</li> <li>▪ Health education on exclusive breast feeding</li> <li>▪ Midwifery casebook recording</li> <li>▪ Demonstration of immunization</li> <li>▪ Drug book</li> <li>▪ Records and reports</li> <li>▪ Case studies</li> <li>▪ Preparation of posters on methods of family welfare</li> <li>▪ Demonstration of IUCD insertion</li> <li>▪ Preparation of Information education and communication(IEC) materials</li> <li>▪ Calculation of vital indicators</li> </ul>
6) Health center management	<ul style="list-style-type: none"> <li>▪ Organize and participate in management and performance of activities of the sub center along with ANM <ul style="list-style-type: none"> <li>○ Participating in village health nutrition (VHN) day</li> <li>○ Conduct clinics as scheduled</li> <li>○ Micro planning for vaccination</li> <li>○ Preparation of due list of vaccination</li> <li>○ Maintenance of records and reports maintained at sub center</li> <li>○ Calculate, indent and maintain stock (drugs, records, consumables, supplies, equipment's etc.)</li> <li>○ Conduct health teaching to ASHAs, AWWs and TBAs</li> </ul> </li> <li>▪ Coordination with different organization/people working in the area</li> <li>▪ Detection and referral of tuberculosis, leprosy, malaria</li> <li>▪ Conduct peer group teaching on DOTs &amp; MDT</li> <li>▪ Organization and participation in activities of all national health programmes at CHC/PHC/SC in group/individual <ul style="list-style-type: none"> <li>○ Mar 24, World TB day</li> <li>○ June 14, World blood donation day</li> <li>○ Aug 1-8, World breast feeding week</li> <li>○ Sep 1-7, National nutrition week</li> <li>○ Oct 10, World mental health day</li> <li>○ Oct 24, World polio day</li> <li>○ Nov 10, World immunization day</li> <li>○ Nov 14, Diabetes day</li> <li>○ Dec 1, World AIDS day</li> <li>○ Dec 2, National population prevention day</li> <li>○ Dec 9, World patient safety day</li> </ul> </li> <li>▪ Organization and participation in health activities <ul style="list-style-type: none"> <li>○ Health mela, child show, family welfare, immunization camps and village meetings</li> </ul> </li> </ul>

## 5. ANM Theory Examination:

First year:

Theory paper I: Community health nursing

Theory paper II: Health promotion

Theory paper III: Primary health care nursing

Theory paper IV: Child health nursing

Second year:

Theory paper V: Midwifery

Theory paper VI: Health center management

### 5.1. Blue print of ANM theory examination

ANM first year: Theory paper I: Community health nursing				
Unit	Topic	Hours out of 170	Percentage of total hours	Marks allotment in question Papers (out of 75)
1.	Concept of health	10	6	4
2.	Community health practices	10	6	5
3.	Health problems and policies	20	12	9
4.	Health organization	15	9	7
5.	Role of health team	7	4	3
6.	Structure of community	15	9	7
7.	Dynamics of community	15	9	7
8.	Community need assessment	26	15	11
9.	Communication methods and media	35	20	15
10.	Counseling	10	6	4
11.	Community based rehabilitation	7	4	3

ANM first year: Theory paper II: Health promotion					
Unit	Topic	Hours out of 188	Percentage of total hours	Marks allotment in question papers (out of 75) A or B	
				A	B
<b>A. Nutrition</b>					
1.	Essential nutrients	15	8	6	26
2.	Nutritional problems	15	8	6	
3.	Nutritional assessment	10	5	4	
4.	Promotion of nutrition	25	13	10	
<b>B .Human body and hygiene</b>					
1.	The human body	20	10.5	8	21
3.	Hygiene of the body	25	13	10	
4.	Optimal functioning of the body	10	5	3	
<b>C. Environmental sanitation</b>					
1.	Environmental sanitation	7	4	3	14

2.	Safe water	9	5	4	
3.	Disposal of excreta and waste	9	5	4	
4.	Community participation	10	5	3	
<b>D. Mental health</b>					
1.	Mental health	12	6	4	14
2.	Maladjustment	5	3	2	
3.	Mental illness	16	8	6	
4.	Old age care	7	4	2	

<b>ANM first year: Theory paper III: Primary health care nursing</b>					
Unit	Topic	Hours out of 290	Percentage of total hours	Marks allotment in question papers (out of 75) A or B	
				A	B
<b>A. Infection and immunization</b>					
1.	Concept of disease	2	1	1	12
2.	Infection	6	2	2	
3.	Immunity and body defense mechanisms	8	3	2	
4.	Immunization	10	3	2	
5.	Collection of specimen	6	2	2	
6.	Disinfection and sterilization	9	3	2	
7.	Waste disposal	4	1	1	
<b>B. Communicable diseases</b>					
1.	Introduction to communicable diseases	12	4	3	17
2.	Communicable diseases	30	10	8	
3.	Care in communicable diseases	14	5	4	
4.	Epidemic management	9	3	2	
<b>C. Community health Problems</b>					
1.	Care of the sick in the community	13	4	3	21
2.	Fever	11	4	3	
3.	Respiratory problems	10	3	2	
4.	Aches and pains	4	1	1	
5.	Digestive problems	7	2	2	
6.	Urinary problems	6	2	2	
7.	Cardiovascular problems	6	2	2	
8.	Diseases of nervous system	5	2	2	
9.	Metabolic diseases	7	2	1	
10.	Diseases of musculoskeletal system	6	2	2	
11.	Care of handicap	5	2	1	
<b>D. Primary Medical Care</b>					
1.	Types of drugs	9	3	2	10

2.	Administration of drugs	15	5	4	
3.	Drugs used in minor ailments	7	2	2	
4.	Common emergency drugs	9	3	2	
<b>E. First aid and referral</b>					
1.	Need for first aid	9	3	2	15
2.	Minor injuries and ailments	15	5	4	
3.	Fractures	13	4	3	
4.	Life threatening conditions	23	8	6	

<b>ANM first year: Theory paper IV: Child health nursing</b>				
Unit	Topic	Hours out of 185	Percentage of total hours	Marks allotment in question papers (Total 75)
1.	Growth and development	40	22	17
2.	Nutrition of infants and children	20	11	8
3.	Children's rights	15	08	6
4.	Care of the sick child	45	24	18
5.	Care of school children	35	19	14
6.	Care of adolescents	10	5	4
7.	Care of adolescent girls	20	11	8

<b>ANM second year: Theory paper V: Midwifery</b>				
Unit	Topic	Hours out of 370	Percentage of total hours	Marks allotment in question papers (Total 75)
1.	Human reproductive system	8	2	2
2.	Female pelvis and fetal skull	8	2	2
3.	Fetus and placenta	10	3	2
4.	Normal pregnancy	15	4	3
5.	Antenatal care	18	5	3
6.	Normal labour	18	5	3
7.	Care during normal labour	27	8	5
8.	Normal puerperium	20	6	4
9.	Care of new born	20	6	4
10.	High risk new born	15	4	3
11.	Safe mother hood	13	4	3
12.	High risk pregnancies	15	4	3
13.	Abnormalities of pregnancy	25	7	5
14.	Abortion	10	3	5
15.	Abnormal child birth	20	6	4
16.	Abnormal puerperium	20	6	4
17.	Surgical intervention	10	3	2
18.	Medications used in midwifery	10	3	2
19.	Life cycle approach	3	1	1

20.	Status of women and empowerment	5	1	1
21.	Women's health problems	20	6	4
22.	RTI and STI	10	3	2
23.	HIV/AIDS	16	4	3
24.	Infertility	4	1	1
25.	Population explosion	7	2	1
26	Family welfare	13	4	3

ANM second year: Theory paper VI: Health center management				
Unit	Topic	Hours out of 80	Percentage of total hours	Marks allotment in question papers (Total 75)
1.	The sub center	15	19	14
2.	Maintenance of stocks	14	17	13
3.	Co-ordination	11	14	10
4.	Implementation of national health program	20	25	19
5.	Update knowledge	20	25	19

## 6. Responsibilities of SNRC/Examination Board/Authority:

### 6.1. For theory examination:

- Follow the blueprint of theory examination and prepare the question banks<sup>†</sup> for each subject according to it
- The theory question papers shall be reviewed periodically to determine objectivity, reliability, fairness and adherence to the course objectives
- The cover page of the question paper shall contain all of the following
  - general instruction
  - number and type of questions
  - number of pages
  - total time and total marks allotted
- The instruction for each section should be clear and marks for each question must be clearly stated
- The question should assess at different levels (not only recall also application and analysis)
- The question papers shall include at least two of the following types of questions

<sup>†</sup> Indian Nursing Council makes avail set of question bank of all theory subjects as a guide. The SNRC/Examination Boards/Others are suggested to develop question bank for their states

<p><b>Multiple choice questions</b></p>	<ul style="list-style-type: none"> <li>• Have an easy to understand and simple stem</li> <li>• Avoid negative terms in the stem and use reasonable distractors</li> <li>• Use the negative construction not at all or rarely (&lt;10 % of the questions)</li> <li>• Number of choices never exceeds four</li> <li>• Each item should carry score of 0.5</li> </ul>
<p><b>True False Questions</b></p>	<ul style="list-style-type: none"> <li>• Language: clear, concise and understandable</li> <li>• Avoid words and expressions that frequently identify statements as true or false</li> <li>• Each item should carry score of 0.5</li> </ul>
<p><b>Matching questions</b></p>	<ul style="list-style-type: none"> <li>• Focus on one theme</li> <li>• Basis for matching is indicated</li> <li>• Not less than five and not more than 15 questions and should be listed on one page</li> <li>• Each item should carry score of 0.5</li> </ul>
<p><b>Short answer Questions</b></p>	<ul style="list-style-type: none"> <li>• Are clear and easy to understand</li> <li>• Have questions that involve possible answers</li> </ul>
<p><b>Essays questions</b></p>	<ul style="list-style-type: none"> <li>• Have objective scoring criteria</li> <li>• Are not overly broad, and focus the student on a specific area</li> </ul>

- The answer keys for all subject examinations shall be prepared and followed while evaluation to maintain objectivity
- The distribution marks for each type of questions shall not be more than what is given below
  - Objective type questions 15 marks
  - Short answer question 30 marks
  - Essay questions 30 Marks

### 6.2. For practical examination:

- Inform the ANMTC on OSCE method of evaluation will be applied in first year for practical II- Child Health Nursing and in second year for practical III- Midwifery; The remaining practical exam I& IV- community health nursing and health promotion and primary care and health center management will be conventional method of exam but in due course it will become OSCE.
  - OSCE for 1 hour (100 Marks)
  - Internal assessments (100 marks)

- Scoring of minimum 80% in OSCE shall be considered as pass
- Orientation to ANM faculty for using OSCE method of evaluation in formative/internal assessments
- The registrars/examination board shall ensure (through meetings of the principals of ANMTC) that the teachers in ANMTC are practicing the OSCE during formative assessment
- Orientation to staffs and tutors of OSCE skills lab on preparation and conduction of OSCE
- Create OSCE examiners /assessors pool at state level
  - An examiner/assessor should be a B.Sc. nursing teacher with minimum 2 years of teaching experience in ANM program desirably from Govt. or private institutions, however involvement of B.Sc. nursing /M.Sc. nursing teacher with minimum 2 years of teaching experience from GNM school either Govt. or private are the decision of the SNRC in a condition when lack of adequate B.Sc. nursing teachers in ANM program
  - Plan for conduction of examinations
    - OSCE should admit maximum 24 students for each practical in a day
    - Must ensure that the examiners and students are not from same institution
    - Should prepare the OSCE questions and answer sheet of different skills for each subject
  - Appoint one examination superintendent at each OSCE venue throughout the examination site to arrange logistics and ensure smooth conduction of competency based exams. This could be the faculty from the ANM/GNM School attached with the venue (i.e. district hospital)
  - Give prior information to the in-charge of skills lab of the district hospital regarding the dates and time of the competency based examinations of ANMs
  - Prepare day wise OSCE checklist envelops for each practical exam for each OSCE skills lab for 12 days separately. Each OSCE envelops will have only 24 checklist for each day, duly sealed and sent to examination superintendent on the first day of the examination
  - The OSCE envelope shall have date and day of examination, which shall be opened and used only on the particular date/day of examination by the examination superintendent/ examination coordinator
  - Each OSCE skills lab shall be supplied with all adequate number of stationaries to conduct OSCE examinations by SNRC at least one week prior to date of commencement of examination
  - **The stationaries shall be**
    - *Envelope (small, big and medium size)*
    - *Cloth Bag*
    - *Wax*
    - *Candle*
    - *Match box*
    - *Pen*
    - *Pencil*
    - *Exam superintendent seal with the OSCE skills lab name*
    - *Stamp pad*
    - *Scissors*

**- Alarm Clock**

- The name and roll numbers of students along with their ANM School name assigned to particular OSCE skills lab shall be notified to examination superintendent at least one week prior to date of commencement of examination
- The name of the OSCE skills lab assigned for ANM students shall be informed to their ANM school at least one week prior to date of commencement of examination
  - The SNRC shall have team of assessors to verify the conduction of OSCE at the time of examination at OSCE skills lab
  - The filled OSCE summary sheet along with scored OSCE checklists sealed in envelope shall be sent to the SNRC on the same day using available resources like courier / speed post/e post/online/messenger

If not, send the filled OSCE summary sheet scanned copy through email to SNRC on the same day and send the sealed envelope within minimum possible time of travel which can vary between 24-36 hours by speedy way of sending it by courier / speed post/e post/online/messenger

  - Rules of OSCE shall be intimated to all ANM schools/students before the OSCE
  - The SNRC shall maintain the record of students detail with photograph and roll number

### **6.3. Establishment of skills lab by SNRC**

- The SNRC must establish skills lab for its state. If the SNRC does not have 1000 square feet of space (single or multiple rooms) then SNRC can identify one Govt/private ANM/GNM school to establish the skills lab and can have affiliation
- The identified ANM/GNM school must agree in conduction of OSCE exam as directed by SNRC and in conduction of in-service trainings to the OSCE examiners/Assessors

### **6.4. Financial implication**

- The SNRC to design the fee structure in a manner so that the expenditure for conduct of examination and payment to the staff deployed for examination duty and purchase of consumables required like medications, syringes and records-pantograph's MCPC card can be easily met
- SNRC can decide on the payment of staffs and tutors/examiners involved in OSCE directly or through OSCE skills lab

#### **Venue for competency based examination:**

- Only at skills lab attached to the Government district hospital or skills lab established by SNRC at the identified ANM/GNM school or skills lab at Government ANM/GNM School

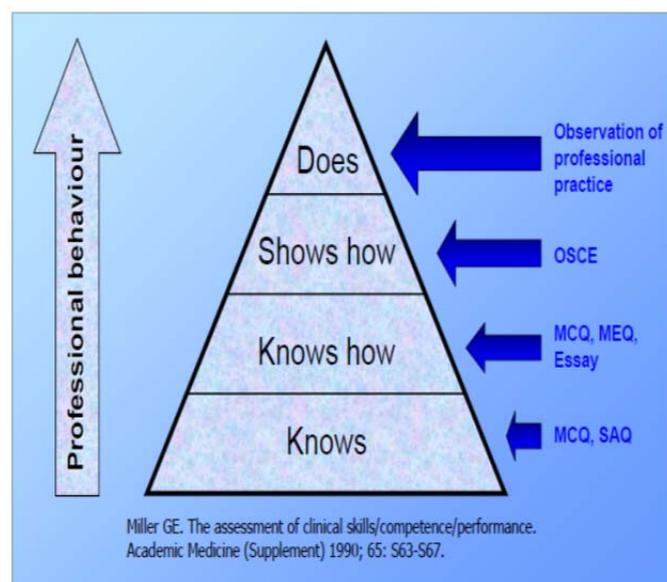
- The examination of all the ANM schools run by government and private should be conducted in the district hospital only
- If large number of private schools exists in the district, proper planning and phasing to be done by examination board to cover all students

## 7. Objective Structured Clinical Examination (OSCE)

Written tests can assess knowledge acquisition and reasoning ability but they cannot measure skills. OSCE assessments are designed to measure knowledge and skills required for competency in a given area. OSCE provides a highly structured and reliable method for assessing knowledge and skills.

OSCE is effective & efficient for

- Assessment of a broad sample of knowledge and skills that demonstrate application of knowledge in various clinical situations
- Input from multiple evaluators
- Can test many individuals at the same time objectively
- Can be accomplished quickly
- Provide a reliable and valid assessment
- Rapid scoring and decision making



During OSCE students rotate through a series of stations where they answer questions (orally or in writing), or perform tasks while being observed and noted on their score sheet. All students receive identical assessments in 10-20 stations to demonstrate different skills, interpret diagnostic materials, or respond to short questions or case studies.

The key components of OSCE are

- There is a time limit for each station (5-10 min)
- An examiner/observer present with a checklist at each station to carry out assessment
- All students are assessed according to the same standards ( OSCE checklists)
- Student may communicate with standardized patient via role play

Training of standardized patient is important only if the OSCE stations include it. Standardized patients (SPs) are well persons trained to simulate a medical condition in a standardized way or actual patients who are trained to present their condition in a standardized way. Instructors, lay-persons or students can be prepared for the role of standardized patient. Training of SP must stress the following:

- Inform them the purpose of the training and their role
- Directions should use patient-based language
- Specify patient's perception of the problem
- Provide only relevant information
- Responses to all checklist items should be included

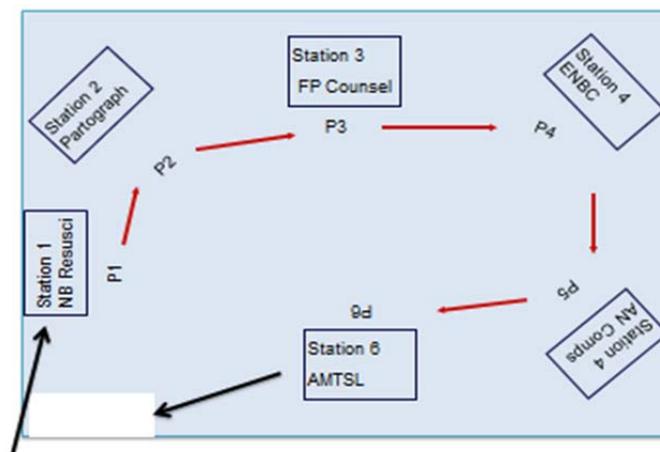
- Describe patient behavior and affect
- Describe symptoms to be simulated
- Provide training on signs to be simulated

While preparing the OSCE stations, it should target identified competencies as per the objectives of the training, decide on a problem, issue, or an activity that addresses each of the competencies and prepare a plan for the stations.

*For Example*

Expected competency- Midwifery	OSCE station
ANMs understand normal progression of labor	Use of Partograph
ANMs practice AMTSL	AMTSL
ANMs are able to provide essential newborn care	Essential newborn care
ANMs provide newborn resuscitation	Newborn resuscitation
ANMs educate parents about newborn and infant danger signs	Parental counseling regarding newborn and infant danger signs
ANMs recognize symptoms of life threatening antenatal conditions e.g. Pre eclampsia /eclampsia	Recognition, initial-management & referral of antenatal complications
ANMs able to assess , manage and refer mothers at risk	Recognition,initial-management & referral of complications during labor & birth
ANMs refer for selected postnatal complications	Recognition, initial-management & referral of postnatal complications
ANMs provide family planning counseling	Counseling on FP methods
ANMs are able to provide barrier irreversible methods of contraceptives	IUD insertion

### OSCE Station Map



OSCE station requirement:

- Task/scenario to be completed
- Instructions for student available at the station(pasted)
- Instructions for the standardized patient
- Assessment tool (checklist)

- Resources needed for student to be able to perform –may simulate
- Uniform station time limit
- Mannequins and articles to set up the station as guided by the examination superintendent/ examination coordinator

#### Before OSCE:

- Discuss the number of OSCE stations, time limit for each station and OSCE round with the student.
- Ask if the student has any questions about the OSCE
- This is orientation – NOT coaching

#### During OSCE:

- Observe and assess the student's performance
- Stand where you can see without intruding and let the student perform the skill
- Do not interfere (steps performed wrongly which may be dangerous for the clients MUST be discussed with student following the OSCE)
- Feedback MUST be delayed until completion of all stations in OSCE

#### After OSCE:

- Review the performance of the student (student shares what she did well and what could be improved)
- Provide positive feedback and offer suggestions for improvement
- Determine if the student is competent or needs additional practice

Use the results (only when formative assessments done through OSCE) to improve students' performance by giving an opportunity to ask questions about steps they did not understand or they performed incorrectly and instructing/coaching students to practice the steps that they performed incorrectly. If many students had trouble with the same stations, it means that either the teaching methods or materials did not adequately cover that learning objective.

#### Scoring of OSCE using checklist:

The OSCE shall have four basic skills and two advanced skills.

- The expected pass score is given at the end of each checklist as per the number of tasks (*Annexure 1: Sample OSCE check list*).
- The total Marks for OSCE is 100.  
For basic skills 60 (15 Marks each) + For advanced skills 40 (20 Marks each)}.
- The student's marks have to be entered in the OSCE Summary Sheet at the end of each examination day. (*Annexure2: OSCE Score summary sheet and Annexure 3: sample of filled OSCE Score summary sheet*)

## 8. Strategies for Conducting Examination:

- 8.1 Identify the skills lab
- 8.2 Identify the human resource
- 8.3 Selection of skills
- 8.4 Rotation of ANM students- I year and II year in skills lab for two practical exams

## 8.1 Identification of Skills lab:

- The MCH skills lab (Pre/In-service) which are instituted at Government ANM/ GNM schools; district hospitals/ SIHFW/ National nodal centres/ State nodal centres (in/pre-service)/ SNRC can be used to conduct OSCE (Annexure 7: List of proposed skills lab location at high focus states)
- Pre requisite for selecting the skills lab for conducting Exams
  1. The skills lab should have all adequate number of mannequins/ equipment's/ AV aids required for all the skills listed for OSCE in a functional state and shall be available at the dates/days of examinations from start to end
  2. The principal of ANM/GNM school attached to the skills lab shall be the examination superintendent
  3. The skills lab shall have 2 independent OSCE rooms ( or with possible temporary separation in single big room or at attached premises) to conduct simultaneously two practical exams in a day

Practical II	Practical III
Child Health Nursing	Midwifery

4. The skills lab must be funded by State Government through PIP/State Health Society to procure and have all necessary/consumable items/record papers for conducting exams in advance. (eg. Gloves, mask, apron, shoe covers, cap, partograph copies, etc.)

## 8.2 Identification of Human resource:

### 1. Requirement -17

Examination Superintendent – 1

Examination coordinator – 1

Examiners/Assessors -12 † (6 observer per Practical exam)

Invigilator – 2

Cleaner -1

### 2. Roles and responsibilities

#### Examination Superintendent

The examination superintendent is the principal of ANM school, which is attached to the identified skills lab for OSCE and has the prime responsibility for smooth conduct of examination

#### Before OSCE:

- The examination superintendent will keep ready the OSCE room for all skill station. In case if the articles are less than the required number, then she/he can coordinate with the registrar of SNRC at least a week before the date of OSCE. (Refer 6.4 & 10)
- The examination superintendent along with coordinator should
  - have made some arrangement for receiving the students, seating, drinking water and refreshment (snacks) and any emergencies (First aid kit)

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† The ideal examiner/ assessor for one OSCE station at a time is one

- inform the students about their time slot for OSCE rounds and tea/lunch break and display it at the prominent point
- The examination superintendent will receive the roll number of students for each day of examination allotted for OSCE at the skills lab

Day of examination:

- The examination superintendent will receive the OSCE envelopes for all the days on the first day of examination
- The examination superintendent will open the sealed OSCE envelopes respective to the date of examination skills stations along with the Examination coordinator and observers one-2 hours prior to exam scheduled time

**Basic skills-4 + Advanced skills -2 = Total 6 skill station**

- The examination superintendent will instruct the Observers on the skills stations, assessment methods and scoring/recording
- The examination coordinator will issue the sheet of students roll number along with name for the day and as per OSCE rounds to each observer at all OSCE rooms
- The examination superintendent will ensure the correct start and end time for each day OSCE as scheduled
- The examination superintendent will verify the student's hall tickets/ roll numbers/ year of examination before they enter into the OSCE rooms
- The examination superintendent will ensure entry of correct and required number of students only into the OSCE room

During the examination

- The examination superintendent will take rounds during the examinations to all OSCE rooms
- The examination superintendent can be in contact with registrar for any communication.
- The examination superintendent will ensure that the OSCE rounds starts within 10 minutes of the previous round.

After the examination

- The examination superintendent will finally enter the OSCE scores in the summary sheet along with the examination coordinator. (*Annexure 3: Sample of filled OSCE summary sheet*)
  - The examination superintendent will put the OSCE summary sheet and scored OSCE check lists of each student in an envelope, seal and send to the SNRC on the same day of examination without fail through special messenger. If not send the filled OSCE summary sheet scanned copy through email to SNRC on the same day and sends the sealed envelope within minimum possible time of travel which can vary between 24-36 hours or speedy way of sending by courier or by post.

 *Examination coordinator*

- The examination coordinator is the principal of ANM school, who is from Govt. or private ANM school other than the exam center
- The examination coordinator will assist the examination superintendent for arrangement and smooth conduct of exams in the skills lab

#### *Examiner/Assessor*

- An examiner/assessor should be a B.Sc. nursing teacher with minimum 2 years of teaching experience in ANM program desirably from Govt. or private institutions, however involvement of B.Sc. nursing /MSc. nursing teacher with minimum 2 years of teaching experience from GNM school either Govt. or private are the decision of the SNRC in a condition when lack of adequate B.Sc. Nursing teachers in ANM program.

#### Before OSCE:

- Each assessor will set up the OSCE stations once it was directed by the Examination Superintendent one hour before, on the day of exam
- Each assessor shall read the instructions as given on the OSCE check list of station assigned

#### During OSCE:

- Each assessor shall make the student write her roll number at the space provided in the OSCE check list
- Each assessor will cross check the roll number with the roll number sheet issued by the SNRC
- The assessor should **NOT** prompt the student but provide only the explicit instructions as given on the OSCE checklist
- The assessor shall **ONLY** observe and record student performance in the OSCE sheet while the student performs the steps of the procedure
- The assessor should stop the student and send her to the next station, if the time runs out
- The assessor shall record the score of the student in the OSCE sheet simultaneously while observing and calculate the total score immediately after the students completes the procedure

#### After OSCE:

- The assessor shall reset the station for the next student
- Once all students complete the station/at the end of the sixth round the observer has to hand over all the scored/completed OSCE check lists of each student of each round to the superintendent/coordinator

#### Invigilators

- The invigilators are the tutors/ program assistant/ staff nurse from the attached clinical site of the ANM/GNM school or itself
- The invigilator primarily assists in arranging the logistics at the skills stations/Lab with the examination superintendent/coordinator/observers
- The invigilator will maintain the time limit for each station and regularize the student rotation among the skills stations
- The time limit for movement of students between stations should not exceed 10 seconds

### 8.3 Selection of Skills

Each practical exam will be having 6 skills stations for assessing the competency, which includes mixture of basic and advanced skills in a ratio of 4:2 respectively from the list given below

#### Practical II: Child Health Nursing

Basic	Advanced
1. Assessment of the newborn -weighing of newborn	1. Assess the child for fever-temperature recording using digital thermometer
2. Assessment of the child and identification of malnutrition -weighing of child using color coded sling scale	2. Assess the child for fever with hypothermia using radiant warmer
3. Assess the child for fever-temperature recording using mercury thermometer	3. Assessment and care of the child in maintaining patent airway -use of electrical suction machine
4. Assessment and care of the child in maintaining patent airway-use of foot operated suction machine	4. Assessment and care of the newborns with jaundice using of phototherapy machine
5. Assessment of child- counting respiratory rate	5. Assessment of sick child for blood glucose level using glucometer
6. Assessment and care of the child with diarrhea by treating with ORS	6. Assessment and care of the sick child during feeding problems -inserting feeding tube in a baby
7. Assessment and care of the child with diarrhea by administration of zinc tablet	7. Assessment and care of the sick child for oxygen saturation using pulse oximeter
8. Infection prevention practice-hand washing	8. Assessment and care of the sick child using oxygen therapy through oxygen cylinder
9. Infection prevention practice-preparation of 0.5% chlorine solution	9. Assessment and care of the sick child using oxygen therapy through oxygen concentrator
10. Infection prevention practice-biomedical segregation of waste	10. Assessment and care of the sick child with respiratory difficulty using nebulizer
11. Infection prevention practice-putting on and removal of gloves	
12. Care of the newborn -immunization – BCG	
13. Care of the child -immunization – DPT	
14. Care of the child -immunization –TT	
15. Care of the child -immunization – Measles	
16. Care of the child -immunization – OPV	
17. Care of the child -immunization – Hepatitis B	

Practical III: Midwifery

Basic Skills	Advanced Skills
<ol style="list-style-type: none"> <li>1. Antenatal assessment: calculation of EDD</li> <li>2. Antenatal assessment: detecting pregnancy using pregnancy testing kit</li> <li>3. Antenatal examination: measuring blood pressure</li> <li>4. Antenatal examination: measuring pulse</li> <li>5. Abdominal examination during pregnancy</li> <li>6. Laboratory investigation: Testing blood for hemoglobin</li> <li>7. Laboratory investigation: Testing urine for sugar</li> <li>8. Laboratory investigation: Testing urine for protein</li> <li>9. Laboratory investigation: RDT for malaria</li> <li>10. Antenatal general examination</li> <li>11. Assessment during first stage of labor: PV examination</li> <li>12. Assessment and care during second stage of labor: conducting normal delivery</li> <li>13. Assessment and care during third stage of labor: active management of third stage of labor</li> <li>14. Essential newborn care</li> <li>15. Administration of Inj. TT</li> <li>16. Distribution of oral contraceptive pills</li> <li>17. Counseling of antenatal woman</li> <li>18. Counseling on family planning – method specific</li> <li>19. Counseling skills</li> </ol>	<ol style="list-style-type: none"> <li>1. Assessment during first stage of labor: plotting of partograph</li> <li>2. Newborn resuscitation</li> <li>3. Kangaroo mother care</li> <li>4. Management of antenatal complications pre-eclampsia and eclampsia</li> <li>5. Initial management of antenatal complications preeclampsia and eclampsia-administration of Inj. Mg So4</li> <li>6. Management of postnatal complications</li> <li>7. Initial management of PPH: preparation and administration of oxytocin trip</li> <li>8. Initial Management of PPH: Bimanual compression of uterus</li> <li>9. Intrapartum complications: Identify and manage</li> <li>10. Catheterization--Plain catheter</li> <li>11. Catheterization—In dwelling catheter</li> <li>12. Starting up of IV line</li> <li>13. Post abortion care</li> <li>14. IUCD insertion-Interval assessment for identifying abnormalities in cervix: visual inspection of cervix with acetic acid</li> </ol>

## 8.4 Rotation of students in skills lab for OSCE

- Each student will be rotated in all skill station in rounds varying upon the total number of students. (maximum 4 OSCE rounds in a day)
- The numbers of available days for all practical examinations (I & II year) for all the students in a state are 12 working days only.
- Allot the students equally to the skills lab identified for OSCE, the number of students for each practical exam should not exceed 288/skills lab.
- The number of skills lab required to conduct OSCE examination can be calculated as below

$$\frac{\text{Total Number of students (first year + second year)}}{\text{Number of students examined per skills lab in 12 days (first year + second year)}}$$

For Example:

### In Bihar

- ANM Schools are 44 and Admission capacity is 1278\* (Source: INC, 31 Mar, 2012) and identified skills lab for OSCE are 05 out of 26.
- The skills lab required for conducting OSCE in Bihar is 5
  - $\frac{\text{Total no. of students 2556 (1278 First year+1278 Second Year)}}{288 (24 First year +24 Second year= 48*12=288)}$

Table1: Rotation of 288 students for practical II&III for 12 days

Exams (I & II year)	Practical II	Practical III
Day 1	1a to 24a	1b to 24 b
Day 2	25a-48a	25b - 48 b
Day 3	49a- 62a	49b -62b
Day 4	63a-86a	63b-86b
Day 5	87a-110a	87b-110b
Day 6	111a-134a	111b - 134b
Day 7	135a-158a	135b-158b
Day 8	159a-182a	159b-182b
Day 9	183a-206a	183b-206b
Day 10	207a-240a	207b-240b
Day 11	241a-264a	241b-264b
Day 12	264a-288a	264b-288b

The SNRC can extend 2 or 3 days of practical examination by adjusting the theory exams in morning and evening for first and second year ANMs on the same day

- The total number of skill stations of OSCE for each subject should not be more than 6 (refer Table 2)
- There will be 48 students in a day for OSCE at skills lab each for first and second year practical exams (refer Table 2)
- The time limit for each OSCE skill station should not be more than 10 minutes (refer Table 2).

- One OSCE round completes when all six students complete all six stations in a rotation manner in a given time limit.

Table 2: Summary of practical exam (OSCE)

Year	First year (ANM)	Second year (ANM)
OSCE	Practical II	Practical III
Subject	Child health nursing	Midwifery
Skills lab/room for OSCE	One	One
Skill station	Six	Six
No. of students at one round	Six	Six
Time limit for each skill station	Ten minutes	Ten minutes
Total time for one round of OSCE	60 Minutes	60 Minutes
Maximum no. of students per day/ rounds of OSCE/ hours	24 students/ 4 OSCE rounds/ 4 hours	24 students/ 4 OSCE rounds/ 4 hours
Max load -12 days	Not >288	Not >288
Students/day	Not >24	Not >24
HR (total)/day	17	
Examination superintendent	1	
Examination coordinator	1	
Examiners/assessors	6	6
Invigilators	1	1

### Rules for the conduct of OSCE examinations

1. Students must arrive at the examination site at least one hour before the commencement of the examination
2. Students are not allowed to leave the OSCE skills lab before completing the OSCE
3. It is mandatory that each student must undergo all 6 OSCE station
4. If a student enters the OSCE round after the commencement, whether she can be allowed to participate in the middle of OSCE rounds and whether she can be allowed additional time to complete the remaining stations at the end of the day will be at the discretion of the examination superintendent. However, the student can be allowed to participate in her ongoing round **if only the remaining stations are not less than 3 and remaining 3 stations can be done at the end of the day**
5. Students must come in uniform and present with appropriate photo identification/ examination hall ticket, lab coat with roll number pinned (visibly), stethoscope, watch with a second hand, clipboard, blank sheets of paper, pens, pencils and PPE<sup>§</sup>. Failure to do so may prevent the candidate from taking the examination
6. All extraneous items not explicitly approved as allowable aids for the examination, shall be placed in a designated secure storage area under the supervision of the invigilators

<sup>§</sup> The Apron, cap, mask, shoe covers and Gloves- 2 pairs, inch tape and thermometer by individual student or procured and issued to students centrally by the respective ANM school (Govt/Private)

7. Each student will proceed through the sequence of stations as assigned by the examination superintendent
8. Students are responsible for ensuring that all information is written legibly on the answer sheets
9. Where standardized patients are used in the course of an examination the candidate will extend the same respect and professional courtesy as that which is appropriate for any clinical interaction
10. No student shall discuss any part of the examination with another for the duration of the exam period
11. If a student feels that her/his performance has been compromised as a result of an irregularity in the conduct of the examination she must report in writing as an “anecdote” the irregularity to the examination superintendent prior to leaving the examination site
12. No portion of the examination shall be retained by a student after the conclusion of the examination except where explicitly authorized by the examination superintendent
13. *THE SKILLS LAB/ OR ATTACHED ANM SCHOOL IS NOT RESPONSIBLE FOR PERSONAL BELONGINGS LEFT/LOST IN EXAMINATION ROOMS.*

# Annexure 1: Sample Checklist

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

### Skill Station: Pregnancy Detection test

**Situation:** Mrs.Revathi, 20yrs, female is visiting your health centre with her Mother in Law. She says she has missed her periods (amenorrhoea) for 14 days and would like to test for pregnancy. Now you will perform a pregnancy urine test.

**Observation:** Observe if the participant is performing the following steps of pregnancy detection test in their correct sequence (as necessary) and technique.

**Score "1"** for each task conducted correctly or mark "0" if the task is not done/ incorrect as recommended and calculate the Score.

S.No	STEP/TASK	Score 1/0	Remarks
1	Keeps the necessary items ready (Pregnancy test kit, disposable dropper, clean container to collect urine)		
2	Take sample of urine		
3	Checks the expiry date		
4	Removes the pregnancy test card		
5	Places it on the flat surface		
6	Uses the dropper to take urine from the container		
7	Put two -3 drops in the well-marked S		
8	Waits for 5 min		
9	If one red band appears in the result window R, the pregnancy test is negative		
10	If two parallel red bands appear the pregnancy detection test is positive		
11	Informs the woman the result and record it		

Pass Score = 09/11

Student Score = \_\_\_\_\_

Pass- Yes No





## Annexure 3: SAMPLE OF FILLED OSCE SCORE COMPILATION SHEET

**OSCE SCORE COMPILATION SHEET**

Name of the OSCE Skills lab: ANMTC, GIAYA

District: GIAYA State: BIHAR

Name of Exam: Practical III: MIDWIFERY Date: 13.02.12

Roll Number of Students allotted: From 100101210 to 100101233

Total Number of Students: Allotted: 24 Attended: 24

Total Number of OSCE station: Basic Skills 04 Advanced Skills 02

OSCE score summary sheet:

Name of OSCE station	Basic Skills				Advanced Skills		Total Marks
	PARIDOORA -PH	NORMAL DELIVERY	ANTENATAL EXAMINATION	ENBC - ESSENTIAL NEWBORN CARE	INITIAL MANAGEMENT OF P/E/E	NEWBORN RESUSCITATION	
Expected Pass Score (Marks)	15	15	15	15	20	20	100
100101210	15	15	15	0	20	20	85
100101211	15	0	15	15	20	0	55
100101212	15	0	0	15	20	20	70
100101213	15	15	0	0	20	20	70
100101214	15	15	15	0	20	20	85
100101215	15	15	15	0	20	0	65
100101216	15	15	15	15	0	0	60
100101217	15	15	15	15	20	0	80
100101218	15	15	0	0	20	20	70
100101219	15	15	15	15	20	20	100
100101220	15	0	15	15	20	20	85
100101221	0	15	15	15	20	20	85

100101222	15	15	15	15	20	0	80
100101223	15	15	15	15	20	20	100
100101224	0	15	15	15	20	20	85
100101225	15	15	15	15	20	0	80
100101226	15	15	15	15	20	20	100
100101227	15	15	15	0	20	20	85
100101228	15	15	15	15	0	0	60
100101229	15	15	15	15	0	20	85
100101230	15	15	0	0	0	20	50
100101231	15	15	0	15	0	20	65
100101232	15	15	15	15	20	20	100
100101233	15	15	0	0	20	20	70
Name of the Examiner/Assessor	Ms. Anita Kumari	Ms. Sirla Devi	Ms. Manisha	Ms. Kalyani	Ms. Asha	Ms. Aruna	
Signature of the Examiner/Assessor	<i>Anita Kumari</i>	<i>Sirla Devi</i>	<i>Manisha</i>	<i>Kalyani</i>	<i>Asha</i>	<i>Aruna</i>	

Ms. Vasanthi Maya  
Name of the Exam Superintendent

Seal: 

Vasanthi Maya 13/2/12  
Signature of the Exam Superintendent

Ms. Kalyani Kumari  
Name of the Exam Coordinator

Kalyani Kumari  
Signature of the Exam Coordinator

2

## Annexure 4: OSCE Checklists – Child Health Nursing

1. Assessment of the newborn -weighing of newborn
2. Assessment of the child and identification of malnutrition -weighing of child using color coded sling scale
3. Assess the child for fever-temperature recording using mercury thermometer
4. Assess the child for fever-temperature recording using digital thermometer
5. Assess the child for fever with hypothermia using Radiant warmer
6. Assessment and care of the child in maintaining patent airway -use of electrical suction machine
7. Assessment and care of the child in maintaining patent airway-use of foot operated Suction machine
8. Assessment and care of the newborns with jaundice using of phototherapy machine
9. Assessment of child- counting respiratory rate
10. Assessment of sick child for blood glucose level using Glucometer
11. Assessment and care of the sick child during feeding problems -inserting feeding tube in a baby
12. Assessment and care of the sick child for oxygen saturation using pulse oximeter
13. Assessment and care of the sick child using oxygen therapy through oxygen cylinder
14. Assessment and care of the sick child using oxygen therapy through oxygen concentrator
15. Assessment and care of the sick child with respiratory difficulty using nebulizer
16. Assessment and care of the child with diarrhea by treating with ORS
17. Assessment and care of the child with diarrhea by administration of Zinc tablet
18. Infection prevention practice-hand washing
19. Infection prevention practice-preparation of 0.5% Chlorine solution
20. Infection prevention practice-biomedical Segregation of waste
21. Infection prevention practice-putting on and removal of gloves
22. Care of the newborn -immunization –BCG
23. Care of the child -immunization – DPT
24. Care of the child -immunization –TT
25. Care of the child -immunization – Measles
26. Care of the child -immunization – OPV
27. Care of the child -immunization –Hepatitis B

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

### Skill Station: Assessment of the newborn -weighing of newborn

**Situation:** You have assisted Mrs. Kumari to deliver a female baby 2 hours ago, as a part of essential newborn care, you will now demonstrate weighing of newborn.

**Observation:** Observe if the participant is performing the following steps of weighing of newborn (Electronic) in their correct sequence (as necessary) and technique.

Score "1" for each point conducted correctly or mark "0" if the task is not done as recommended and calculate the Score.

S.NO	Steps	Score 1/0	Remarks
1.	Places the weighing scale on a flat and stable surface		
2.	Checks whether pan is centrally placed		
3.	Checks whether the pan is free to move		
4.	Places towel/ autoclaved paper on the pan		
5.	Adjusts the setting to "0"		
6.	Undresses the baby and places the undressed baby on the weighing machine		
7.	Places baby centrally on the pan, Pacifies the baby if it is vigorous		
8.	Records the reading in the register		
9.	Informs the mother about baby's weight		
10.	Removes the baby from the pan and dresses the baby quickly		
11.	Gives the baby to the mother		
12.	Cleans the pan if it is soiled		
13.	Removes the used towel/ autoclaved paper		

Pass Score = 11/13 (85%)

Student Score = \_\_\_\_\_

Pass Yes No

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

### Skill Station: Assessment of the child and identification of malnutrition - weighing of child using color coded sling scale

**Situation:** You are an ANM at Sub Centre; during your VHN day (Village Health and Nutrition Day) you are receiving a mother with her 2 year old child, name Geetha. Now you will demonstrate weighing of Geetha using color coded sling scale.

**Observation:** Observe if the participant is performing the following steps of weighing of newborn using color coded sling scale in their correct sequence (as necessary) and technique.

Score "1" for each point conducted correctly or mark "0" if the task is not done as recommended and calculate the Score.

S.NO	Steps	Score 1/0	Remarks
1.	Places the sling on scale		
2.	Holds the scale by top bar off the floor, keeping the adjustment knob at eye level		
3.	Turns the screw until its top fully covers the red and "0" is visible		
4.	Removes sling on hook and place it on a clean cloth on the ground		
5.	Places baby with minimum clothes on, in sling and replaces the sling on the hook		
6.	Undresses the baby and places the undressed baby on the weighing machine		
7.	Holds top bar carefully, as she stands up, lifts the scale and sling with baby off the ground, until the knob is at eye level.		
8.	Reads the weight		
9.	Gently puts the sling with baby in it, on the ground and unhooks the sling		
10.	Removes the baby from the sling and hands over the baby to mother		
11.	Records the weight in the growth chart and identify malnutrition		
12.	Inform the mother the findings		

Pass Score = 10/12 (83%)

Student Score = \_\_\_\_\_

Pass Yes No

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

### Skill Station: Assess the child for fever -recording temperature using mercury thermometer

**Situation:** During the VNH day, Mrs.Vimala has visited you with her 2 year old baby saying the baby has fever for last 24hours, now you will demonstrate measuring temperature as a part of examination.

**Observation:** Observe if the participant is performing the following steps of temperature recording using mercury thermometer in their correct sequence (as necessary) and technique.

Score “1” for each point conducted correctly or mark “0” if the task is not done as recommended and calculate the Score.

S. No	Steps	Score 1/0	Remarks
1.	Takes thermometer out of box, holds at broad end		
2.	cleans the shining tip with cotton spirit and waits till dry		
3.	Checks the position of column of mercury if above the junction of the bulb with the stem then		
4.	Shakes it gently by flicking at the wrist till the mercury in the column falls back into the chamber		
5.	Removes /exposes the baby's arm fully		
6.	Places the silver bulb end of the thermometer under the baby's arm at the apex of the axilla, parallel to the lateral wall of the chest of the baby		
7.	Gently holds the baby's arm against the body		
8.	Keeps the thermometer for 5 minutes		
9.	Removes the thermometer and reads the temperature		
10.	Records the findings and informs the mother		
11.	Cleans the shining tip with cotton spirit, places it in the box		

Pass Score = 09/11 (82%)

Student Score = \_\_\_\_\_

Pass Yes No

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

### **Skill Station: Assess the child for fever -recording temperature using digital thermometer**

**Situation:** During the VNH day, Mrs. Vimala visits you for her 2 year old baby with the complaints of fever, now you will demonstrate measuring temperature as a part of your examination.

**Observation:** Observe if the participant is performing the following steps of temperature recording using digital thermometer in their correct sequence (as necessary) and technique.

Score “1” for each point conducted correctly or mark “0” if the task is not done as recommended and calculate the Score.

S.NO	Steps	Score 1/0	Remarks
1.	Takes thermometer out of its storage case, holds at broad end, and cleans the shining tip with cotton ball soaked in spirit		
2.	Presses the pink button once to turn the thermometer on. “188.8” flashes in the centre of the display window, then a dash (-), then the last temperature taken and then three dashes (- - -) and a flashing “F” in the upper right corner		
3.	Holds the thermometer upwards and places the shining tip under the baby’s arm at the apex of the axilla, parallel to the lateral wall of the chest of the baby		
4.	There will be a beep sound every 4 seconds while the thermometer is recording the temperature. When she hears 3 short beeps, looks at the display. When “F” stops flashing and the number stops changing, removes the thermometer		
5.	Reads the number in the display window. Records the temperature reading on the form		
6.	Turns the thermometer off by pushing the pink button one time		
7.	Cleans the shining tip of the thermometer with a cotton ball soaked in spirit and places thermometer back in its storage		

*Pass Score = 06/07 (86%)*

*Student Score = \_\_\_\_\_*

*Pass    Yes    No*

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

### Skill Station: Care of the child with hypothermia using radiant warmer

**Observation:** Observe if the participant is performing the following steps of using radiant warmer to maintain temperature in their correct sequence (as necessary) and technique.

Score “1” for each point conducted correctly or mark “0” if the task is not done as recommended and calculate the Score.

S.NO	Steps	Score 1/0	Remarks
1.	Switches on the machine at least 20 minutes prior to the expected time of delivery/arrival of the LBW or Sick Babies		
2.	Identifies in the temperature panel that the readings are set as skin temperature and the air temperature		
3.	Identifies servo and manual mode switches		
4.	Sets warmer in manual mode		
5.	Adjusts the heat output to: <ul style="list-style-type: none"> <li>▪ HIGH: If baby temperature is below 36<sup>o</sup>C</li> <li>▪ MEDIUM: If baby temperature is between 36<sup>o</sup>C – 36.5<sup>o</sup>C</li> <li>▪ LOW: If baby temperature is between 36.5<sup>o</sup>C – 37.5<sup>o</sup>C</li> </ul>		
6.	Switches to servo control mode setting once the temperature of baby is between 36.5 <sup>o</sup> C – 37.4 <sup>o</sup> C		
7.	Places the baby (Baby Doll) on the bassinet. Identifies the correct site ( <i>right hypochondrium in supine position</i> ) and connects skin probe to the baby's abdomen with sticking tape		
8.	Sets alarm setting (Set the desired temperature of baby to be maintained between 36.5 <sup>o</sup> C – 37.4 <sup>o</sup> C)		
9.	Ensures that the baby's head is covered with cap and feet secured in socks and the baby is clothed or covered unless it is necessary for the baby to be naked or partially undressed for observation or for a procedure		
10.	Able to respond to alarm immediately, identify the fault and rectify it		
11.	Checks the sensor probe regularly so as to ensure that it is in place		

Pass Score = 09/11 (82%)

Student Score = \_\_\_\_\_

Pass Yes No

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

### **Skill Station: Assessment and care of the child in maintaining airway - use of electrical suction machine**

**Observation:** Observe if the participant is performing the following steps of using suction machine-Electrical in their correct sequence (as necessary) and technique.

Score "1" for each point conducted correctly or mark "0" if the task is not done as recommended and calculate the Score.

S.NO	Steps	Score 1/0	Remarks
1.	Connects to the main		
2.	Switches on the unit		
3.	Identifies the pressure gauge		
4.	Occludes the distal end to check the pressure reading		
5.	Adjusts the pressure knob to keep pressure of suction to 100 cm of water		
6.	Washes Hands		
7.	Wears the Gloves		
8.	Takes disposable suction catheter		
9.	Connects to suction tubing and performs the suction gently		
10.	Switches off the suction machine.		

*Pass Score = 08/10 (80%)*

*Student Score = \_\_\_\_\_*

*Pass Yes No*

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

### **Skill Station: Assessment and care of the child in maintaining airway -use of foot operated suction machine**

**Observation:** Observe if the participant is performing the following steps of using suction machine-Foot/Hand operated in their correct sequence (as necessary) and technique.

Score “1” for each point conducted correctly or mark “0” if the task is not done as recommended and calculate the Score

S.NO	Steps	Score 1/0	Remarks
1.	Places the foot suction on floor across and in front of resuscitation trolley, with bellows on right side (if you use your right foot) and fluid collection jar on left side		
2.	Washes Hands		
3.	Connects suction catheter to patient end of silicone tubing of machine		
4.	Ensures that suction catheter is placed on baby mattress and tube length is adequate		
5.	Places right foot on bellows and press down ensuring that it slides down in contact with the central vertical metal plate. (This ensures that bellows do not tilt outwards, preventing slipping of foot)		
6.	Pinches the suction catheter end, presses the bellows and checks for suction pressure. (Foot pressure can be adjusted to ensure adequate suction pressure)		

*Pass Score = 05/06 (83%)*

*Student Score = \_\_\_\_\_*

*Pass Yes No*

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

### Skill Station: Assessment and care newborn with jaundice using phototherapy

**Observation:** Observe if the participant is performing the following steps of using suction machine-Foot/Hand operated in their correct sequence (as necessary) and technique.

Score “1” for each point conducted correctly or mark “0” if the task is not done as recommended and calculate the Score.

S.No	Steps	Score 1/0	Remarks
1.	Switches on the phototherapy machine and checks whether all the tubes are lighting up		
2.	Adjusts the height of the phototherapy's lamp (45 cms & less )		
3.	Undresses the baby covers eyes with eye pad, covers external genitalia with dry napkin		
4.	Places the infant on the basinet		
5.	Ensures frequent changes of baby position (every 2 hours or after breast feeding) in order to maintain exposure to all parts		
6.	Encourages frequent breast feeding		
7.	Ensures baby receives continuous phototherapy. However, Temporary interruptions for breast feeding or procedures are allowed		
8.	Monitors baby's temperature four hourly and weight every 24 hours		
9.	Estimates serum bilirubin at least once a day as clinical or visual assessment of jaundice under lights becomes fallacious		
10.	Maintains a log book of phototherapy unit usage in hours /checks the time recorder on equipment and replaces the tube lights as per recommendation (every 3 months or used more than 1000 hours or if the end of the tubes blacken/ tubes flicker		

*Pass Score = 08/10 (80%)*

*Student Score = \_\_\_\_\_*

*Pass Yes No*

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

### **Skill Station: Assessment of child for possible bacterial infection-counting respiratory rate**

**Situation:** On VHN day, a mother with her 45days old female baby is attending your clinic, complaining the baby is not well. As part of the assessment now you will demonstrate counting the baby's respiration.

**Observation:** Observe if the participant is performing the following steps of counting respiratory rate in their correct sequence (as necessary) and technique.

6\* - Simulate that the respiratory count is more than 60/minute

Score "1" for each point conducted correctly or mark "0" if the task is not done as recommended and calculate the Score.

S.No	Steps	Score 1/0	Remarks
1.	Greets the mother or companion		
2.	Explains the procedure		
3.	Keeps them in comfortable position, where the assessor can easily see the child breathing		
4.	Allows the child to be calm, in case if she/he is crying		
5.	Count the breaths for 1 minute		
6.	Recounts it again, if the respiration is more than 60/minute.		
7.	Confirms the diagnosis		
8.	Record the findings and fills the referral slip		
9.	Explains the need for referral and refers the baby to the FRU		

*Pass Score = 08/09 (89%)*

*Student Score = \_\_\_\_\_*

*Pass Yes No*

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

### Skill Station: Assessing the sick child for blood glucose level using glucometer

**Observation:** Observe if the participant is performing the following steps of use of glucometer in their correct sequence (as necessary) and technique.

Score "1" for each point conducted correctly or mark "0" if the task is not done as recommended and calculate the Score.

S.No	Steps	Score1/0	Remarks
1.	Keeps the equipment's ready for estimating blood sugar – Glucometer, Glucostrips, Lancets, spirit for skin preparation		
2.	Washes hands		
3.	Prepares the skin puncture site ( <i>Newborn: Postero-lateral aspect of the heel, Children and adults: Fingertip</i> ) by using spirit and allows spirit to dry		
4.	Inserts the testy strip into glucometer		
5.	Makes a puncture with lancet and allows a drop of blood to form and drawn into the reaction zone of the test strip through capillary action.		
6.	Records the results displayed in the meter display window after 30 seconds		

*Pass Score = 05/06 (83%)*

*Student Score = \_\_\_\_\_*

*Pass Yes No*

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

### Skill Station: Assessment and care of the sick child in tube feeding

**Observation:** Observe if the participant is performing the following steps of inserting feeding tube in a baby in their correct sequence (as necessary) and technique.

Score "1" for each point conducted correctly or mark "0" if the task is not done as recommended and calculate the Score.

S.No	Steps	Score 1/0	Remarks
1.	Identifies the NG tube of correct size based on the gestational age (6 or 8 Fr) and leaves the pack partially open		
2.	Washes hands, wears gloves, moistens tube with saline		
3.	Measures the length from tragus to external nares till midpoint between umbilicus and xiphisternum. Marks the tube at this point		
4.	Inserts gently through one nostril till the measured distance is reached		
5.	Confirms the position of the tube by aspirating gastric contents. If no aspirate is obtained then Pushes 3 ml of air and auscultates for gurgling sound over stomach with the stethoscope		
6.	If there is any doubt about the location of the tube, withdraw it and insert the NG tube again		
7.	Fixes the tube firmly over nose or upper lip with plaster		
8.	Attach drainage bag, if there is abdominal distention		

Pass Score = 07/08 (88%)

Student Score = \_\_\_\_\_

Pass Yes No

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

### Skill Station: Assessment and care of the sick child for oxygen saturation using pulse oxymeter

**Observation:** Observe if the participant is performing the following steps of using pulse oxymeter in their correct sequence (as necessary) and technique.

Score "1" for each point conducted correctly or mark "0" if the task is not done as recommended and calculate the Score.

S.No	Steps	Score 1/0	Remarks
1.	Connect to Main		
2.	Use the mode switches in the oxymeter real panel to set the language, averaging mode, patient mode, patient's pulsatile value display and EMI line frequency. If you change the switch settings while the oxymeter is on, the new settings do not take effect until you power OFF then ON again		
3.	Applies probe to the site that is well perfused like finger, toe, pinna or ear lobule. In Infants foot or palm can also be used. Avoid edematous, bruised sites and excessive pressure		
4.	Ensures probe is in place and both sides of probe are directly opposite each other		
5.	Sets high and low alarms for saturation (2% above and below desired limits) and heart rate 100 to 160/min		
6.	Observe and change site at least once per shift		

Pass Score = 05/06 (83%)

Student Score = \_\_\_\_\_

Pass Yes No

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

### Skill Station: Assessment and care of the sick child by administering oxygen

**Observation:** Observe if the participant is performing the following steps of oxygen administration in their correct sequence (as necessary) and technique.

Score “1” for each point conducted correctly or mark “0” if the task is not done as recommended and calculate the Score.

S.No	Steps	Score 1/0	Remarks
1.	Ensures all the parts are available		
2.	Ensures oxygen cylinder is secured on flat surface in trolley. There is no naked flame nearby and does not use oil/grease to lubricate the joints		
3.	Attaches the regulator		
4.	Attaches flow meter to the regulator to set the flow rate. Ensures the flow meter is vertical		
5.	Attaches humidification bottle to the flow meter. Fills clean water up to the mark level on the bottle. Ensures the humidifier bottle is washed daily with soap and water and water is changed daily		
6.	Attaches an oxygen tube to the humidifier		
7.	Using a spanner/Key turns on oxygen from the cylinder. Sets the desired flow rate from the flow meter. Ensures there are no leaks.		
8.	Connects oxygen tube to the nasal prongs/catheter/face mask/oxygen hood to deliver oxygen to the patient		
9.	Ensures the nose is clear. Places the nasal prongs just inside the nostril runs the tubing under the nostril alongside the child's head and tapes it, adjusts the oxygen flow rate- 0.5 to 1 lit per minute for children less than 2 months and 1-2 lit per minutes for children 2 months upto 5 yrs		
10.	If using nasal catheter, selects 8 F catheter for infants. Measures distance from the side of nostril to the inner margin of the eyebrow. Marks the distance on the catheter. Inserts the catheter in one nostril up to the mark level. Tapes the catheter on child's face. Adjusts the oxygen flow rate - 0.5 lit per minute for children less than 2 months and 1 lit per minutes for children 2 months upto 5 years		

*Pass Score = 08/10 (80%)*

*Student Score = \_\_\_\_\_*

*Pass Yes No*

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

### Skill Station: Assessment and care of sick child by administering oxygen using oxygen concentrator

**Observation:** Observe if the participant is performing the following steps of using oxygen concentrator in their correct sequence (as necessary) and technique.

Score “1” for each point conducted correctly or mark “0” if the task is not done as recommended and calculate the Score.

S.No	Steps	Score 1/0	Remarks
1.	Plugs in the power supply cable		
2.	Switches on the concentrator. once the concentrator is on a yellow light will come up		
3.	Checks the distilled water level in humidifying jar and ensures that it is up to the marking		
4.	Adjusts the oxygen flow as per observers' demand (3–4 liters). The yellow light will be on till the desired concentration of oxygen is achieved.		
5.	Fixes the nasal prongs inside the baby's nostril and fixes it with a tape or Fixes face mask – ensuring that it get fixed snugly covering the baby's mouth, nose and chin.		
6.	Aware of Flow-splitter device connected to the outlet which provides oxygen to four patients at the same time by setting up four different nozzles. If less number of patients are receiving oxygen unused outlets are closed.		
7.	Ensures that there are no air leaks. Makes sure the nose of the patient is clear		
8.	If pulse oxymeter is available, monitors SPO2		

Pass Score = 07/08 (87.5%)

Student Score = \_\_\_\_\_

Pass Yes No

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

### Skill Station: Assessment and care of the sick child with respiratory difficulty using nebulizer

**Observation:** Observe if the participant is performing the following steps of using nebulizer in their correct sequence (as necessary) and technique.

Score "1" for each point conducted correctly or mark "0" if the task is not done as recommended and calculate the Score.

SI.NO	Steps	Score 1/0	Remarks
1.	Washes hands thoroughly before you using a nebulizer and makes sure the equipment is clean		
2.	Measures and puts the correct dosage of medication to be administered into the nebulizer chamber (cup) and adds saline solution to make the volume 3-5 ml. If the medicine is in single-use vials, twists the top off the plastic vial and squeeze the contents into the nebulizer cup		
3.	Connect the mouthpiece, or mask, to the T-shaped elbow (face mask for smaller children and mouthpiece for older children)		
4.	Connects the nebulizer tubing to the port on the compressor. Turns the compressor on and checks the nebulizer for misting		
5.	Holds the nebulizer in upright position to avoid spillage. If using mask ensures it is fitting well. In older children asks the patient to keep the mouthpiece inside the mouth and close lips around it		
6.	Asks the patient to take slow deep breaths and if possible hold the breath for up to 10 seconds before exhaling.		
7.	Occasionally taps the side of the nebulizer to help the solution drop to where it can be misted		
8.	Continues nebulization until the medicine is gone from the cup (10 minutes)		

Pass Score = 07/08 (88%)

Student Score = \_\_\_\_\_

Pass Yes No

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

### Skill Station: Assessment and care of the sick child with diarrhea by treating with ORS

**Observation:** Observe if the participant is performing the following steps of preparation and use of ORS in their correct sequence (as necessary) and technique.

Score "1" for each point conducted correctly or mark "0" if the task is not done as recommended and calculate the Score.

S. No	Steps	Score 1/0	Remarks
1.	Washes hands with soap & water		
2.	Empties the content of 1 lit ORS packet into a clean container. Ensures no powder is left in the packet		
3.	Measures one lit of clean drinking water using a measuring jar or one lit plastic bottle		
4.	Pours the measured one lit water in to the container with continuously stirring so that whole powder is dissolved		
5.	Tastes the prepared ORS solution to ensure it has been prepared correctly		
6.	Keeps the container covered. And remembers to use prepared ORS solution upto 24 hours only		
7.	Ask the mother to give ORS by cup & spoon in her presence		

*Pass Score = 06/07 (86%)*

*Student Score = \_\_\_\_\_*

*Pass Yes No*

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

### **Skill Station: Assessment and care of the sick child with diarrhea by administering zinc tablet.**

**Observation:** Observe if the participant is performing the following steps of zinc tablet administration in their correct sequence (as necessary) and technique.

Score "1" for each point conducted correctly or mark "0" if the task is not done as recommended and calculate the Score.

S. No	Steps	Score 1/0	Remarks
1.	Washes hands with soap and water		
2.	Takes a clean spoon and places half tablet of Zinc for child 2 months up to 6 months and 1 tablet for a child 6 months up to 5 years		
3.	Pours mothers breast milk or clean water in the spoon		
4.	Allows the tablet to disperse (30 seconds to 1 minute). Checks that the tablet is completely dissolved		
5.	Asks the mother to give the prepared Medicine to the baby in her presence. If some portion of the medicine is left in the spoon puts little breast milk or water and give to the child		

*Pass Score = 04/05 (80%)*

*Student Score = \_\_\_\_\_*

*Pass Yes No*

## Objective Structured Clinical Examination (OSCE)

Participant # \_\_\_\_\_

Date \_\_\_\_\_

### Skill Station: Infection Prevention practice- Decontamination

#### I. Decontamination: Please write the appropriate responses for each question:

1. What is strength of chlorine solution used for decontamination?

\_\_\_\_\_

2. How much bleaching powder is used to prepare 1 liter of bleaching solution?

\_\_\_\_\_

3. For how long used instruments are kept in chlorine solution for decontamination?

\_\_\_\_\_

4. How often this solution should be changed?

\_\_\_\_\_

#### II. Segregation of biomedical waste

Identify and segregate the chits/simulated items with the following wastes into their corresponding color coded bins:

**Observation:** The assessor should write the color of the bin against items which the participant used to segregate the waste.

**Score** "1" for each item done correctly or mark "0" if the task is not done as recommended and calculate the Score.

S.No	Items	Color of the bin	Score 1/0	Remarks
1.	Placenta			
2.	Food Waste			
3.	Plastic Syringe			
4.	Urinary Catheter			
5.	Newspaper			
6.	Soiled Dressings			
7.	Broken Ampoules			
8.	IV Sets			
9.	Vegetables Peelings			
10.	Needles			

*Pass Scores: 12/14 (85%)*

*Student's Score:*

*Pass-Yes/No*

## Objective Structured Clinical Examination (OSCE)

Participant # \_\_\_\_\_

Date \_\_\_\_\_

### Skill Station: Infection Prevention practice- Hand Washing

**Situation:** You are in the outpatient clinic seeing patients today. There are many patients but you seeing the poster on the wall that reminds you about hand washing.

Please describe the indications for hand washing and demonstrate the technique of proper hand washing.

**Observation:** Observe if the participant is performing the following steps of Washing in their correct sequence (as necessary) and technique.

**Score** “1” for each point conducted correctly or mark “0” if the task is not done as recommended and calculate the Score.

S.NO	Task	Score 1/0	Remarks
1.	Remove rings, bracelets, and watch		
2.	Wet hands in clean running water. Applies soap		
3.	Vigorously rub hands together in following manner <ul style="list-style-type: none"><li>▪ Palms, fingers and web spaces</li><li>▪ Back of hands</li><li>▪ Fingers and knuckles</li><li>▪ Thumbs</li><li>▪ Fingertips and creases</li><li>▪ Wrist and forearm up to the elbow</li></ul>		
4.	Thoroughly rinse hands in clean running water		
5.	Dry hands using clean personal towel, paper towel, or allows to air dry		

*Pass Scores: 04/05 (80%)*

*Student's Score: \_\_\_\_\_*

*Pass-Yes/No*

## Objective Structured Clinical Examination (OSCE)

Participant # \_\_\_\_\_

Date \_\_\_\_\_

### **Skill Station: Infection Prevention practice- Putting on and removing of HLD/Sterile gloves**

**Observation:** Observe if the participant is performing the following steps of putting on and removing of HLD/sterile gloves in their correct sequence (as necessary) and technique.

Score “1” for each point conducted correctly or mark “0” if the task is not done as recommended and calculate the Score.

S.NO	Task	Score 1/0	Remarks
	<b>PUTTING ON GLOVES</b>		
1.	Remove rings, bracelets, and watch		
2.	Wash hands thoroughly with soap and water and dry with a clean, dry cloth or air dry		
3.	Lay package on clean, dry, flat surface. Open glove packaging without contaminating gloves Or Removes glove(s) from high-level disinfected container using high-level disinfected ring forceps. Avoid contaminating gloves		
4.	Grasp inside edge of the cuff of the right glove with the thumb and first two fingers of your left hand. Avoid contaminating the outside of the glove		
5.	Holding your hands above your waist, insert right hand into the glove and pull the glove up and over the hand		
6.	Grasp inside edge the cuff of the left glove with the thumb and first two fingers of the gloved hand		
7.	Without contaminating either glove. Insert left hand into the glove and pull the glove up and over the hand		
8.	Keeping hands above waist, adjust the gloves, touching only the high-level disinfected or sterile area		
	<b>REMOVING GLOVES</b>		
9.	With right hand, grasp outer surface of wrist of left glove, just below the thumb. Peel the glove off (without contaminating wrist and hand). Drop contaminated glove into 0.5% chlorine decontamination solution		
10.	Place fingers of ungloved hand under the cuff of the right glove (without contaminating ungloved hand) peel second glove off. Drop contaminated glove into 0.5% chlorine decontamination solution		
11.	Wash hands thoroughly with soap and water and dry with a clean, dry cloth or air dry		

*Pass Scores: 09/11 (82%)*

*Student's Score: \_\_\_\_\_*

*Pass-Yes/No*

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

### Skill Station: Administration of BCG Vaccine

**Situation:** Mrs. Revathi, 28 yrs, female delivered a healthy boy yesterday weighing 2.8 kg in your health centre. Today is the BCG vaccination day in your facility. How will you administer BCG vaccine?

**Observation:** Observe if the participant is performing the following steps of administration of BCG vaccine in the correct sequence (as necessary) and technique.

**Score** “1” for each point conducted correctly or mark “0” if the task is not done as recommended and calculate the Score.

S.No	STEP/TASK	Score 1/0	Remarks
1.	Keeps the necessary items ready, Vaccine carrier with BCG vaccine and diluent (normal saline), 5 ml mixing syringe, BCG syringe (0.1 ml AD syringe), cotton, Hub cutter, immunization card		
2.	Checks <ul style="list-style-type: none"> <li>▪ whether it is the right vaccine and diluent;</li> <li>▪ the vaccine has not passed its expiry date and VVM is in usable stage</li> </ul>		
3.	Opens an ampoule of diluent and draws 1ml of diluent into a fresh sterile mixing syringe		
4.	Inserts the mixing needle into vial of vaccine and empties the diluent in it and withdraws the syringe		
5.	Cut the hub of mixing syringe with hub cutter, discards plastic part of the syringe in red bag.		
6.	Mix the vaccine and diluent by gently shaking the vial with one hand. Write the time and date of reconstitution on label.		
7.	Ask the parent, to seat the child on her lap, and hold the child firmly. Baby's head rests on mother's left arm. Baby's left arm and legs are controlled by mother's right arm and hand.		
8.	Open a fresh 0.1 ml AD syringe and throws syringe wrapper and cap in black bag. Load the BCG syringe with reconstituted BCG vaccine with dose of 0.05 ml		
9.	Positions left hand under child's left arm and gently pulls the skin under the arm to stretch the skin at injection site		
10.	Hold the syringe in right hand, with the bevel of the needle facing up. Lays the syringe and needle almost flat (at an angle of 15 degrees) along the child's arm		
11.	Puts left thumb over needle end of syringe (not on the needle) to hold it in position		
12.	Holds the plunger between index and middle finger of right hand and press plunger with right thumb		
13.	Injects vaccine and withdraws the needle		
14.	Looks for clear, flat-topped swelling on the skin (bleb)		

15.	Cuts the hub of syringe with hub cutter and puts the plastic part in red bag		
16.	<p>Documents in immunization card and give 4 key messages about immunization.</p> <ul style="list-style-type: none"> <li>▪ Which vaccine was given and which disease does the vaccine protects against</li> <li>▪ When to come for next vaccination</li> <li>▪ Effects and side effects of immunization and how to manage the same: after 2-3 weeks a papule develops which increases slowly in size upto 5 weeks (4-8mm). It will then subside and break into a shallow ulcer, healing will occur in 4-8 weeks, following a permanent scar</li> <li>▪ Keeping immunization card safe and bringing it on next visit</li> </ul>		

*Pass Score = 14/16 (81%)*

*Student's Score:*

*Pass-Yes/No*

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

### Skill Station: Administration of DPT Vaccine

**Situation:** Mrs. Savitri, 25yrs, female visited your health Centre with her one and a half month old baby girl. Her immunization card shows that she has only received BCG.

Which other vaccines will you administer to her baby? Show the steps of administering DPT vaccine.

Name of the Vaccine(s) - \_\_\_\_\_ Score 1 for correct answer(s)

**Observation:** Observe if the participant is performing the following steps of administration of DPT vaccine in the correct sequence (as necessary) and technique.

**Score “1”** for each point conducted correctly or mark “0” if the task is not done as recommended and calculate the Score.

S.No	STEP/TASK	Score 1/0	Remarks
1.	Keeps necessary items ready: vaccine carrier, hub cutter, cotton, 0.5 ml AD syringe, immunization card		
2.	Checks the clarity of the solution and expiry date on the vaccine vial to make sure vaccine is in usable stage		
3.	Shakes the vial to observe freezing or floccules or particulate matter. Discards the vial, if present		
4.	Position the child on the mother’s lap, in such a way that the child’s head rests in mothers lap in it arm with right arm of the child placed at the back of mother. With the right hand mother holds the child’s left arm and restraints both legs over knees using her right hand		
5.	Open a fresh 0.5 ml AD syringe and throws syringe wrapper and cap in black bag. Loads the vaccine into syringe		
6.	Expels excess air from syringe by tapping it and makes sure that syringe has exactly 0.5 ml of vaccine		
7.	Positions herself on left side of the mother divides the infants thigh into three segments drawing imaginary line and selects middle segment. Puts finger and thumb of left hand on the antero lateral side)		
8.	Stretches the skin flat between finger and thumb		
9.	Hold the syringe like a pen in the right hand the needle pointed towards knee at 45degrees		
10.	Press the top of the plunger with the thumb to inject the vaccine		
11.	Withdraw the needle and press the site of injection with a dry cotton swab		
12.	Cut the needle with the hub cutter and put the plastic part of the syringe into the red bag		
13.	Documents in immunization card and gives 4 key messages about immunization <ul style="list-style-type: none"> <li>▪ Which vaccine was given and which disease does the</li> </ul>		

	<p>vaccine protects against</p> <ul style="list-style-type: none"> <li>▪ When to come for next vaccination</li> <li>▪ Effects of immunization like Localised redness and swelling at injection site, low-grade fever, drowsiness or tiredness and how to manage the same: Giving paracetamol syrup for fever, cold cloth at injection site for local swelling, extra fluids</li> <li>▪ Keeping immunization card safe and bringing it on next visit</li> <li>▪ As a routine crocin syrup is given, specific instruction can be put related to giving syrup/drops</li> </ul>		
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*Pass Score = 10/14 (86%)*

*Student's Score: \_\_\_\_\_*

*Pass-Yes/No*

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

### Skill Station: Administration of TT Vaccine

**Situation:** Mrs. Revathi, 12 weeks pregnant visits your PHC with her mother in law for the first time. This is her first pregnancy. Which vaccine will you give her? Demonstrate how.

Write the name of Vaccine given .....(Score – 1)

**Observation:** Observe if the participant is performing the following steps of administration of TT vaccine in the correct sequence (as necessary) and technique.

**Score “1”** for each point conducted correctly or mark “0” if the task is not done as recommended and calculate the Score.

S.No	STEP/TASK	Score 1/0	Remarks
1.	Keeps the necessary items ready: Vaccine carrier with TT vaccine, cotton, 0.5ml AD syringe, hub cutter, immunization card		
2.	Explain what vaccine will be given and the disease it prevents		
3.	Checks the expiry date on the vaccine vial to make sure vaccine is in usable stage		
4.	Shakes the vial to rule out freezing or floccules		
5.	Notes down the batch number of the vaccine		
6.	Loads the vaccine in a 0.5ml AD syringe, throws AD syringe wrapper and plastic cap in black bag		
7.	Expel excess air from the syringe by tapping the syringe		
8.	Puts the finger and thumb of left hand on either side of injection site (upper arm) Please add a sentence on selection of site i.e., deltoid muscle (locate the acromian process put four fingers below using her left hand )		
9.	Stretches the skin flat between finger and thumb		
10.	Holds the syringe like a pen in right hand and inserts the needle at 90 degrees, through skin between finger and thumb		
11.	Press the top of the plunger with the thumb to inject the vaccine		
12.	Withdraws the needle and presses the site of injection with a dry cotton swab		
13.	Cuts the hub of the syringe with hub cutter and puts the plastic part on the syringe in red bag		
14.	Documents in immunization card and gives 4 key messages about immunization <ul style="list-style-type: none"> <li>▪ Which vaccine was given and which disease does the vaccine protects against</li> <li>▪ When to come for next vaccination</li> <li>▪ Effects and side effects of immunization and how to</li> </ul>		

	manage the same <ul style="list-style-type: none"><li>▪ Keeping immunization card safe and bringing it on next visit</li></ul>		
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*Pass Score = 12/14 (86%)*

*Student's Score:*

*Pass-Yes/No*

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

### Skill Station: Administration of Measles Vaccine

**Situation:** Sukanya, 26 yrs, female visited your health Centre with her eleven month old baby girl. Her immunization card shows that she has already received BCG, OPV -1 vaccine and Hepatitis-1 vaccine. Which other vaccine will you administer to her daughter? Demonstrate the administration of measles vaccine.

Name (s) of the Vaccine - \_\_\_\_\_ **Score 1 for correct answer**

**Observation:** Observe if the participant is performing the following steps of administration of Measles vaccine in the correct sequence (as necessary) and technique.

**Score “1”** for each point conducted correctly or mark “0” if the task is not done as recommended and calculate the Score.

S.No	STEP/TASK	Score 1/0	Remarks
1.	Keeps the necessary items ready, Vaccine carrier with measles vaccine and diluent (pyrogen free double distilled water), 5 ml mixing syringe, cotton swab, 0.5 ml AD syringe, hub cutter, immunization card TT vaccine, cotton		
2.	Checks <ul style="list-style-type: none"> <li>▪ Whether it is the right vaccine and diluent;</li> <li>▪ The vaccine has not passed its expiry date and VVM is in usable stage</li> </ul>		
3.	Opens an ampoule of diluent and draws 1ml of diluent into a fresh sterile mixing syringe		
4.	Inserts the mixing needle into vial of vaccine and empties the diluent in it and withdraws the syringe		
5.	Cut the hub of mixing syringe with hub cutter, discards plastic part of the syringe in red bag		
6.	Mix the vaccine and diluent by gently shaking the vial with one hand write the time and date of reconstitution on label		
7.	Ask the mother, to seat the child on her lap, and hold the child firmly. The mother's right arm should be around the child, supporting her head. <ul style="list-style-type: none"> <li>▪ The child's left arm should be tucked around the parent's body at the back</li> <li>▪ The mother's right hand should hold the child's right arm and mother's left leg would cross over both the legs of the infant</li> </ul>		
8.	Opens a fresh 0.5 ml AD syringe and throws syringe wrapper and cap in black bag. Load the syringe with reconstituted measles vaccine with dose of 0.5 ml		
9.	Expels excess air from the syringe by finger tapping the syringe		
10.	Pinches the skin of right upper arm of baby through left index finger and thumb		
11.	Inserts the needle in a slanting position at 45 degrees angle into the pinched up skin using caution not to push the needle too far in		
12.	Presses the plunger with thumb to inject the vaccine		

13.	Withdraw the needle and press the site of injection with a dry cotton swab		
14.	Cut the needle with the Hub cutter and put the plastic part of the syringe into the red bag		
15.	<p>Documents in immunization card and gives 4 key messages about immunization</p> <ul style="list-style-type: none"> <li>▪ Which vaccine was given and which disease does the vaccine protects against</li> <li>▪ When to come for next vaccination</li> <li>▪ Effects a of immunization like Fever, mild rash</li> <li>▪ and how to manage the same by giving paracetamol syrup, extra fluids, lose clothing</li> <li>▪ Keeping immunization card safe and bringing it on next visit</li> </ul> <p>Add Quest. On how long the reconstituted vaccine can be kept? In few cases mild measles illness may occur, what is the nature of such an illness, and how many days the illness may persist?</p>		

*Pass Score = 13/16 (81%)*

*Student's Score:*

*Pass-Yes/No*

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

### Skill Station: Administration of Oral Polio Vaccine

**Situation:** Fatima, 27 yrs, female visited your health Centre with her six week old boy. His immunization card shows that he has already received BCG, OPV-0 and Hb B-0 vaccine. You administered now DPT-1 and which other vaccine will you administer to her baby?

Name (s) of the Vaccine - \_\_\_\_\_ ( **Score 1** for correct answer )

**Observation:** Observe if the participant is performing the following steps of administration of Oral Polio vaccine in the correct sequence (as necessary) and technique.

**Score “1”** for each point conducted correctly or mark “0” if the task is not done as recommended and calculate the Score.

S.No	STEP/TASK	Score 1/0	Remarks
1.	Keeps the necessary items ready, vaccine carrier with OPV		
2.	Check VVM on the vial and the expiry date before use. Discards the vaccine if the inner square is darker or has the same colour as the outer circle		
3.	Opens the dropper bottle by removing the cap and put the bottle on the foam in vaccine carrier to keep it cold		
4.	Secures the dropper cap on the open vial		
5.	Ask the mother to hold the child firmly, with the child lying on his back in her lap		
6.	Open the child's mouth by stimulating the circumoral area using her little finger this makes the child's open mouth		
7.	Hold the dropper over the child's mouth at an angle of 45°. Squeeze two drops of vaccine from the dropper on to the child's tongue.		
8.	Make sure the child swallows the vaccine. If it is spit out, give another dose. This step can be deleted as 6 weeks baby will swallow without spitting		
9.	Put two drops directly in the mouth of the child. Take care that the dropper does not touch the mouth		
10.	Put the dropper and vial on the foam in a vaccine carrier to keep them cold		
11.	Documents in immunization card and gives 4 key messages about immunization <ul style="list-style-type: none"> <li>▪ Which vaccine was given and which disease does the vaccine protects against</li> <li>▪ When to come for next vaccination</li> <li>▪ Effects and side effects of immunization and how to manage the same</li> <li>▪ Keeping immunization card safe and bringing it on next visit</li> </ul>		

*Pass Score = 09 / 11 (82%)*

*Student's Score:*

*Pass-Yes/No*

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

### Skill Station: Administration of hepatitis vaccine

**Situation:** Savitri, 25yrs, visited your health Centre with her one and a half month old baby girl. Her immunization card shows that she has only received BCG. Which other vaccines will you administer to her baby? Show the steps of administering Hepatitis vaccine.

Name (s) of the Vaccine - \_\_\_\_\_ Score 1 for correct answer

**Observation:** Observe if the participant is performing the following steps of administration of Hepatitis vaccine in the correct sequence (as necessary) and technique.

**Score “1”** for each point conducted correctly or mark “0” if the task is not done as recommended and calculate the Score.

S.No	STEP/TASK	Score 1/0	Remarks
1.	Keeps necessary items ready: vaccine carrier, hub cutter, cotton, 0.5 ml AD syringe, immunization card		
2.	Checks the expiry date on the vaccine vial to make sure vaccine is in usable stage		
3.	Shakes the vial to observe freezing or floccules or particulate matter. Discards the vial if present		
4..	Position the child on the mother’s lap, in such a way that the child’s head rests on mother’s right arm with left arm of the child placed at the back of mother and mother’s right hand holds child right hand. With the left hand mother holds the child’s both legs		
5.	Open a fresh 0.5 ml AD syringe and throws syringe wrapper and cap in black bag. Loads the vaccine into syringe		
6.	Expels excess air from syringe by tapping it and makes sure that syringe has exactly 0.5 ml of vaccine		
7.	Puts finger and thumb of left hand on either side of the injection site (right anterolateral thigh)		
8.	Stretches the skin flat between finger and thumb		
9.	Hold the syringe like a pen in the right hand and push the needle straight down at 90degrees		
10.	Press the top of the plunger with the thumb to inject the vaccine		
11.	Withdraw the needle and press the site of injection with a dry cotton swab		
12.	Cut the needle with the hub cutter and put the plastic part of the syringe into the red bag		
13.	Documents in immunization card and gives 4 key messages about immunization <ul style="list-style-type: none"> <li>▪ Which vaccine was given and which disease does the vaccine protects against</li> </ul>		

	<ul style="list-style-type: none"> <li>▪ When to come for next vaccination</li> <li>▪ Effects of immunization like localised pain, redness , swelling at injection site, injection site nodule, Low-grade fever</li> <li>▪ and how to manage the same by giving paracetamol for fever, cold cloth at injection site for local reaction</li> <li>▪ Keeping immunization card safe and bringing it on next visit</li> </ul>		
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*Pass Score: 11/13 (85%)*

*Student's Score:*

*Pass-Yes/No*

## Annexure 5: OSCE Checklists – Midwifery

### Subject: Midwifery

1. Antenatal Assessment: Calculation of EDD
2. Antenatal Assessment: Detecting pregnancy using pregnancy testing kit
3. Antenatal Examination: Measuring Blood Pressure
4. Antenatal Examination: Measuring Pulse
5. Abdominal Examination during Pregnancy
6. Laboratory Investigation: Testing blood for Hemoglobin
7. Laboratory Investigation: Testing Urine for Sugar
8. Laboratory Investigation: Testing Urine for Protein
9. Laboratory Investigation: RDT for Malaria
10. Antenatal Examination
11. Assessment during first stage of labor: PV examination
12. Assessment during first stage of labor: Plotting of Partograph
13. Assessment and care during second stage of labor: Conducting normal delivery
14. Assessment and care during third stage of labor: Active Management of Third stage of labor
15. Essential Newborn Care
16. Newborn Resuscitation
17. Kangaroo Mother care
18. Management of antenatal complications pre-eclampsia and eclampsia
19. Initial Management of antenatal complications preeclampsia and eclampsia-administration of Inj. Mg So<sub>4</sub>
20. Management of postnatal complications
21. Initial Management of PPH: Preparation and administration of Oxytocin drip
22. Initial Management of PPH: Bimanual Compression of uterus
23. Intrapartum Complications: identify and manage
24. Catheterization—Plain catheter
25. Catheterization—In dwelling catheter
26. Starting up of IV line
27. Administration of Inj. TT
28. Post Abortion Care
29. IUCD insertion-Interval
30. Distribution of Oral contraceptive pills
31. Assessment for identifying abnormalities in cervix: Visual inspection of cervix with acetic acid
32. Counseling of antenatal woman
33. Counseling on family planning –method specific
34. Counseling skills

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

### Skill Station: Antenatal Assessment-Calculation of EDD

**Situation:** You have received five new mothers at your clinic for first time for their AN checkups and you had confirmed their pregnancy and now you will calculate their EDD according to their LMP mentioned below

Score “2” for each point for correct answer or mark “0” if the answer is not correct.

**Client Name:** Mrs. Seema, who is 30 years old, she last got her period on the day before Holi, i.e. March 10.

**Answer:** \_\_\_\_\_

**Client Name:** Mrs. Laxmi, who is 18 years old, says she got her last period on January 2. She wants to know when she will deliver.

**Answer:** \_\_\_\_\_

**Client Name:** Mrs. Kumari, who is 22 years old, comes to you and says that her last period was on 29 March. She wants to know her due date.

**Answer:** \_\_\_\_\_

**Client Name:** Mrs. Archana, Today is DD/MM/YYYY and says that she completed eight months of her pregnancy 10 days ago.

**Answer:** \_\_\_\_\_

**Client Name:** Mrs. Aruna, Today is DD/MM/YYYY and says that she did not get her periods which are supposed to be 5 days ago.

**Answer:** \_\_\_\_\_

Pass Score = 08/10 (80%)

Student Score = \_\_\_\_\_

Pass    Yes    No

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

### Skill Station: Antenatal Assessment- Pregnancy Detection test

**Situation:** Mrs. Revathi, 20 yrs, female is visiting your health centre with her Mother in Law. She says she has missed her periods (amenorrhea) for 14 days and would like to test for pregnancy. Now you will perform a pregnancy urine test.

**Observation:** Observe if the participant is performing the following steps of pregnancy detection test in their correct sequence (as necessary) and technique.

Score "1" for each point conducted correctly or mark "0" if the Steps is not done or incorrectly done and calculate the Score.

S.No	STEP/STEPS	Score 1/0	Remarks
1.	Keeps the necessary items ready (Pregnancy test kit, disposable dropper, clean container to collect urine)		
2.	Take sample of urine		
3.	Checks the expiry date		
4.	Removes the pregnancy test card		
5.	Places it on the flat surface		
6.	Uses the dropper to take urine from the container		
7.	Put two -3 drops in the well-marked S		
8.	Waits for 5 min		
9.	If one red band appears in the result window R, the pregnancy test is negative		
10.	If two parallel red bands appear the pregnancy detection test is positive		
11.	Informs the woman the result and record it		

Pass Score = 09/11 (82%)

Student Score = \_\_\_\_\_

Pass- Yes No

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

### Skill Station: Antenatal examination-Measuring Blood Pressure

**Situation:** Mrs. Rani, a 26-year-old primi gravida, has come today for her 2<sup>nd</sup> AN visit at 24 weeks of pregnancy. You have already conducted the history and have found nothing abnormal. **Now you will demonstrate measuring BP as part of physical examination.**

**Observation:** Observe if the participant is performing the following steps of measuring blood pressure in their correct sequence (as necessary) and technique.

Score “1” for each point conducted correctly or mark “0” if the Steps is not done or incorrectly done and calculate the Score.

S.No	STEP/STEPS	Score 1/0	Remarks
1.	Wash hands and tells the woman what she is going to do		
2.	Checks that bulb is properly attached to the tubing		
3.	Checks for any crack and leakage in the bulb and cuff		
4.	Checks mercury column knob is in open mode		
5.	Asks the person to sit on a chair or lie down on flat surface		
6.	Place the apparatus on a horizontal surface at the person's heart level		
7.	The mercury column is at the observer's eye level		
8.	Ties the cuff 1 inch above the elbow placing both the tubes in front		
9.	Raises the pressure of the cuff to 30 mmHg above the level at which pulse is no longer felt		
10.	Releases pressure slowly and listens with stethoscope keeping it on brachial artery at the elbow		
11.	Notes the reading where the sound is heard (systolic pressure)		
12.	Follows the sound and notes reading where the sound disappears (diastolic)		
13.	Deflates and remove the cuff; closes the mercury column knob		
14.	Informs the woman the findings and washes hands		
15.	Records the reading on MCP card		

*Pass Score = 12/15 (80%)*

*Student Score = \_\_\_\_\_*

*Pass- Yes No*

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

### Skill Station: Antenatal examination- Measuring Pulse

**Situation:** Mrs. Ranjini is a 28-year-old, gravida 2, has confirmed her pregnancy by urine pregnancy test at home and has come today to your centre for her AN visit and registration. You have already conducted the history and have found everything normal. **Now you will demonstrate measuring pulse as part of physical examination.**

**Observation:** Observe if the participant is performing the following steps of measuring pulse in their correct sequence (as necessary) and technique.

Score “1” for each point conducted correctly or mark “0” if the Steps is not done or incorrectly done and calculate the Score.

S.No	STEP/STEPS	Score 1/0	Remarks
1.	Have the woman sit or lie in a comfortable position		
2.	Palpate (feels) the woman’s radial pulse by placing the fingertips of three middle fingers on her wrist, below her thumb		
3.	Assess the woman’s pulse for regularity and strength		
4.	Look at the second hand of watch or a clock: <ul style="list-style-type: none"><li>▪ If pulse is regular, count pulse for 30 seconds and multiply by 2</li><li>▪ If pulse is irregular count for 1 full minute</li></ul>		
5.	After assessment of pulse, keep fingers resting on the woman’s wrist observes one or two respirations <ul style="list-style-type: none"><li>▪ If rate is regular count for 30 seconds and multiplies by 2</li><li>▪ If rate is irregular count for 1 full minute</li></ul>		
8.	Discuss findings with the woman		
9.	Record findings on the woman’s chart		
10.	After assessment of vital signs, wash hands thoroughly with soap and water, and dry them with a clean dry cloth or air dry		

Pass Score = 08/10 (80%)

Student Score = \_\_\_\_\_

Pass- Yes No

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

### Skill Station: Abdominal Examination during pregnancy

**Situation:** This woman Meena is a 26-year-old, gravida 3, Para 2 with 2 previous normal vaginal deliveries. She has been healthy in this pregnancy and has no major medical problems overall. She has had 2 previous antenatal care visits in this pregnancy without problem. She comes today for another routine visit.

You have already conducted the history and have found nothing abnormal. Previously she has had a normal complete physical exam. Now you will conduct the directed abdominal exam with attention to the goals for 32-week pregnancy.

**Observation:** Observe if the participant is performing the following steps of abdominal examination in their correct sequence (as necessary) and technique.

Score "1" for each point conducted correctly or mark "0" if the Steps is not done or incorrectly done and calculate the Score.

S.No	STEP/STEPS	Score 1/0	Remarks
1.	Keeps the necessary items for abdominal examination & auscultation of FHS ready (mannequin on table, measuring tape, stethoscope/foetoscope, watch with second hand)		
2.	Wash hands and communicates with woman		
3.	Stands on the right side of the mannequin		
4.	Observes the abdomen for any scar, size and shape, contour		
5.	Measures the fundal height using ulnar border of left hand. Measures it in weeks as well as in cms		
6.	Palpates the abdomen <ul style="list-style-type: none"><li>▪ Fundal grip (to find out pole of the foetus at the fundus)</li><li>▪ Lateral grip ( to find out the side of fetal back)</li><li>▪ Pelvic grips (to find out the fetal head engagement)</li></ul>		
7.	Places the foetoscope on the side where fetal back was felt		
8.	Counts the FHR for 1 minute using watch with seconds hand		
9.	Explains findings to mother		
10.	Records findings		

Pass Score = 08/10 (80%)

Student Score = \_\_\_\_\_

Pass- Yes No

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

### Skill Station: Laboratory investigations- hemoglobin test (Using Hemoglobinometer)

**Situation:** Mrs. Banu is 20 weeks pregnant and visits your PHC with her husband. She complains of weakness and her physical examination reveals pallor of conjunctiva and tongue. You will now perform a hemoglobin test for Mrs. Banu.

**Observation:** Observe if the participant is performing the following steps of hemoglobin test in their correct sequence (as necessary) and technique.

Score “1” for each point conducted correctly or mark “0” if the Steps is not done or incorrectly done and calculate the Score.

S.No	STEP/STEPS	Score 1/0	Remarks
1.	Keep all the necessary items ready (Sahli's Hb meter, N/10 HCl, gloves, spirit swabs, lancet, distill water and dropper, puncture proof container, 0.5% Chlorine solution)		
2.	Washes hands and wears gloves		
3.	Cleans the Hb tube and pipette		
4.	Fills the HB tube with N/10 HCl up to 2 gm with the dropper		
5.	Cleans tip of the person's ring finger with spirit swab		
6.	Pricks the finger with lancet and discards first drop of blood		
7.	Allows a large blood drop to form on the finger-tip and sucks it with pipette up to 20 cm mark. Takes care that air entry is prevented while sucking the blood		
8.	Wipes tip of the pipette and transfers the blood to the Hb tube containing N/10 HCl		
9.	Rinses the pipette 2-3 times with N/10 HCl		
10.	Leaves the solution in test tube for 10 min		
11.	After 10 minutes, dilutes the acid by adding distil water drop-by-drop and mix it with stirrer		
12.	Matches with the colour of the comparator		
13.	Notes down the reading (lower meniscus) and records it		
14.	Diagnose Anemia <ul style="list-style-type: none"> <li>▪ Less than 7 Hg/dl: severe anemia</li> <li>▪ 7-11 Hg/dl: moderate anemia</li> <li>▪ More than 11 Hg/dl: Absence of anemia</li> </ul>		
15.	Disposes off the used lancet in puncture proof container		
16.	Drops the used gloves in 0.5% Chlorine solution		
17.	Washes hands		

Pass Score = 13/16 (81%)

Student Score = \_\_\_\_\_

Pass- Yes No

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

### Skill Station: Laboratory investigation-testing urine for glucose

**Situation:** Mrs. Ranjini is a 28-year-old, gravida 2, has confirmed her pregnancy by urine pregnancy test at home and has come today to your centre for her first AN visit and registration. You have already conducted the history, physical examination and have found everything normal. Now you will demonstrate urine test for sugar as part of investigation.

*You explained to the woman how to collect a clean catch specimen of urine and gave her a labeled container and instructed her to clean her vulva with water, and then collect midstream urine.*

**Observation:** Observe if the participant is performing the following steps of testing urine for sugar in their correct sequence (as necessary) and technique.

Score “1” for each point conducted correctly or mark “0” if the Steps is not done or incorrectly done and calculate the Score.

S.No	STEP/STEPS	Score 1/0	Remarks
1.	Take 5 ml of Benedict solution in a test-tube. Boil it over the spirit lamp, holding the test-tube away from your face		
2.	Add 8 drops of urine with the help of a dropper. Shake it well and boil		
3.	Allow it to cool and observe the color		
4.	Interpretations: Green precipitate: + Green liquid with yellow deposits: ++ Colorless liquid with orange deposits: +++ Brick red: ++++ or more sugar No precipitate: No sugar		
5.	Discard the urine sample in the toilet		
6.	Decontaminate the urine container and test-tube in 0.5% chlorine solution		
7.	Wash your hands thoroughly with soap and water		
8.	Explain & record result		

Pass Score = 07/08 (87.5%)

Student Score = \_\_\_\_\_

Pass- Yes No

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

### Skill Station: Laboratory investigation-testing urine for protein

**Situation:** Mrs. Ranjeswari is a 28-year-old, gravida 2, at 26 weeks of pregnancy has confirmed and registered her pregnancy in other town, and now shifted to your town. You have already conducted the history, physical examination and have found everything normal. Now you will demonstrate urine test for protein as part of investigation.

*You explained to the woman how to collect a clean catch specimen of urine and gave her a labeled container and instructed her to clean her vulva with water, and then collect midstream urine.*

**Observation:** Observe if the participant is performing the following steps of testing urine for protein in their correct sequence (as necessary) and technique.

Score “1” for each point conducted correctly or mark “0” if the Steps is not done or incorrectly done and calculate the Score.

S.No	STEP/STEPS	Score 1/0	Remarks
1.	Fill three-fourths of the test-tube with urine and heat the upper third of the urine over the spirit lamp and allow it to boil		
2.	Keep the mouth of the test tube away from your face to prevent scalding		
3.	Turbidity of the sample indicates the presence of either phosphate or albumin		
4.	Add 2-3 drops of 2%-3% acetic acid drop by drop into the test-tube		
5.	Observe the sample and interprets <ul style="list-style-type: none"><li>▪ If Turbid, it indicates the presence of proteins</li><li>▪ If the turbidity clears, it indicates the absence of proteins</li></ul>		
6.	Discard the urine sample in the toilet		
7.	Decontaminate the urine container and test-tube in 0.5% chlorine solution		
8.	Wash your hands thoroughly with soap and water		
9.	Share and record result		

*Pass Score = 07/09 (89%)*

*Student Score = \_\_\_\_\_*

*Pass- Yes No*

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

### Skill Station: Laboratory investigation-rapid diagnostic test for malaria

**Situation:** Mrs. Vani, 22-year-old, primi gravida, at 26 weeks of pregnancy has confirmed and registered her pregnancy has recently shifted to your town from other state which is known for Malaria endemic. She complains of intermittent fever and chills for 5 days and also has developed abdominal pain and difficulty passing urine since yesterday.

Now you will demonstrate Rapid Diagnostic test for malaria.

**Observation:** Observe if the participant is performing the following steps of performing RDT for malaria in their correct sequence (as necessary) and technique.

Score “1” for each point conducted correctly or mark “0” if the Steps is not done or incorrectly done and calculate the Score.

S.No	STEP/STEPS	Score 1/0	Remarks
1.	Checks that the RDT kit is not damaged		
2.	Checks the expiry date on the kit		
3.	Opens the test kit packet and places it on a flat surface		
4.	Puts 5 drops of buffer solution in the micro well		
5.	Adds 10 mcl of whole blood specimen from tube/finger prick with micro pipette/dropper provided in the kit		
6.	Reads the results after 15 minutes (never beyond 30 minutes)		
7.	Interprets the results correctly* NEGATIVE: Pink/Purple line at C & T2 POSITIVE P. vivax: Pink/Purple line at C & T2 POSITIVE P. faciparum: Pink / Purple line at C, T1 & T2 OR C&T1 INVALID: Control line does not appear, the test is invalid		
8.	Informs the mother her test results		
9.	Records findings		

Pass Score = 08/09 (89%)

Student Score = \_\_\_\_\_

Pass- Yes No

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

### Skill Station: Antenatal examination

**Situation:** Mrs. Uma, 30 yrs old, primi gravida comes during 9th month of pregnancy for her antenatal checkup. Now demonstrate the antenatal general examination

**Observation:** Observe if the participant is performing the following steps of measuring weight in their correct sequence (as necessary) and technique.

Score "1" for each point conducted correctly or mark "0" if the Steps is not done or incorrectly done and calculate the Score.

S.No	STEP/STEPS	Score 1/0	Remarks
1.	Washes Hands		
	<b>Look for pallor</b>		
2.	Looks for conjunctival pallor		
3.	Examines the tongue		
4.	Examines the nails		
	<b>Look for signs of Jaundice</b>		
5.	Looks for yellowish discoloration of the conjunctive in natural light		
6.	Checks for oedema: facial, hands and ankle		
7.	Measures Pulse		
8.	Measures blood pressure		
9.	Measures Respiration		
10.	Measures Weight		
11.	Examines breasts or asks if woman has any concerns with breasts		
12.	Records all findings in the client's ANC card and washes hands		

*Pass Score = 10/12 (83%)*

*Student Score = \_\_\_\_\_*

*Pass- Yes No*

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

### Skill Station: Assessment during first stage of labor- per vaginal examination

**Situation:** Mrs. Leela, 28-year-old gravida 3 para 2 with 2 previous normal vaginal deliveries. She has been healthy in this pregnancy and has no major medical problems overall. She is admitted today with complaints of labor pains started four hours ago. You have conducted a quick check (she has no danger signs) and abdominal examination. As part of your examination and care, you will now demonstrate PV examination of this woman.

**Observation:** Observe if the participant is performing the following steps of PV examination in their correct sequence (as necessary) and technique.

Score “1” for each point conducted correctly or mark “0” if the Steps is not done or incorrectly done and calculate the Score.

S.No	STEP/STEPS	Score 1/0	Remarks
1.	Explains the women the procedure and ask the woman to uncover her genital area and cover or drape her to preserve privacy and respect modesty		
2.	Turn on light and direct it toward genital area		
3.	Wash hands thoroughly and put new examination or high-level disinfected gloves on both hands		
4.	Cleans perineum with diluted savlon swab, discards the soiled swab in red container		
5.	Inspect the labia, clitoris, and perineum and palpate the labia minora, noting any abnormalities		
6.	Assess dilatation of cervix, condition membranes/liquor, and presenting part. Note any moulding		
7.	Decontaminate gloves before removing them, then if disposing of them, place in a plastic bag or leakproof, covered container		
8.	Wash hands thoroughly		
9.	Explain findings & document on: <ul style="list-style-type: none"> <li>▪ History Taking sheet or</li> <li>▪ Hospital admission book or</li> <li>▪ Delivery book</li> <li>▪ Partograph sheet if cervical exam at least 4 cm and less than 10 cm dilated</li> </ul>		

*Pass Score = 08/09 (89%)*

*Student Score = \_\_\_\_\_*

*Pass- Yes No*

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

### Skill Station: Assessment during first stage of labor-plotting and interpretation of a partograph

Please use the attached partograph to plot essential information for the client described in the case study.

#### Case Study

Ms. Sheela, w/o Mr. Raju is a 21 year old primi gravida who was admitted to the hospital in active labor on 12.2.2012 at **9:00 AM**. On admission, she states that she woke up at 3AM feeling contractions that she describes as cramps. The cramping became stronger at 6AM so she asked her husband to bring her to the hospital. Physical examination upon admission reveals the following:

#### Vital Signs

Temperature	37°C
Pulse	82 beats/min
BP	110/70 mm of Hg

#### On Vaginal examination

Cervical Dilation	5cm
Membranes	Intact

#### On Abdominal examination

Contractions	3 contractions in 10 minutes lasting 35 seconds
FHR	140 bpm

At **01 PM**, Ms. Sheela reports a gush of amniotic fluid. On inspection, you note clear fluid

#### Vital Signs

Temperature	37°C
Pulse	90 beats /min
BP	110/70 mm of Hg

#### On Vaginal examination

Cervical Dilation	6cm
Membranes	ruptured, clear liquor

#### On Abdominal examination

Contractions	4 contractions in 10 minutes lasting 45 seconds
FHR	150 bpm

At **3PM**, Ms. Sheela expresses an urge to bear down.

#### Vital Signs

Temperature	37°C
Pulse	100 beats/min
BP	110/70 mm of Hg

#### On Vaginal examination

Cervical Dilation	9cm
Membranes	ruptured, clear liquor

#### On Abdominal examination

Contractions	4 contractions in 10 minutes lasting 60 seconds
FHR	155 bpm

She goes on to have a normal delivery of a healthy 3.5Kg baby girl an hour later.

### Interpretation of the Partograph

From the partograph you have just filled up now, please identify each of the following findings as NORMAL, a cause for ALERT or immediate ACTION. Put a tick (✓) mark in the appropriate column:

	TIME and CONDITION	NORMAL	ALERT	ACTION
A	The FHR at 12 pm			
B	The dilation at 9 am			
C	The dilation at 12 pm			
D	The dilation at 3 pm			
E	The maternal pulse at 9 am			

Pass Score 9/12

Student Score \_\_\_\_\_

Pass—Yes/No

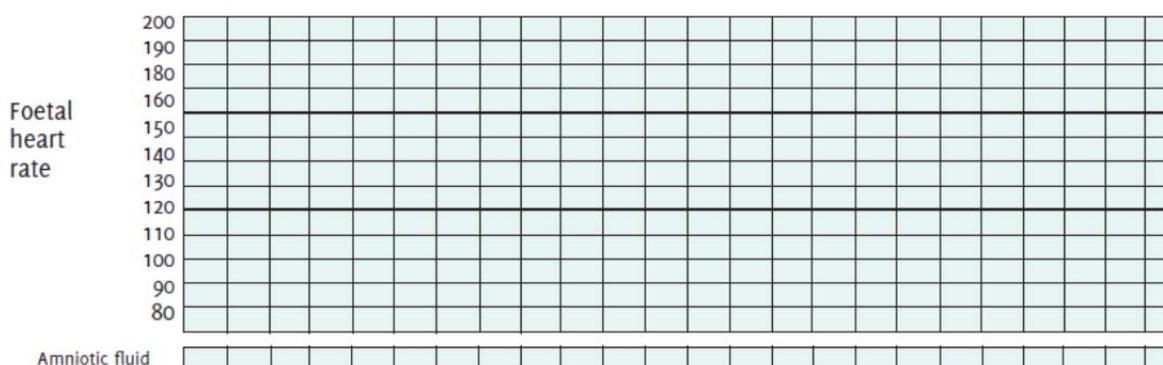
# THE SIMPLIFIED PARTOGRAPH

## IDENTIFICATION DATA

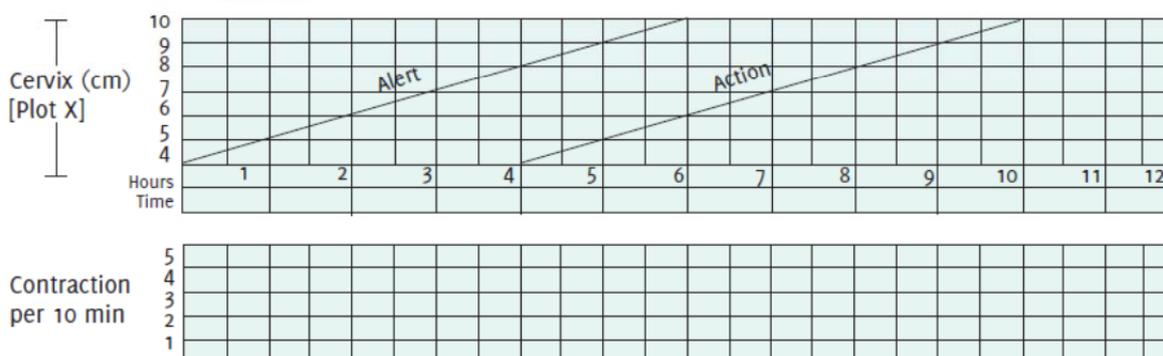
Name: \_\_\_\_\_ W/o: \_\_\_\_\_ Age: \_\_\_\_\_ Parity: \_\_\_\_\_ Reg. No: \_\_\_\_\_

Date & Time of Admission: \_\_\_\_\_ Date & Time of ROM: \_\_\_\_\_

### A) Foetal Condition



### B) Labour

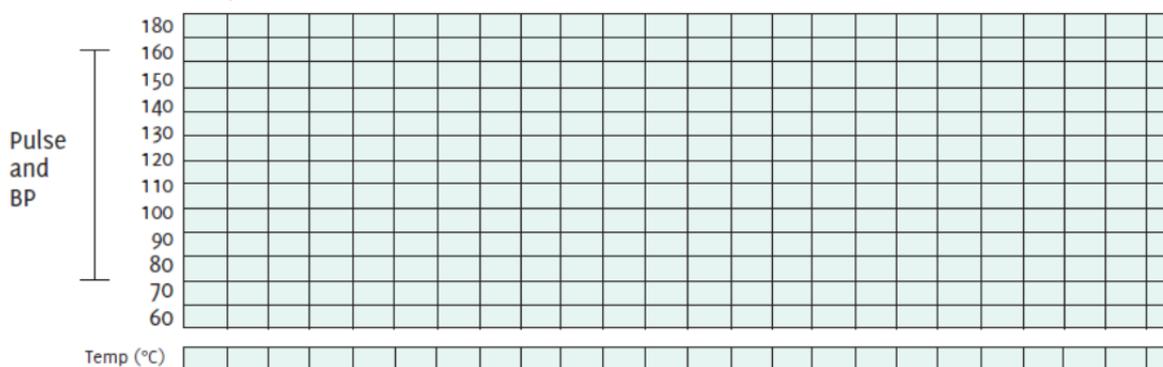


### C) Interventions

Drugs and IV fluids given

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### D) Maternal Condition



## Objective Structured Clinical Examination (OSCE)

Participant # \_\_\_\_\_

Date \_\_\_\_\_

### **Skill Station: Assessment and care during second stage of labor – conducting normal delivery**

**Situation:** You have been assisting Ms. Rani with her labor for 4 hours. It has been an uncomplicated labor and she has progressed well. Now she is fully dilated and the head has descended to the perineum. She is pushing well and the birth is imminent.

*You need only demonstrate the techniques of childbirth. Newborn care and management of the third stage of labor are demonstrated elsewhere.*

**Observation:** Observe if the participant is performing the following steps of management of II stage of labor in their correct sequence (as necessary) and technique.

Score “1” for each point conducted correctly or mark “0” if the Steps is not done or incorrectly done and calculate the Score.

S.No	Steps	Score 1/0	Remarks
1.	Puts on personal protective barriers. (Wears Goggles, Mask, Cap, Shoe cover, Plastic Apron). Places the plastic sheet under the woman's buttocks		
2.	Performs hand hygiene and puts on sterile/HLD gloves		
3.	Palpates the supra pubic region to ensure that the woman's bladder is not full – encourages her to pass urine if needed		
4.	Cleans the woman's perineum & places clean drape on abdomen		
5.	Encourages woman for breathing and small pushes with contractions		
6.	Controls the birth of the head with the fingers of one hand to maintain flexion, allows natural stretching of the perineal tissue, prevents tears, and supports the perineum with other hand using the clean pad		
7.	Wipes the mucus (and membranes, if necessary) from the baby's mouth and nose		
8.	Feels around the baby's neck for the cord and responds appropriately if the cord is present		
9.	Allows the baby's head to turn spontaneously and with the hands on either side of the baby's head, delivers the anterior shoulder		
10.	When the axillary crease is seen, guides the head upward as the posterior shoulder is born over the perineum		
11.	Supports the rest of the baby's body with one hand as it slides out and places the baby on the mother's abdomen over the clean towels		
12.	Notes the time of birth and sex of the baby and tells the mother.		
13.	Thoroughly dries the baby and covers with a clean, dry cloth, and assesses breathing		

Pass Score = 11/13 (85%)

Student Score = \_\_\_\_\_

Pass- Yes No

## Objective Structured Clinical Examination (OSCE)

Participant # \_\_\_\_\_

Date \_\_\_\_\_

### **Skill Station: Assessment and care during third stage of labor- active management of third stage of labor**

**Situation:** You have just assisted this woman to deliver a healthy baby. There were no problems with the labor or delivery and the baby is doing well and is initiating normal breastfeeding. The placenta has not delivered yet. Please demonstrate the techniques of active management of normal third stage of labor

**Observation:** Observe if the participant is performing the following steps of AMTSL in their correct sequence (as necessary) and technique.

Score “1” for each point conducted correctly or mark “0” if the Steps is not done or incorrectly done and calculate the Score.

S.NO	Steps	Score 1/0	Remarks
1.	Preliminary step–Rule out the presence of another baby by abdominal examination		
2.	Administer Uterotonic Drug–10 IU oxytocin IM OR Misoprostol 3 tablets (600ug) orally		
3.	Controlled Cord Traction		
4.	Palpate Uterus and massages if soft		
5.	Examination of placenta, membranes and umbilical cord a. Maternal surface of placenta b. Foetal surface c. Membranes d. Umbilical cord		
6.	Examination of the lower vagina and perineum		
7.	Continue to monitor every 15 mins		
8.	Place instruments in 0.5% chlorine solution for 10 minutes for decontamination		
9.	Decontaminate or dispose the syringe and needle		
10.	Immerse both your gloved hands in 0.5% chlorine solution		
11.	Wash your hands thoroughly with soap and water and dry with a clean, dry cloth/air dry		
12.	Complete all records including estimated blood loss		

*Pass Score = 10/12 (83%)*

*Student Score = \_\_\_\_\_*

*Pass    Yes    No*

## Objective Structured Clinical Examination (OSCE)

Participant # \_\_\_\_\_

Date \_\_\_\_\_

### Skill Station: Essential Newborn Care

**Situation:** A full term newborn baby is just born. The baby is crying and looks pink. Demonstrate the immediate essential care you will provide for the baby.

**Observation:** Observe if the participant is performing the following steps of essential newborn care in their correct sequence (as necessary) and technique.

Score “1” for each point conducted correctly or mark “0” if the Steps is not done or incorrectly done and calculate the Score.

S.NO	Steps	Score 1/0	Remarks
1.	Calls out the time of birth and ensures that it is recorded		
2.	Delivers the baby onto a warm, clean towel and keeps on the mothers abdomen		
3.	Immediately dries the baby with same warm clean towel		
4.	Removes the wet towel and places NB skin to skin & covers the baby in another warm dry towel		
5.	Assesses the baby's breathing. <i>Note: If baby is not breathing/difficulty in breathing initiate resuscitation (ref: Checklist: NBR)</i> <i>If baby is breathing normally, rules out twins and administers Inj.Oxytocin, 10 IU, IM (as part of AMTSL)</i>		
6.	Wipes both the eyes separately with sterile gauze from medial to lateral side		
7.	Clamps and cuts the umbilical cord after 1-3 minutes. Checks for any oozing of blood		
8.	Places an identity label on the baby. Checks for any major congenital malformation		
9.	Leaves the baby in between the mothers breast to initiate skin to skin care		
10.	Covers the baby's head with a cap and covers the mother and baby with a warm cloth/sheet		
11.	Encourages initiation of breast feeding		

Pass Score = 09/11(82%)

Student Score = \_\_\_\_\_

Pass- Yes No

## Objective Structured Clinical Examination (OSCE)

Participant # \_\_\_\_\_

Date \_\_\_\_\_

### Skill Station: Newborn Resuscitation- initial steps of NBR in first 30 seconds

**Situation:** You are caring for a mother Mrs. Revathi who is about to deliver a baby of 35 weeks gestation and the liquor is meconium stained. How will you prepare to receive the baby? When the baby is born he/she is not crying. Demonstrate how you will resuscitate him/her?

\*Instruction: At step 10, state that the baby is breathing and started to Cry

*Please demonstrate the techniques of basic newborn resuscitation for a depressed newborn.*

**Observation:** Observe if the participant is performing the initial steps of newborn resuscitation using bag and mask in their correct sequence (as necessary) and technique.

Score “1” for each point conducted correctly or mark “0” if the Steps is not done or incorrectly done and calculate the Score.

S. NO	Steps	Score 1/0	Remarks
1.	Performs Suction –Mouth and nose if secretions seen		
2.	Dries the baby quickly from head to foot stimulating the baby as you dry with heel of the hand		
3.	Discards wet towel and wrap with another clean towel		
4.	Assesses baby breathing		
5.	Clamps and cuts the cord immediately		
6.	Shifts the baby under Radiant Warmer (which is switched on at least 30 mins before the delivery)		
7.	Positions the baby with the rolled up portion of the towel acting as shoulder roll. Checks whether the neck is in slightly extended position		
8.	Performs gentle suction of the airway: <ul style="list-style-type: none"> <li>▪ Gently sucks at the mouth end of the Delee’s mucus trap after placing the baby end of the tube in its mouth <b>or</b></li> <li>▪ Uses penguin mucus sucker</li> </ul>		
10.	*Evaluates if baby is breathing well <ul style="list-style-type: none"> <li>▪ If so Continues the ENBC</li> <li>▪ If not, makes a decision to start bag and mask ventilation</li> </ul>		

Pass Score = 08/10 (80%)

Student Score = \_\_\_\_\_

Pass    Yes    No

## Objective Structured Clinical Examination (OSCE)

Participant # \_\_\_\_\_

Date \_\_\_\_\_

### Skill Station: Newborn Resuscitation- Use of bag and mask for NBR in second 30 seconds

**Situation:** You have just assisted Mrs. Revathi to deliver her baby. There were no problems with the labor or delivery but the baby is not immediately breathing. You have dried and stimulated the baby but after 30 seconds it is limp and is not breathing yet.

Score “1” for each point conducted correctly or mark “0” if the Steps is not done or incorrectly done and calculate the Score.

S. No	Steps	Score 1/0	Remarks
1.	Positions the baby with the rolled up portion of the towel acting as shoulder roll under the radiant warmer. Checks whether the neck is in slightly extended position. Identifies the correct size of mask		
2.	Places the mask with bag attached over newborn’s mouth and nose correctly covering the chin, mouth and nose to make an airtight seal		
3.	Provides Positive Pressure Ventilation by squeezing the resuscitation bag at the rate of 40-60 breaths per minute <div style="background-color: #d9e1f2; padding: 5px; text-align: center; margin: 5px 0;">Squeeze.....Two.....Three.....Squeeze</div> Looks for chest rise with each ventilation		
4.	If the chest is not rising <ul style="list-style-type: none"> <li>▪ Repositions the baby’s head and tries again</li> <li>▪ Repositions the mask and checks that the seal is airtight</li> <li>▪ If there is lot off secretions, sucks the airway again</li> <li>▪ Squeezes the bag little harder to increase ventilation pressure</li> </ul>		
5.	Evaluates if baby is breathing well after 30 seconds of bag and mask ventilation		
6.	If not breathing well, she counts heart rate /cord pulsation for 6 seconds <ul style="list-style-type: none"> <li>▪ If heart rate &gt; 100/minute, continues bag and mask ventilation and reassesses every 30-60 seconds. <i>If baby is breathing well, stops ventilation</i></li> <li>▪ If heart rate &lt; 100/minute, continues bag and mask ventilation and call for assistance and make a referral to higher center</li> <li>▪ Starts oxygen if available</li> </ul>		

Pass Score = 6/7 (86%)

Student Score = \_\_\_\_\_

Pass    Yes    No

## Objective Structured Clinical Examination (OSCE)

Participant # \_\_\_\_\_

Date \_\_\_\_\_

### Skill Station: Kangaroo Mother Care

**Situation:** You are posted in postnatal ward and assigned to give care the Mother Neelam and her baby weighs 2 kg, born at 37 weeks of gestation. Demonstrate KMC to mother Neelam.

**Observation:** Observe if the participant is performing the following steps of kangaroo mother care in their correct sequence (as necessary) and technique.

Score "1" for each point conducted correctly or mark "0" if the Steps is not done or incorrectly done and calculate the Score.

S.NO	Steps	Score 1/0	Remarks
1.	Provides privacy to the mother. Requests the mother to sit or recline comfortably.		
2.	Washes hands and Undresses the baby gently, except for cap, nappy and socks		
3.	Places the baby prone on mother's chest in an upright and extended posture, between her breasts, in Skin to Skin contact; turns baby's head to one side to keep airways clear. Supports the baby's bottom with a sling/binder		
4.	Covers the baby with mother's blouse, 'pallu' or gown; wraps the baby-mother duo with an added blanket or shawl depending upon the room temperature		
5.	Advises mother to breastfeed the baby frequently		
6.	If possible warms the room (>25°C) with a heating device		
7.	Advises the mother to provide KMC for at least 1 hour per session. The length of skin-to-skin contacts should be gradually increased up to 24 hours a day, interrupted only for changing diapers		

Pass Score = 06/07 (86%)

Student Score = \_\_\_\_\_

Pass Yes No

## Objective Structured Clinical Examination (OSCE)

Participant # \_\_\_\_\_

Date \_\_\_\_\_

### Skill Station: Management of Antenatal Complications (Pre-eclampsia/Eclampsia)

#### Instructions for Participant

- Read the case study
- Answer each of the given questions based on the information that was provided in the case study

#### Case Study

Ms. Radha, a 35 year old G2P1 is being seen by you today for a routine prenatal visit at 37 weeks gestation. Her previous prenatal records contain the following findings:

#### Initial Physical Examination at first prenatal visit

Gestation 14 weeks  
Weight 75 kg  
Height 160 cm  
BP 110/70 mm of Hg  
Urine Trace glucose  
Edema None

#### Examination at 34 weeks Gestation

Weight 95 kg  
BP 120/82 mm of Hg  
Urine +1 proteinuria  
Edema Trace pitting

#### Examination today

Weight 97 kg  
BP 140/100 mm of Hg  
Urine +3 proteinurea  
Edema Generalized edema of hands and face

#### Questions

1. State the MOST LIKELY diagnosis as a result of these physical findings in the space below: (Score 3)

---

2. Which of the following questions will you ask Ms. Radha (Select all that apply)
  - a. Are you having Headaches?
  - b. Are you having any pain in your abdomen?
  - c. Are you having any blurred vision?
  - d. Have you been eating lots of salt?
  - e. Is your baby moving

3. What will you do for Ms. Radha? ( select the best action)
- a. Refer immediately to obstetrician
  - b. Counsel and send home on low salt diet
  - c. Send to lab for further studies. Advise bed rest at home
4. If Ms. Radha has convulsion when she is in the clinic, what will you do immediately?  
(select the best action)
- a. Refer immediately to obstetrician
  - b. Administer Magnesium Sulphate IM
  - c. Call for help and start an IV Mg So4
5. What is the loading dose of Magnesium Sulphate as per the GoI SBA guidelines 2010?
- 

*Pass Score = 8/10 (80%)*

*Student Score = \_\_\_\_\_*

*Pass    Yes    No*

## Objective Structured Clinical Examination (OSCE)

Participant # \_\_\_\_\_

Date \_\_\_\_\_

### Skill Station: Management of antenatal complications -Initial Management of Pre-Eclampsia/Eclampsia

**Situation:** A woman has come to the labor unit with contractions at 38 weeks and says that she has had a bad headache all day. She also says that she cannot see properly. While she is getting up from the examination table she falls back onto the pillow and begins convulsing.

Tell the participant to demonstrate initial management using magnesium sulfate, and to start by preparing and administering magnesium sulfate.

Tell the participant that she/he has already washed her/his hands and should explain what she/he is doing at each step.

**Observation:** Observe if the participant is performing the following steps of initial management of eclampsia in their correct sequence (as necessary) and technique.

Score "1" for each point conducted correctly or mark "0" if the Steps is not done or incorrectly done and calculate the Score.

S.NO	Steps	Score 1/0	Remarks
1.	Keep ready 10 ampoules of 50% Mg SO <sub>4</sub> ( 1 ampoule=2ml=1g)		
2.	Prepares 2 syringes(10ml syringe and 22 gauze needle) with 5 g of 50% magnesium sulfate solution		
3.	Wash hands and tell woman on injection administration		
4.	Carefully cleans the injection site with an alcohol wipe		
5.	Gives 5 g by DEEP IM injection in one buttock		
6.	Disposes of used needle and syringe in a sharps disposal box		
7.	Carefully cleans the injection site in the alternate buttock with an alcohol wipe		
8.	Gives 5 g by DEEP IM injection into the other buttock		
9.	Disposes of used needle and syringe in a sharps disposal box		
10.	Wash hands and records drug administration and findings on the woman's record		

Pass Score = 8/10(80%)

Student Score = \_\_\_\_\_

Pass Yes No

## Objective Structured Clinical Examination (OSCE)

Participant # \_\_\_\_\_

Date \_\_\_\_\_

### Skill station: Identification and Management of Intrapartum Complications

#### Question

For each of the following scenarios involving laboring women, select whether you believe it to be NORMAL or ABNORMAL. For those that you believe are ABNORMAL, State WHY and describe the MOST appropriate response in one to two sentences.

	LABOR SCENARIO	Score 1 each	Score 1 each
1.	A woman comes to the hospital 16 hours after her contractions have started. On Examination, Cervix is 2 cms dilated. She has 3 uterine contractions in 10 minutes	NORMAL ABNORMAL	<input type="checkbox"/> <input type="checkbox"/> WHY:
2.	A woman is admitted in labor at 4 cm dilation. Five hours later she is 6 cm dilated	NORMAL ABNORMAL	<input type="checkbox"/> <input type="checkbox"/> WHY:
3.	A woman, G <sub>1</sub> P <sub>0</sub> progresses to 10 cm dilation. On abdominal examination, you can easily palpate the fetal occiput	NORMAL ABNORMAL	<input type="checkbox"/> <input type="checkbox"/> WHY:
4.	A woman is admitted in labour with a cervical dilatation of 4 cm. After 5 hours, her cervical dilatation is 9 cm	NORMAL ABNORMAL	<input type="checkbox"/> <input type="checkbox"/> WHY:

Pass Score 8/10 (80%)

Student Score \_\_\_\_/10

Pass Yes No

## Objective Structured Clinical Examination (OSCE)

Participant # \_\_\_\_\_

Date \_\_\_\_\_

**Skill Station:** Initial management of PPH-Preparation and administration of oxytocin drip

**Situation:** Ms. Reeta is a 29 year old G<sub>6</sub>P<sub>5</sub> who delivered a 3.5 kg infant girl at 42 weeks gestation, placenta was delivered 30 mins after AMTSL (Active Management of Third Stage of Labor). You observed heavy bleeding during your examination and the uterus is not well contracted. You will now demonstrate preparation and administering of oxytocin drip.

*You elevated the woman's leg and ensured that birth companion provides continuous uterine massage*

**Observation:** Observe if the participant is performing the following steps of starting IV line in their correct sequence (as necessary) and technique.

Score "1" for each point conducted correctly or mark "0" if the Steps is not done or incorrectly done and calculate the Score.

S.NO	Steps	Score 1/0	Remarks
1.	Check the IV solution- RL 500ml		
2.	Load the syringe with Inj. Oxytocin 20IU		
3.	Wash hands thoroughly and dry		
4.	Connect IV solution and tubing; flush tubing		
5.	Put on new examination gloves		
6.	Select IV site and cleanse with alcohol or antiseptic solution		
7.	Start IV using large bore needle or cannula		
8.	Attach infusion set and ensure infusion is running well.		
9.	Add the Inj. Oxytocin 20IU into 500ml RL		
10.	Infuse IV fluid at 40-60 drops per rate		
11.	Label the IV fluid with Inj. Oxytocin 20IU and time		
12.	Dispose of waste materials, syringe and needle		
13.	Remove gloves		
14.	Wash hands thoroughly		
15.	Record the drug administration		

*Pass Scores: 12/15 (80%)*

*Student's score:*

*Pass-Yes/No*

## Objective Structured Clinical Examination (OSCE)

Participant # \_\_\_\_\_

Date \_\_\_\_\_

### Skill Station: Initial management of PPH-Bimanual compression of uterus

**Situation:** Mrs. Astina is 20 years old. She gave birth to a full-term baby 1 hour ago on the way to your PHC. Her birth attendant was her grandmother, who has brought Astina to the health center and complains she has been bleeding heavily since the birth. The duration of labor was 12 hours, the birth was normal and the placenta was delivered 20 minutes after the birth of the baby. The examination reveals complete placenta, no tears in vagina. You demonstrated uterine massage and asked the birth companion to continue it and have started the Oxytocin drip, but the uterus remains floppy and is palpable above the umbilicus, **now demonstrate bimanual compression of uterus.**

**Observation:** Observe if the participant is performing the following steps of bimanual compression of uterus in their correct sequence (as necessary) and technique.

Score “1” for each point conducted correctly or mark “0” if the Steps is not done or incorrectly done and calculate the Score.

S.NO	Steps	Score 1/0	Remarks
1.	Tell the woman what is going to be done, listen to her and respond attentively to her questions and concerns		
2.	Provide continual emotional support and reassurance, as feasible		
3.	Put on personal protective barriers		
4.	Wash hands thoroughly and put on high-level disinfected or sterile surgical gloves		
5.	Clean vulva and perineum with antiseptic solution		
6.	Insert fist into anterior vaginal fornix and apply pressure against the anterior wall of the uterus		
7.	Place other hand on abdomen behind uterus, press the hand deeply into the abdomen and apply pressure against the posterior wall of the uterus		
8.	Maintain compression until bleeding is controlled and the uterus contracts		
9.	Remove gloves and discard them in leak proof container or plastic bag if disposing of or decontaminate them in 0.5% chlorine solution if reusing		
10.	Wash hands thoroughly		
11.	Monitor vaginal bleeding, take the woman's vital signs and make sure that the uterus is firmly contracted		

*Pass Scores: 09/11 (82%)*

*Student's score: \_\_\_\_*

*Pass-Yes/No*

## Objective Structured Clinical Examination (OSCE)

Participant # \_\_\_\_\_

Date \_\_\_\_\_

**Skill Station:** Catheterization-plain catheter

**Situation 1:** You have been assisting Mrs. Ratha with her labor for 4 hours. It has been an uncomplicated labor and she has progressed well. Now she is 9cm dilated and she is unable to pass urine in the bathroom and you can feel the full bladder abdominally; therefore you will demonstrate catheterization.

**Observation:** Observe if the participant is performing the following steps of catheterization in their correct sequence (as necessary) and technique.

Score “1” for each point conducted correctly or mark “0” if the Steps is not done or incorrectly done and calculate the Score.

S.NO	Steps	Score 1/0	Remarks
1.	Tell the woman (and her support person) what is going to be done		
2.	Place a clean or sterile cloth under the woman’s buttocks		
3.	Wash hands thoroughly with soap and water and dry with a clean, dry cloth or air dry		
4.	Put new, clean or high-level disinfected gloves on both hands		
5.	Have an assistant shine a light on the woman’s perineum		
6.	Use one hand to gently separate the woman’s labia: Use the other hand to cleanse labia and urethral opening with clean or sterile cotton or gauze and antiseptic solution, wiping from front to back		
7.	Dip the tip of the catheter in boiled water or sterile lubricant.		
8.	Place a sterile kidney basin between the woman’s legs, close to the perineum; Place the open end of the catheter in the kidney basin		
9.	Use one gloved hand to gently separate the labia; Use the other hand to gently insert tip of catheter into urethral opening; Slowly move the catheter further into the urethra; Stop when urine drains into the kidney basin		
10.	Gently remove the catheter when bladder is empty		
11.	Disposes of waste materials, decontaminate the plain urinary catheter		
12.	Immerses gloved hands briefly in a plastic container filled with 0.5% chlorine solution; then remove gloves by turning inside out		
13.	Wash hands thoroughly with soap and water and dry with a clean, dry cloth (or air dry)		

*Pass Scores: 11/13 (85%)*

*Student’s score:*

*Pass-Yes/No*

## Objective Structured Clinical Examination (OSCE)

Participant # \_\_\_\_\_

Date \_\_\_\_\_

**Skill Station:** Catheterization (Indwelling catheter with Uro bag)

**Situation 1:** After administration of initial dose of Inj. Mg SO<sub>4</sub> to a woman with eclampsia, you decide to refer her to the FRU i.e. the district hospital from your sub Centre. Now you will demonstrate urinary catheterization as part of prior to referral procedure.

**Observation:** Observe if the participant is performing the following steps of catheterization in their correct sequence (as necessary) and technique.

Score “1” for each point conducted correctly or mark “0” if the Steps is not done or incorrectly done and calculate the Score.

S.NO	Steps	Score 1/0	Remarks
1.	Tell the woman (and her support person) what is going to be done		
2.	Place a clean or sterile cloth under the woman’s buttocks		
3.	Wash hands thoroughly with soap and water and dry with a clean, dry cloth or air dry		
4.	Put new, clean or high-level disinfected gloves on both hands		
5.	If an indwelling catheter will be used, test the balloon on the catheter		
6.	Have an assistant shine a light on the woman’s perineum		
7.	Use one hand to gently separate the woman’s labia: Use the other hand to cleanse labia and urethral opening with clean or sterile cotton or gauze and antiseptic solution, wiping from front to back		
8.	Dip the tip of the catheter in boiled water or sterile lubricant		
9.	Place a sterile kidney basin between the woman’s legs, close to the perineum; Place the open end of the catheter in the kidney basin		
10.	Use one gloved hand to gently separate the labia; Use the other hand to gently insert tip of catheter into urethral opening; Slowly move the catheter further into the urethra; Stop when urine drains into the kidney basin		
11.	Gently remove the catheter when bladder is empty		
12.	For indwelling catheter, attach open end to tubing on a sterile urine bag and tubing		
13.	Use sterile syringe to inflate balloon with 5 cc of sterile water		
14.	Attach catheter to the inside of the women’s thigh using tape and Secure catheter bag to side of the bed, below the level of the woman’s bladder		
15.	Disposes of waste materials, decontaminate needles and syringe		
16.	Immerses gloved hands briefly in a plastic container filled with 0.5% chlorine solution; then remove gloves by turning inside out		
17.	Wash hands thoroughly with soap and water and dry with a clean, dry cloth (or air dry)		

*Pass Scores: 14/17(82%)*

*Student’s score:*

*Pass-Yes/No*

## Objective Structured Clinical Examination (OSCE)

Participant # \_\_\_\_\_

Date \_\_\_\_\_

**Skill Station:** Initial management of shock-Starting IV line

**Situation:** Ms. Reeta is a 29 year old G<sub>6</sub>P<sub>5</sub> who delivered a 3.5 kg infant girl at 42 weeks gestation, 30 mins after the AMTSL (Active Management of Third Stage of Labor). You observed heavy bleeding during your examination and the uterus is not contracted well. You assessed for shock and found the same.

**Ask the participants to write the signs and symptoms of shock: (Score 1 each for the correct answer)**

Blood pressure : \_\_\_\_\_  
Pulse : \_\_\_\_\_  
Skin : \_\_\_\_\_  
Respiration : \_\_\_\_\_

Now you will demonstrate Starting IV line and fluid replacement for management of hypovolemic shock.

*You elevated the woman's leg and ensured that birth companion provides continuous uterine massage. Oxytocin drip and fluid replacement are demonstrated elsewhere.*

**Observation:** Observe if the participant is performing the following steps of starting IV line in their correct sequence (as necessary) and technique.

Score "1" for each point conducted correctly or mark "0" if the Steps is not done or incorrectly done and calculate the Score.

S.NO	Steps	Score 1/0	Remarks
1.	Prepare the necessary equipment; check the IV solution		
2.	Wash hands thoroughly and dry		
3.	Connect IV solution and tubing; flush tubing		
4.	Put on new examination gloves		
5.	Select IV site and cleanse with alcohol or antiseptic solution		
6.	Start IV using large bore needle or cannula		
7.	Attach infusion set and ensure infusion is running well		
8.	Infuse IV fluid 2L in 60 drops/min rate		
9.	dispose of waste materials		
10.	Remove gloves		
11.	Wash hands thoroughly		
12.	Assess the vital signs in every 15 minutes		

*Pass Scores: 13/16 (81%)*

*Student's score:*

*Pass-Yes/No*

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

### Skill Station: Administration of Inj.TT

**Situation:** Mrs. Ranjini is a 28-year-old, gravida 2, has confirmed her pregnancy by urine pregnancy test at home and has come today to your Centre for her AN visit and registration. You have already conducted the history, physical examination and have found everything normal. Now you will demonstrate administering Inj.TT as part of AN care.

**Observation:** Observe if the participant is performing the following steps of TT injection administration in their correct sequence (as necessary) and technique.

Score “1” for each point conducted correctly or mark “0” if the Steps is not done or incorrectly done and calculate the Score.

S.No	STEPS	Score 1/0	Remarks
1	Keeps the necessary items ready: Vaccine carrier with TT vaccine, cotton, 0.5ml AD syringe, hub cutter, immunization card		
2	Explain what vaccine will be given and the disease it prevents		
3	Checks the expiry date on the vaccine vial to make sure vaccine is in usable stage		
4	Shakes the vial to rule out freezing or floccules		
5	Notes down the batch number of the vaccine		
6	Loads the vaccine in a 0.5ml AD syringe , throws AD Syringe wrapper and plastic cap in black bag		
7	Expels excess air from the syringe by tapping the syringe		
8	Puts the finger and thumb of left hand on either side of injection site (upper arm)		
9	Stretches the skin flat between finger and thumb		
10	Holds the syringe like a pen in right hand and pushes the needle at 90 degrees , through skin between finger and thumb		
11	Press the top of the plunger with the thumb to inject the vaccine		
12	Withdraws the needle and presses the site of injection with a dry cotton swab		
13	Cuts the hub of the syringe with hub cutter and puts the plastic part on the syringe in red bag		
14	Documents in immunization card and gives 4 key messages about immunization <ul style="list-style-type: none"> <li>▪ Which vaccine was given and which disease does the vaccine protects against</li> <li>▪ When to come for next vaccination</li> <li>▪ Effects and side effects of immunization and how to manage the same</li> <li>▪ Keeping immunization card safe and bringing it on next visit</li> </ul>		

Pass Score = 12/14 (86%)

Student Score = \_\_\_\_\_

Pass- Yes No

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

**Skill Station:** Post abortion care

**Situation:** You are in PHC as an ANM in the labor room. Ms. Sarala Kumari who had heavy bleeding and followed by complete abortion during her 8 weeks of pregnancy is being admitted today. Now you will demonstrate providing care to Ms. Sarala Kumari.

**Observation:** Observe if the participant is performing the following steps of TT injection administration in their correct sequence (as necessary) and technique.

Score “1” for each point conducted correctly or mark “0” if the Steps is not done or incorrectly done and calculate the Score.

S.No	STEPS/SCORES	Score 1/0	Remarks
1.	Provide her emotional support by <ul style="list-style-type: none"> <li>▪ explaining the possible cause of early abortion,</li> <li>▪ Listening to her if she wants to talk</li> <li>▪ Reassure her</li> </ul>	3	
2.	Explain the warning signs <ul style="list-style-type: none"> <li>▪ Strong cramping pain in lower abdomen</li> <li>▪ Heavy bleeding or Bleeding more than 2 weeks</li> <li>▪ Bad smell from vagina</li> <li>▪ High fever</li> <li>▪ Feeling very nauseated</li> <li>▪ Feeling faint or dizzy</li> </ul>	6	
3.	Advise for home care <ul style="list-style-type: none"> <li>▪ Drink plenty of fluids and eat nutritious food</li> <li>▪ Rest often</li> <li>▪ Avoid heavy work for a week</li> <li>▪ Bathe regularly</li> <li>▪ Use clean pads</li> <li>▪ Avoid sexual intercourse for at least 2 weeks after the bleeding</li> </ul>	6	
4.	Counsel the women on family planning choices to avoid unwanted pregnancy/ if she wants to delay her next pregnancy	1	

*Pass Score = 13/16 (81%)*

*Student Score = \_\_\_\_\_*

*Pass- Yes No*

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

**Skill Station:** Insertion of Cu-T 380A

**Situation:** You have counseled Mrs. Sheela and her husband on family planning choices and since they had two children, Sheela opts for IUCD. You found her eligible through assessing history and physical examination.

You have provided her counseling on Cu-T device you performed bimanual or speculum examinations, now you will demonstrate CU-T insertion.

**Observation:** Observe if the participant is performing the following steps of Insertion of Cu-T 380A in their correct sequence (as necessary) and technique.

Score “1” for each point conducted correctly or mark “0” if the Steps is not done or incorrectly done and calculate the Score.

S.No	STEPS	Score 1/0	Remarks
1.	Wears PPE, washes hands and wear gloves		
2.	Provide an overview of the insertion procedure. Remind her to let you know if she feels any pain		
3.	Gently insert the HLD (or sterile) speculum to visualize the cervix (if not already done), and cleanse the cervical os and vaginal wall with antiseptic swabs twice		
4.	Gently grasp the cervix with an HLD (or sterile) tenaculum and apply gentle traction		
5.	Insert the HLD (or sterile) sound using the “no touch” technique		
6.	Load the IUCD in its sterile package		
7.	Set the blue depth-gauge to the measurement of the uterus		
8.	Carefully insert the loaded IUCD, and release it into the uterus using the “withdrawal” technique		
9.	Take out the plunger. Gently push the insertion tube upward again until you feel a slight resistance to ensure fundal placement of the IUCD		
10.	Partially withdraw the insertion tube until the IUCD strings can be seen		
11.	Use HLD (or sterile) sharp Mayo scissors to cut the IUCD strings to 3-4 cm length in the vagina		
12.	Gently remove the tenaculum and speculum and place in 0.5% chlorine solution for 10 minutes for decontamination		
13.	Examine the cervix for bleeding		
14.	Ask how the client is feeling and begin performing the post-insertion steps		
15.	place all used instruments in 0.5% chlorine solution for 10 minutes for decontamination, Properly dispose of waste materials, Process gloves and Wash hands		
16.	Provide post-insertion instructions (key messages for IUCD users)		
17.	Complete the woman’s records		

*Pass Score = 14/17 (82%)*

*Student Score = \_\_\_\_\_*

*Pass- Yes No*

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

**Skill Station:** Counseling the women before distribution of Oral contraceptive pills

**Situation:** Mrs. Sneha Kumari, 32 years old, mother of 2 daughters aging 5 and 3 years old, had visited your sub centre last week and counseled by you on Family planning choices, after consulting that with her husband on the same , today she comes to get combined oral contraceptives.

Now you will counsel her in detail on COC and distribute the COC pills, you ensured that no conditions are contraindicating the chosen method.

**Observation:** Observe if the participant is performing the following steps of TT injection administration in their correct sequence (as necessary) and technique.

Score “1” for each point conducted correctly or mark “0” if the Steps is not done or incorrectly done and calculate the Score.

S.No	STEPS	Score 1/0	Remarks
1.	Tells the woman about the family planning method she has chosen: <ul style="list-style-type: none"> <li>▪ Type-combined oral contraceptive</li> </ul>		
2.	How to take it: start within 5 days after the start of menstrual bleeding, and take one pills everyday		
3.	How it works: prevents the release of eggs from ovary		
4.	Effectiveness: depending on the user- less than 1 pregnancy per 100 women using COCs without mistakes in pill taking		
5.	Advantages and non-contraceptive benefits: protects against iron deficiency anemia, reduces menstrual cramps and bleeding problems		
6.	Disadvantages: the women must remember and take one pill every day.		
7.	Common side effects: Irregular menstrual bleeding, headaches, dizziness, nausea, breast tenderness		
8.	Return to clinic if any side effects bother her much and at least one week before the pills finishes.		
9.	What to do if she is late taking her method: <ul style="list-style-type: none"> <li>▪ If she misses one or two pills, take the missed pill(s) as soon as she remembers and keep taking one pill per day</li> <li>▪ If she misses 3 or more pills in the first or second week she should resume taking one pill each day but use a back-up method (condoms, abstinence, withdrawal) for 7 days</li> <li>▪ Missed 3 or more pills in the first or second week if she had intercourse in the past 5 days, she should take ECPs</li> <li>▪ Missed 3 or more pills in the third week- Take a hormonal pill as soon as possible. Finish all hormonal pills in the pack. Throw away the 7 non hormonal pills in a 28-pill pack. Start a new pack the next day. Use a backup method for the next 7 days. Also, if she had intercourse in the past 5 days, can consider EC pills</li> <li>▪ Missed any non-hormonal pills: Discard the missed non-hormonal pill(s). Keep taking COCs, one each day. Start the</li> </ul>		

	new pack as usual		
10.	Provides the method of choice for 3 months		
11.	Explain that when one pack finishes, the first pill from the next pack to be started from the very next day, to visit the clinic before the pills gets over		
12.	Asks the woman to repeat the instructions about her chosen method of contraception: <ul style="list-style-type: none"> <li>▪ How to use the method of contraception</li> <li>▪ Side effects</li> <li>▪ When to return to the clinic</li> </ul>		
13.	Educates the woman about prevention of STIs and HIV/AIDS. Provides her with condoms if she is at risk/as back up		
14.	Asks if the woman has any questions or concerns. Listens attentively, addresses her questions and concerns		
15.	Schedules the follow-up visit. Encourages the woman to return to the clinic at any time if necessary		
16.	Records the relevant information in the woman's chart and thanks the woman		

*Pass Score = 13/16 (81%)*

*Student Score = \_\_\_\_\_*

*Pass- Yes No*

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

**Skill Station:** Assessment for identifying the abnormalities in cervix- visual inspection of cervix with acetic acid

**Situation:** Mrs. Rajalaxmi, 45 yrs female comes to your health Centre with the complaints of increased/unusual vaginal discharge and looks worried, you have counseled the women for screening Cancer cervix.

Now you will demonstrate the visual inspection of cervix using acetic acid

**Observation:** Observe if the participant is performing the following steps of TT injection administration in their correct sequence (as necessary) and technique.

Score "1" for each point conducted correctly or mark "0" if the Steps is not done or incorrectly done and calculate the Score.

S.No	Steps	Score 1/0	Remarks
1.	Explains the women the procedure and ask the woman lie down in the examination table to uncover her genital area and cover or drape her to preserve privacy and respect modesty		
2.	Turn on light and direct it toward genital area		
3.	Wash hands thoroughly and put new examination or high-level disinfected gloves on both hands		
4.	Cleans perineum with diluted savlon swab, discards the soiled swab in red container		
5.	Inspect the labia, clitoris, and perineum and palpate the labia minora, noting any abnormalities		
6.	Gently insert the sterile/HLD speculum to visualize the cervix		
7.	Apply 3% to 5% acetic acid solution (Vinegar) to the cervix		
8.	Inspect the cervix for lesions		
9.	Discuss the results with the woman; if the results are positive explain her treatment option and the place of availability		
10.	Record the findings		

*Pass Score = 08/10 (80%)*

*Student Score = \_\_\_\_\_*

*Pass- Yes No*

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

### 1. Skill Station: Counseling of antenatal woman

**Situation:** Mrs. Sheema, is 25 yrs primi gravida, who attended your VHND for her 2<sup>nd</sup> AN visit. You have done her assessment. Now you will demonstrate the counseling of Mrs. Sheema.

**Observation:** Observe if the participant is performing the following steps of TT injection administration in their correct sequence (as necessary) and technique.

Score “1” for each point conducted correctly or mark “0” if the Steps is not done or incorrectly done and calculate the Score.

S.No	STEPS	Score 1/0	Remarks
<b>Does the participant support the woman to develop an Individualized Birth Plan?</b>			
1.	Facilitate woman to identify a place of birth		
2.	Facilitate woman to identify a skilled birth attendant		
3.	Discuss with woman symptoms and signs of normal labor and when she has to go to the health facility		
4.	Discuss with woman emergency transportation and funds		
5.	Mentions the essential items necessary for a clean birth		
<b>Does the participant address complication readiness?</b>			
6.	Discuss decision-making person in case complication occurred at home		
7.	Explains and confirms understanding danger signs during pregnancy		
8.	Explains danger signs during labor		
9.	Discusses emergency transport & funds		
10.	Discuss identifying someone to take care of her family in her absence		
<b>Does participant does the following</b>			
11.	Discuss on IFA tablets and provides it (as needed)		
12.	Counsel on PPFM methods		
13.	Discuss on Rest, Diet and safe sex during pregnancy		
14.	Discuss on Malaria in pregnancy and provides the ITNs to pregnant women in malaria endemic areas		

*Pass Score = 12/14 (86%)*

*Student Score = \_\_\_\_\_*

*Pass- Yes No*

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

**Skill Station:** Counseling on family planning –method specific

**Situation:** Mrs. Sudha, mother of two children had attended your clinic 2 days ago; you had counseled her and her husband on the family planning methods, they asked for time to decide on the methods to be chosen and left your clinic. Today the couple returned to your clinic to with decision to adopt the interval IUCD (CU-T 380A) as a choice of her FP methods. Now you will demonstrate the family planning counseling on the method chosen to Mrs. Sudha and her husband.

**Observation:** Observe if the participant is performing the following steps of TT injection administration in their correct sequence (as necessary) and technique.

Score “1” for each point conducted correctly or mark “0” if the Steps is not done or incorrectly done and calculate the Score.

S.No	STEPS	Score 1/0	Remarks
1.	Ensures that room is well lit and ventilated and ensures privacy		
2.	Greet the woman, confirms the name, address, and other required information		
3.	Using the language the woman will understand, take a reproductive and basic medical history		
4.	Perform a physical assessment that is appropriate for the method chosen; if indicated, refer the woman for evaluation		
5.	Ensure there are no conditions that contraindicate the use of the chosen method If necessary, help the woman to find a more suitable method		
6.	Briefly, giving only the most important information, tell the woman about the family planning method she has chosen: <ul style="list-style-type: none"> <li>▪ Type</li> <li>▪ How it works</li> <li>▪ Effectiveness</li> <li>▪ Advantages and non-contraceptive benefits</li> <li>▪ Disadvantages</li> <li>▪ Contraindications</li> <li>▪ Common side effects and warning signs</li> <li>▪ Protection against STIs, HIV/AIDS</li> </ul>		
7.	Provide the method of choice if available or refer woman to the nearest health facility where it is available		
8.	Give the woman instructions about her chosen method of contraception: <ul style="list-style-type: none"> <li>▪ How to use the method of contraception</li> <li>▪ Side effects and what to do if the side effects occur</li> <li>▪ Problems or complications for which the woman should return to the health facility</li> <li>▪ Any other relevant information</li> </ul>		
9.	Educate the woman about prevention of STIs and HIV/AIDS if she is at risk. <ul style="list-style-type: none"> <li>▪ If necessary provides her with condoms, instructions on how</li> </ul>		

	to use them, and where to obtain them		
10.	Encourage the woman to repeat the instructions to be sure she understands		
11.	Ask if the woman has any questions or concerns. Listen attentively, and address her questions and concerns		
12.	Schedule the follow up visit. Encourage the woman to return to the clinic at any time if necessary		
13.	Record the relevant information in the woman's chart		
14.	Thank the woman, politely say goodbye and encourage her to return to the clinic if she has any questions or concerns		

*Pass Score = 12/14 (86%)*

*Student Score = \_\_\_\_\_*

*Pass- Yes No*

## Objective Structured Clinical Examination (OSCE)

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_

### 1. Skill Station: Counseling skills

#### Situation:

**Observation:** Observe if the participant is performing the following steps of TT injection administration in their correct sequence (as necessary) and technique.

Score “1” for each point conducted correctly or mark “0” if the Steps is not done or incorrectly done and calculate the Score.

S.No	STEPS	Score 1/0	Remarks
<b>Establishes therapeutic relationship</b>			
1.	Creates comfortable external environment		
2.	Uses culturally appropriate greeting gestures that convey respect and caring		
3.	Offers seat (if available)		
4.	Uses appropriate body language and tone of voice		
5.	Makes eye contact		
<b>Active Listening</b>			
6.	Looks at client when speaking		
7.	Attentive body language and facial expression		
8.	Continuous eye contact		
9.	Occasional gestures, such as nods to acknowledge client		
<b>Effective Questioning</b>			
10.	Uses open ended questions to elicit information		
11.	Asks relevant questions		
12.	Reflects statements back to client for conformation		
<b>Summarizing</b>			
13.	Takes time to summarize information obtained from client		
14.	Checks with client to ensure understanding of important concerns and issues		

*Pass Score = 12/14 (86%)*

*Student Score = \_\_\_\_\_*

*Pass- Yes No*

## Annexure 6: List of Proposed Skills Lab Location at High Focus States

The locations of Skills lab (25) at Bihar		
1. College of Nursing, IGIMS (State Nodal Centre), Patna	All GNM Schools of Bihar 1. JLNMCH, Bhagalpur 2. ANNMCH, Gaya 3. IGIMS, Patna 4. NMCH, Patna 5. PMCH, Patna 6. DMCH, Darbhanga 7. SKMCH, Muzaffarpur	All ANM Schools of Bihar 8. ANMTC, Kishanganj 9. ANMTC, Munger 10. ANMTC, Purnia 11. ANMTC, Bhagalpur 12. ANMTC, Muzaffarpur 13. ANMTC, Motihari 14. ANMTC, Beita 15. ANMTC, Chapra 16. ANMTC, Gopalganj 17. ANMTC, Madhubani 18. ANMTC, Sitamarhi 19. ANMTC, Begusarai 20. ANMTC, Hajipur 21. ANMTC, Samastipur 22. Barh, Patna, ANM School 23. Bhojpur, ANM School 24. Patna, ANM School 25. Nalanda, ANM School
The locations of Skills lab (14) at Jharkhand		
1. College of Nursing, RIMS (State Nodal Centre), Ranchi	All GNM Schools of Jharkhand 1. GNMTC, Ranchi 2. GNMTC, Jamshedpur 3. GNMTC, Dhanbad	All ANM Schools of Jharkhand 4. ANMTC, Chaibasa 5. ANMTC, Deoghar 6. ANMTC, Giridih 7. ANMTC, Dhanbad 8. ANMTC, Dumka 9. ANMTC, Hazaribagh 10. ANMTC, Palamau 11. ANMTC, Ranchi 12. ANMTC, Simdega 13. ANMTC, Jamshedpur
The locations of Skills lab (08) at Uttarakhand		
1. State College of Nursing, Dehradun (State Nodal Centre), Uttarakhand	All GNM Schools of Uttarakhand 2. GNMTC, Dehradun 3. GNMTC, Nainital	All ANM Schools of Uttarakhand 4. ANMTC, Rani Pokhri, Dist Dehradun 5. ANMTC, Gaddarpur, US Nagar 6. ANMTC, Almora 7. ANMTC, Khirsu (Pauri) 8. ANMTC, Pithoragarh
The locations of Skills lab (22) at Odisha		
1. State College of Nursing, Berhampur (State Nodal Centre), Odisha	All GNM Schools of Odisha 2. GNMTC, Berhampur 3. GNMTC, Cuttack 4. GNMTC, Angul 5. GNMTC, Sambhalpur 6. GNMTC, Sundergarh GNMTC,	All ANM Schools of Odisha 7. ANMTC, Koraput 8. ANMTC, Bolangir 9. ANMTC, Kalahandi 10. ANMTC, Kandhamal 11. ANMTC, Ganjam

		12. ANMTC, Nayagarh 13. ANMTC, Puri 14. ANMTC, Cuttack 15. ANMTC, Sambhalpur 16. ANMTC, Deogarh 17. ANMTC, Sundergarh 18. ANMTC, Dhenkanel 19. ANMTC, Kendrapara 20. ANMTC, Keonjhar 21. ANMTC, Mayurbhanj 22. ANMTC, Balasore
The locations of Skills lab (40) at Madhya Pradesh		
1. College of Nursing, Ujjain 2. College of Nursing, Jabalpur	All GNM Schools in Madhya Pradesh 2. GNMTC, Gwalior 3. GNMTC, Ratlam 4. GNMTC, Ujjain 5. GNMTC, Indore 6. GNMTC, Khandwa 7. GNMTC, Bhopal 8. GNMTC, Chhindwara 9. GNMTC, Jabalpur 10. GNMTC, Rewa 11. GNMTC, Sagar	All ANM Schools in Madhya Pradesh 12. ANMTC, Morena 13. ANMTC, Bhind 14. ANMTC, Datia 15. ANMTC, Shivpuri 16. ANMTC, Tikamgarh 17. ANMTC, Chhatarpur 18. ANMTC, Panna 19. ANMTC, Satana 20. ANMTC, Sidhi 21. ANMTC, Shadol 22. ANMTC, Guna 23. ANMTC, Raigarh 24. ANMTC, Raisen 25. ANMTC, Sagar 26. ANMTC, Mandsaur 27. ANMTC, Ujjain 28. ANMTC, Sehore 29. ANMTC, Dewas 30. ANMTC, Jhabua 31. ANMTC, Dhar 32. ANMTC, Barwani 33. ANMTC, Burhanpur 34. ANMTC, Betul 35. ANMTC, Hoshangabad 36. ANMTC, Narsingpur 37. ANMTC, Chhindwara 38. ANMTC, Seoni 39. ANMTC, Mandla 40. ANMTC, Balaghat

The locations of Skills lab () at Rajasthan		
1.College of Nursing, Bikaner 2.College of Nursing, Jaipur	<b>All GNM Schools in Rajasthan</b> 3. GNMTC, Ganganagar 4. GNMTC, Bikaner 5. GNMTC, Sikar 6. GNMTC, Jaipur 7. GNMTC, Alwar 8. GNMTC, Bharatpur 9. GNMTC, Kota 10. GNMTC, Udaipur 11. GNMTC, Banswar 12. GNMTC, Bhilwara 13. GNMTC, Ajmer 14. GNMTC, Pali 15. GNMTC, Jalore 16. GNMTC, Jodhpur 17. GNMTC, Barmer	<b>All ANM Schools in Rajasthan</b> 18. ANMTC, Ganganagar 19. ANMTC, Hanumangarh 20. ANMTC, Bikaner 21. ANMTC, Jodhpur 22. ANMTC, Badmer 23. ANMTC, Jaisalmer 24. ANMTC, Churu 25. ANMTC, Jhunjhunu 26. ANMTC, Sikar 27. ANMTC, Jaipur 28. ANMTC, Alwar 29. ANMTC, Dausa 30. ANMTC, Bharatpur 31. ANMTC, Dholpur 32. ANMTC, Karauli 33. ANMTC, Sawai Madhopur 34. ANMTC, Bundi 35. ANMTC, Baran 36. ANMTC, Kota 37. ANMTC, Jhalawar 38. ANMTC, Tonk 39. ANMTC, Bhilwara 40. ANMTC, Ajmer 41. ANMTC, Nagaur 42. ANMTC, Rajsamand 43. ANMTC, Chittaurgarh 44. ANMTC, Udaipur 45. ANMTC, Dungarpur 46. ANMTC, Banswar 47. ANMTC, Pali 48. ANMTC, Sirohi 49. ANMTC, Jalore

## Annexure 7: Documentation of OSCE

