



CRITERION 2 – TEACHING-LEARNING AND EVALUATION 2.3.2 Has provision for the use of Clinical Skills Laboratory and Simulation Based Learning the Institution:

Has Basic Clinical Skills Training Models and Trainers for clinical skills in the relevant disciplines.

Has advanced patient simulators for simulation-based training

Has structured programs for training and assessment of students in Clinical Skills Lab / Simulation centre

Conducts training programs for the faculty in the use of clinical skills lab and simulation methods of teaching-learning

To reduce enormous use of paper and printing the ensure data, sign and a seal by the Competent Authority for all the papers, we have used the Class-3 Digital Signatures where a Registration Authority i.e. Dr. Mahipal Singh, Registrar of our University authenticate the documents and responses claimed in this pdf file.

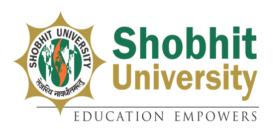


SHOBHIT UNIVERSITY, Gangoh

[Notified by Government of U.P. Act No.3 of 2012, Established u/s 2(f) of UGC Act 1956] Adarsh Institutional Area, Babu Vijendra Marg, Gangoh, Distt. Saharanpur - 247341, UP







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Details of training programs conducted and details of participants



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Date: - 04-07-2023

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TRAINING PROGRAM ON IV INJECTION - ACTIVITY REPORT

Activity Name	Training on IV Injection
Date & Time	04-07-2023; 11:00 am to 1:00 pm
Duration	2 hours
Venue	K.S.V.A.M.C& R.C., Shobhit University
Organized by	Department of Kayachikitsa, K.S.V.A.M.C. & R.C.
FacultyName	Dr. Sruthi Sajeev
No. of participants	07
Program Objective	 To equip participants with the necessary knowledge, skills, and confidence to perform safe and effective IV injection procedures. The objective of an intravenous injection is deliver substances directly into a vein. IV injection can provide nutrition.
Program Outcome	 Participants will be able to perform IV injection procedure confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced IV-related complications in clinical settings.
Photograph	

Coordinator

Standy Lynn Harris		KS ^{TT} MC & RC, SHOBHIT UNIVERSITY, GANGOH	& RC, S	HOBMI	INN L	VERS	LTV, C	SANG	HO		-					T	47123	53		
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viii.	Prepared medication using aseptic technique					•••••									н. 2 - 1 - 1 2 - 1 - 1					
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Date: - 06-07-2023

TRAINING PROGRAM ON IV INJECTION - ACTIVITY REPORT

Activity Name	Training program on iv injection
Date & Time	06-07-2023; 11:00 am to 1:00 pm
Duration	2 hours
Venue	K.S.V.A.M.C& R.C., Shobhit University
Organized by	Department of Kayachikitsa, K.S.V.A.M.C. & R.C.
Faculty name	Dr. A. P. Singh
No. of participants	12
Program Objective	 To equip participants with the necessary knowledge, skills, and confidence to perform safe and effective IV injection procedures. The objective of an intravenous injection is deliver substances directly into a vein. IV injection can provide nutrition.
Program Outcome	 Participants will be able to perform IV injection procedure confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced IV-related complications in clinical settings.
Photograph	

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-4	GO	COURSE: B.A.M.S. SESSION: DY YEAR / PROF 20 GPRACTICAL BATCH: A/B/C/D 2024 2024 2020 2024 2024 2020 2024 2020	ERA BRA	CIIK	ALE COL	Le ol de la compañía de la comp	STATION RESOURCE: A PATIENT A DUMMY/ OTHER: PRACTICAL BATCH: A/B/C/D SUBJECT: KAYACH bClv L1 th Veos		3 D		SCI:	A DUMMY/ OTHER: SUBJECT: KAYACHIKITSA	LER: ACHI		¥6	EVA	LUN	TOR'	s na	WE ?	EVALUATOR'S NAME & SIGNATURE: V)? · AP	NATI X. (YP.	۵ م	Se
		kall number: 22 29	5	9	90 91	1 22	2 93	38	95 Pb	6	68	99 89 49		15,395				2 P.						Ĭ	
<u>,</u>	S. No.			996 (D) 2019 (D) 2019 (D)	and a state		e stander Aug 1922	8				OBJECTIVE: TO TEST SKILLS - INTRAVENOUS INJECTION] Q ;	S N] <mark>8</mark>	1 (23 line) 1 (23 line) 1 (23 line) 1 (23 line) 1 (23 line) 1 (23 line)		1987 - 55 1993 - 869 1993 - 555		
	03 17 17 18 18 18		540m	2 . Eren		T					\$ 		5			5 [ſ						4	
<u></u>	•		4	4	4	4			₫		4	¢				0.90 0.90							<u>्</u> र्यः २.२७६ २.२०२		(5)32 95%) 5.55%
		Introduced self and role				-		_						् 											
	ii.	Verified patient identity [1]								ین سوچ ۱۹۹۹ میں															
l	ïü.	Obtained informed consent										<u> </u>								1 		┼──	$\left \right $		-
	iv.	Ensured privacy and patient comfort									 							Í	1					╞	
	v.	Performed hand hygiene			[ļ								*					
<u> </u>	vi.	Prepared and checked all necessary equipment I (IV catheter svringe, medication cloves etc.)					ļ	0										1		1				-	 ·
	Vii.	Checked medication (dose, expiration date,			_							-				1		1					-		
<u>L_</u>	viii.	Prepared medication using aseptic technique 1	-	-	_						ļ					T									_
<u> </u>	ix.	Assembled IV supplies correctly (e.g., IV 1	 -		<u> </u>	<u> </u>				6						1		1	estimation of the second	-		<u> </u>	+		
్రస్తున్న	C	Valueced, rounninglied, alcohol Swabsj Site Selection and Prenaration								2				144 111 111 111										13 200 23	
1																									
L	ü.	Applied tourniquet correctly and adjusted it 1			-	 	<u> </u>									1		1						<u>.</u>	
	ili.	Palpated the vein and assessed for suitable 1		 						-							<u> </u>	<u> </u>	e despit			1	<u> </u>		<u> </u>
]	ΪΫ.	Cleaned the insertion site with antiseptic (e.g., $\begin{vmatrix} 1 \\ 1 \end{vmatrix}$																	16-14-15 1					<u> ·</u>	<u> </u>
	×	Allowed antiseptic to dry before insertion 1		·				Q		•									<u>1993</u>			 			<u>.</u> *.
197	e5	Insertion of IV Catheter							100															100	
]		Inserted IV catheter at the correct angle 1		_						-						***						<u> </u>	<u> -</u>	<u> </u>	<u> </u>
·	Ë	Advanced the catheter properly and checked 1 for blood return	<u>у</u> -							0										<u> </u>		<u> </u>	ļ		<u> </u>
e prod	iii.	Successfully threaded the catheter into the vein I												 	┢──	-	 						ļ	ļ	
	iv.	Secured the catheter with appropriate dressing 1		—				-		-								<u> </u>				<u> </u>	<u> </u>		<u> </u>
	:	Removed tourniquet once catheter is in place 1				-		-			•														<u> </u>
	vi.	Connected IV tubing or syringe 1						-		_				. :									 		<u> </u>
>	vii.	Ensured no air bubbles								~										[<u> </u>	ļ	<u> </u>

i. Administered medication correctly via IV 1 ii. Monitored for immediate reactions or 1 5. Post-Procedure Care 4 i. Removed and disposed used materials safely 1 i. Removed and disposed used materials safely 1 ii. Provided patient with post-procedure 1 iii. Ensured the IV site was secure and free from 1			; ; ; ; ; ; ;		1 I						
Monitored for immediate reactions or complications Post-Procedure Care Removed and disposed used materials safely (e.g., needles, syringes) Provided patient with post-procedure instructions Ensured the IV site was secure and free from complications						_		_			
Post-Procedure Care Removed and disposed used materials safely (e.g., needles, syringes) Provided patient with post-procedure instructions Ensured the IV site was secure and free from complications								-			
			0							**************************************	
Ensured the IV site was secure and free from 1 complications		0	0	-					 		
	****			-	+				 		
Documented the procedure and patient's I			- <						 		
Communication and Documentation 3					25 						
Explained the procedure and findings to the 1 patient clearly								1201 - 5 1494 - 2000 1000 - 2000 - 200			
Addressed patient questions and concerns 1		0									
Provided accurate and clear documentation of 1 the IV injection procedure						. 					
MARKS OBTAINED									7		
PERCENTAGE			00								
			No part provodurop cron.								

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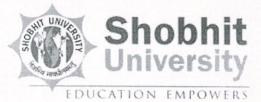
Babu Vijendra Marg, Adarsh Institutional Area Gangoh, Distt. Saharanpur (U.P.) 247341, India Tel: -91 7830810052 E-mail: registrargangoh@shobhituniversity.ac.in U.: www.sug.ac.in

Date: - 12-08-2023

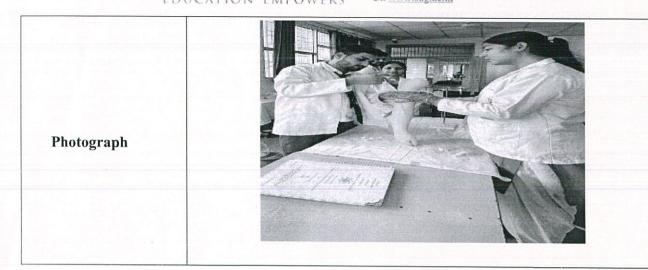
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# TRAINING PROGRAM ON INTRAMUSCULAR INJECTION - ACTIVITY REPORT

| Activity Name       | Training on Intramuscular Injection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date & Time         | 12-08-2023; 11:00 am to 1:00 pm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Duration            | 2 hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Venue               | K.S.V.A.M.C& R.C., Shobhit University                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Organized by        | Department of Kayachikitsa, K.S.V.A.M.C. & R.C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Faculty Name        | Dr. Shagufta Malhotra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| No. of participants | 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Program Objective   | <ul> <li>To equip participants with the necessary knowledge, skills, and confidence to perform safe and effective Intramuscular injection procedures</li> <li>To provide participants with the essential knowledge and skills to perform accurate and safe intravenous cannulation procedures confidently</li> </ul>                                                                                                                                                                                                                                                                                          |
| Program Outcome     | <ul> <li>Participants will be able to perform Intramuscular injection procedure confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced Intramuscular injection-related complications in clinical settings.</li> <li>Participants will be able to perform intravenous cannulation proficiently, as validated through practical assessments and simulated practice sessions, leading to enhanced vascular access success rates and reduced complications in patient care</li> </ul> |



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Coordinator '

UNIVERSIT Registrar GANGOH. -HOBHIN REGISTRA arthra 6

| 1. Aug                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | KS''A                                    | MC &<br>DOAP     | RC, S               | KS <sup>v</sup> 'AMC & RC, SHOBHIT UNIVERSITY, GANGOH<br>DOAP: INTRAMUSCULAR INJECTION | HT UI<br>SCUL                                           | NIVE!    | RSITV                                                                                    | , GAN                                                                           | ICOH           | ×4.                                   |                                                               |          |          |          |                      |          | 12)     | 12/8/23                           | ·<br>M   |          | . l  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------|---------------------|----------------------------------------------------------------------------------------|---------------------------------------------------------|----------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------|---------------------------------------|---------------------------------------------------------------|----------|----------|----------|----------------------|----------|---------|-----------------------------------|----------|----------|------|
| COUL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | COURSE: B.A.M.S. SESSION: \$2214 / PROF: \$1710N RESOURCE: A PATIEN<br>2014 PROF: \$1710N RESOURCE: A PATIEN<br>2014 4 1 7 2014 | E:2010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PRAC                                     | TICA             | STATION RESOURCE: A | CE: AI                                                                                 | PATIENT, A DUMMY/ OTHER:<br>V/B/C/D SUBJECT: KAYACH     | NA S     | A DUMMY/ OTHER:<br>SUBJECT: KAYACHIKITSA                                                 | MY (                                                                            | JTHE<br>AVAC   | R:<br>MIKI                            | 1SA                                                           | EV       | alua     | TOR'     | S NAI                | NE &     | SIGN .  | EVALUATOR'S NAME & SIGNATURE: WWW |          | 25       | H. 5 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Roll number: 52 53 54 55                                                                                                        | کر)<br>انڈ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | کل<br>م                                  | 354              | 3                   | B                                                                                      | 58/01/02/03 04/05/06 69 70/71 72 73/75/7678 79/86 84/85 | 10       | 163                                                                                      | B                                                                               | 65             | 200                                   | t t                                                           | ar<br>O  | 5        | R        | 35                   | 10%      | 00      | 6                                 | 0 8      | 581      | 8    |
| S. No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Ask the student to demonstrate I/M<br>Injection giving a running commentary and<br>mark (M) for                                 | North State<br>SZ<br>SZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | aliteration)<br>Siliteration<br>MARIANNI |                  |                     |                                                                                        | 80                                                      | E        | OBJECTIVE: TO TEST SKILLS - INTRAMUSCULAR INJECTION<br>"ONE MARK FOR EACH STEP PERFORMED |                                                                                 | T'SKI<br>MARKI | ILLS-                                 | TEST SKILLS - INTRAMUSCUI<br>ONE MARK FOR EACH STEP PERFORMED | NUN      |          | ART      |                      | JUC      |         | 1945)<br>1945 - 204<br>1945 - 204 |          |          |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Preparation and Setup                                                                                                           | $_{IA}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Y A                                      | A                |                     | A 4                                                                                    | U U                                                     |          |                                                                                          |                                                                                 |                |                                       | A<br>A                                                        |          | K        |          |                      | <u>S</u> | A       | 4                                 | 4        | M        | 4    |
| Ĩ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Introduced self and role                                                                                                        | 7404                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ļ                                        | <del>}~~~~</del> |                     | 1                                                                                      |                                                         |          |                                                                                          |                                                                                 | -              |                                       |                                                               |          |          | <u> </u> |                      |          | 1       |                                   |          |          |      |
| Ţ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Verified patient identity                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                  | -                   |                                                                                        | -                                                       |          | 320.5                                                                                    |                                                                                 | ┢              |                                       | 0                                                             | <u> </u> |          |          |                      |          |         |                                   |          | <u> </u> |      |
| a beza<br>a beza<br>beza<br>beza<br>beza<br>beza<br>beza<br>beza<br>beza | Obtained informed consent, Ensured<br>privacy                                                                                   | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |                  |                     |                                                                                        | eg                                                      | P        |                                                                                          |                                                                                 |                |                                       |                                                               |          |          | -        |                      |          |         |                                   |          |          |      |
| iv.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Performed hand hygiene                                                                                                          | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |                  |                     |                                                                                        | <b></b>                                                 |          |                                                                                          | -                                                                               |                |                                       |                                                               |          |          | C        | 0                    |          |         |                                   | -        |          |      |
| ×                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Prepared and checked all necessary<br>equipment (svringe, medication etc.)                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                  | 0                   |                                                                                        |                                                         |          | <b>6</b>                                                                                 |                                                                                 |                | 0                                     |                                                               |          |          |          | <br>                 |          |         |                                   |          | , stare, |      |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Checked medication (dose, expiration<br>date, and appearance) and Prepared<br>medication using aseptic technique                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                  |                     |                                                                                        |                                                         |          |                                                                                          |                                                                                 |                |                                       |                                                               | -        |          | 0        |                      |          |         |                                   |          |          |      |
| Ċ.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Assembled injection supplies correctly<br>(e.g., syringe, alcohol swabs)                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                  |                     |                                                                                        | 0                                                       |          | 0                                                                                        | -                                                                               |                |                                       |                                                               |          |          |          |                      |          |         |                                   | <u> </u> |          |      |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                 | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |                  |                     |                                                                                        | a di si<br>a come<br>Statio                             |          |                                                                                          |                                                                                 |                |                                       |                                                               |          |          |          |                      |          |         |                                   | のない      |          |      |
| и разі                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Selected an appropriate muscle site for injection (e.g., deltoid)                                                               | and the second sec |                                          |                  |                     |                                                                                        | na an<br>Ng kasalan<br>T                                | <b>.</b> |                                                                                          |                                                                                 |                | 0                                     |                                                               |          |          | -        |                      |          |         |                                   |          |          |      |
| + p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | the muscle for                                                                                                                  | leaned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          |                  | 0                   | - 1 - 1<br>- 3 - 1<br>- 3 - 1                                                          |                                                         | 0        |                                                                                          |                                                                                 |                | 0                                     |                                                               |          |          | -        |                      |          |         |                                   |          |          |      |
| ्रम्ब<br>भूम्ब<br>श्रेष्ठ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Cleaned the insertion site with antiseptic (e.g., alcohol swab)                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                  | -                   |                                                                                        | O                                                       |          | 0                                                                                        | 1.<br>1.<br>1.<br>1.<br>1.<br>1.<br>1.<br>1.<br>1.<br>1.<br>1.<br>1.<br>1.<br>1 |                |                                       |                                                               |          |          |          |                      |          |         | ļ                                 | ļ        |          |      |
| iv.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Allowed antiseptic to dry before insertion                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                  |                     |                                                                                        | n na<br>1988 an<br>1998 an<br>1999 an<br>1999 an        |          |                                                                                          |                                                                                 |                |                                       |                                                               |          |          | -        |                      |          |         |                                   |          |          |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Administration of IM Injection                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                  |                     |                                                                                        |                                                         |          |                                                                                          |                                                                                 |                | r se toza<br>na se toza<br>na se toza |                                                               |          |          |          | noge<br>1395<br>Care |          |         |                                   |          |          |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Ensured no air bubbles                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                  | 0                   |                                                                                        | -                                                       |          |                                                                                          | 11171,1741                                                                      |                |                                       |                                                               |          |          | d        |                      |          |         |                                   |          |          |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Inserted needle at the correct angle (90)                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                  | _                   | ́                                                                                      | -                                                       |          |                                                                                          | -                                                                               |                | -                                     | <u>.</u>                                                      | -        |          |          |                      |          |         |                                   |          |          |      |
| Ĩŭ.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Aspirated to check for blood return                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                  |                     |                                                                                        |                                                         |          |                                                                                          |                                                                                 |                | _                                     |                                                               |          |          | -        | े<br>•               |          |         |                                   |          |          |      |
| iv.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Injected medication slowly and steadily                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                  |                     |                                                                                        | , <br>                                                  | _        | <b>.</b>                                                                                 | 0                                                                               |                | 9                                     |                                                               |          |          | 0        |                      |          |         |                                   |          |          |      |
| .×                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Removed needle smoothly and safely                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                  | 0                   |                                                                                        |                                                         |          | -                                                                                        |                                                                                 | 0              |                                       |                                                               |          |          |          |                      |          |         |                                   |          |          |      |
| vi.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Applied pressure to the injection site to 1<br>minimize blecding                                                                | 6-mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          | 1999             |                     |                                                                                        | 0                                                       |          |                                                                                          |                                                                                 |                |                                       | -                                                             |          |          | <br>     | 0                    |          | -7      |                                   |          |          |      |
| Vis.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposed of needle and syringe properly                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                  |                     |                                                                                        |                                                         | 0        |                                                                                          |                                                                                 |                | 0                                     |                                                               |          | <u> </u> |          |                      |          | <b></b> | L                                 |          | 1        |      |

| 4                                    | Post-Procedure Care                                               | -                                     |            |                  | and the second                        | -                                      |                          |                                        | -        |            |                                                   |                         |                                                                                                                 |       |        |       |
|--------------------------------------|-------------------------------------------------------------------|---------------------------------------|------------|------------------|---------------------------------------|----------------------------------------|--------------------------|----------------------------------------|----------|------------|---------------------------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------|-------|--------|-------|
| * 140                                | <u> </u>                                                          |                                       |            |                  |                                       |                                        |                          |                                        | -        |            |                                                   | -                       | -                                                                                                               |       |        |       |
|                                      | complications                                                     |                                       |            | 19050)<br>19050) |                                       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                          | •••••••••••••••••••••••••••••••••••••• |          |            |                                                   | •                       |                                                                                                                 |       | -      |       |
|                                      | Provided patient with post-procedure                              | 0                                     |            |                  |                                       | 0                                      |                          |                                        |          |            |                                                   |                         |                                                                                                                 | ļ     | ļ      |       |
|                                      |                                                                   |                                       |            |                  | -                                     |                                        |                          |                                        |          |            |                                                   | -                       |                                                                                                                 |       |        |       |
| ž.                                   |                                                                   |                                       |            |                  |                                       | 0                                      |                          | -                                      |          | -          |                                                   | _                       |                                                                                                                 | _     |        |       |
| in                                   | Communication and Documentation 3                                 |                                       |            | 4 .<br>          |                                       |                                        |                          |                                        | -        | -          |                                                   | -                       |                                                                                                                 | -     |        |       |
| : pm7                                | Explained the procedure and findings to $1$ 0 the patient clearly | D                                     |            | 0                |                                       |                                        |                          |                                        |          | 0          |                                                   |                         | 1                                                                                                               |       |        |       |
| र का<br>• इ.स.                       | Addressed patient questions and concerns 1 effectively            |                                       |            |                  |                                       |                                        |                          |                                        |          |            |                                                   |                         |                                                                                                                 |       | - J    | ]     |
| - 524<br>- 524<br>- 524              | Provided accurate and clear                                       | · · · · · · · · · · · · · · · · · · · |            |                  |                                       |                                        |                          |                                        |          | -          |                                                   |                         |                                                                                                                 |       |        | 1     |
|                                      |                                                                   | 09                                    | 19         | 2123             |                                       |                                        |                          |                                        |          |            |                                                   |                         |                                                                                                                 |       |        |       |
|                                      | TERCENTIGE                                                        | S                                     | 8          | - Contraction    |                                       | 8                                      |                          | 19.55<br>19.55<br>19.55                | 12       | 8          |                                                   |                         | -                                                                                                               |       |        |       |
|                                      |                                                                   | 3                                     |            | hm               |                                       |                                        | -<br>                    |                                        | 0        | <u> </u> - |                                                   |                         | -                                                                                                               |       |        |       |
|                                      |                                                                   | •<br>•••                              | ,<br>int   | COM<br>DO        |                                       | 44                                     | $\overline{\gamma}_{01}$ | -                                      | <u>,</u> | m          |                                                   |                         | ****                                                                                                            |       |        |       |
|                                      | P".                                                               | - 771                                 | -EK        | no)<br>No        |                                       |                                        | mt                       |                                        | ip)      |            |                                                   | ****                    |                                                                                                                 |       |        | ***** |
|                                      | **************************************                            |                                       | Tr<br>Tr   | ~ V              |                                       | - da                                   | h r                      |                                        | m        |            |                                                   |                         |                                                                                                                 |       |        |       |
|                                      |                                                                   |                                       | 2000       | ST.              |                                       | 777                                    |                          |                                        | 9        | mf         |                                                   |                         | _                                                                                                               |       |        |       |
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| ens de<br>CPLet                      |                                                                   | e ra                                  | rit<br>Pri | 9/V              | ~~~~                                  | on<br>On                               | 1 de                     |                                        | ión      | 2770       |                                                   | -                       | and the Contract of Street of S |       |        |       |
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No.                         | Ask the student to demonstrate I/M<br>Injection giving a running commentary and<br>mark (M) for | 23        |                |     | 100 58 64 64 67<br>100 56 68 60<br>68 68 68 |                              | al-to epositore               | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | C IS                        | DVE. | e le | OBJECTIVE: TO FEST SKILLS - 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| ü.                             | Verified patient identity                                                                       |           |                |     |                                             | -                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Ň.                             | Performed hand hygiene                                                                          | _         |                |     | 0                                           |                              |                               | - 1997<br>- 1997<br>- 1997                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |      | _                                        |                                                                                                                  | <u></u>       |                   |               |                                         |              |        |                       |                                     |        | MUCH CONTRACTOR  | STREET, CONTRACTOR OF CONTRACT | uto sectore and in the sector                           | and services of        | and the second se |
| >                              | Prepared and checked all necessary<br>equipment (syringe, medication etc.)                      |           |                |     | <b></b>                                     |                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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|                                | Checked medication (dose, expiration                                                            |           |                |     |                                             |                              | <br>                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | - <u>19</u><br>- 29<br>- 29 |      |                                          |                                                                                                                  |               |                   |               | ana |              | .).* I | ~~~~~                 |                                     |        |                  | ······                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                         |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| vî.                            | date, and appearance) and Prepared<br>medication using asoptic technique                        |           |                |     |                                             | 0                            |                               | satisent, di<br>Second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| vii.                           | Assembled injection supplies correctly<br>(e.g. evringe alcohol swabs)                          |           |                |     | 0                                           |                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |      |                                          |                                                                                                                  |               |                   |               |                                         |              |        | - 549 <sup>5995</sup> |                                     |        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                | Site Selection and Preparation                                                                  | -         |                |     |                                             |                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| • <b>2</b>                     | Selected an appropriate muscle site for<br>injection (e.g., deltoid)                            | quest     |                |     |                                             |                              |                               | 146-111-1-15123<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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|                                | Palpated and assessed the muscle for<br>injection                                               | 77.00     |                |     |                                             |                              |                               | i (da ta da ta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| ii.                            | Cleaned the insertion site with antiseptic (e.g., alcohol swab)                                 | 42A.C     |                |     | *****                                       | 0                            |                               | Altra and an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| iv.                            | Allowed antiseptic to dry before insertion                                                      | ulainni ( |                |     |                                             |                              |                               | 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|                                | Ensured no air bubbles                                                                          |           |                |     | -                                           | -                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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|                                | Inserted needle at the correct angle (90)                                                       |           |                |     | •<br>•••••                                  |                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| ii:                            | Aspirated to check for blood return                                                             |           |                |     |                                             | _                            |                               | anai in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |      |                                          |                                                                                                                  |               | _                 |               |                                         |              |        | - 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| îv.                            | Injected medication slowly and steadily                                                         |           |                |     | ~                                           |                              |                               | 9-24<br>222                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| Å                              | Removed needle smoothly and safely                                                              |           |                |     | 0                                           |                              |                               | n's e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                             |      |                                          | _                                                                                                                | - 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| vi.                            | Applied pressure to the injection site to<br>minimize bleeding                                  | ş         |                |     |                                             | Ô                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| vii.                           | Disposed of needle and syringe properly                                                         | -         |                |     | *****                                       |                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             | -    |                                          | al Tamiray Lagina                                                                                                |               | 10 <b>2-11-12</b> |               |                                         |              |        | -                     |                                     | ·<br>· |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ******                                                  |                        | ****                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| Image: control of the standard                                  | 4                          | Post-Procedure Care                                           | 4                    |                                                         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <br> |                                                                                                                  | - 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| Target of the Tayloction at the vas sectors and<br>Documented the Tayloction at the vas sectors and<br>Documented the procedure and reficients       Image: Comparison of the target of target                                    | ġ                          |                                                               |                      |                                                         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| All transmission of the procedure and fordings to the procedure and concerns and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | in.                        | e was secure and                                              |                      |                                                         |           | <b></b>                                 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| Communication       Communication<                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ţ.                         | Documented the procedure and patient's response accurately    | unat                 |                                                         | 0         | - <b></b>                                                                                                                  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1205<br>- 1205<br>- 1200 | Provided accurate and clear<br>documentation of the procedure |                      |                                                         |           | contractions and the second spectrum of the s | <br> |                                                                                                                  |                                                                                                                                                                                                                                   |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |         |                                         | <br>                   | ***** |   |                                                                                                                 |   |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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Babu Vijendra Marg, Adarsh Institutional Area Gangoh, Distt. Saharanpur (U.P.) 247341, India Tel: +91 7830810052 E-mail: registrargangoh@shobhituniversity.ac.in U.: www.sug.ac.in

Date: - 22-08-2023

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TRAINING PROGRAM ON INTRAMUSCULAR INJECTION - ACTIVITY REPORT

| Activity Name | Training on Intramuscular Injection |
|---------------------|---|
| Date & Time | 22-08-23; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | K.S.V.A.M.C& R.C., Shobhit University |
| Organized by | Department of Kayachikitsa, K.S.V.A.M.C. & R.C. |
| Faculty Name | Dr. Prerna |
| No. of participants | 25 |
| Program Objective | To equip participants with the necessary knowledge, skills, and confidence to perform safe and effective Intramuscular injection procedures. To provide participants with the essential knowledge and skills to perform accurate and safe intravenous cannulation procedures confidently. |
| Program Outcome | Participants will be able to perform Intramuscular injection procedure confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. Participants will be able to perform intravenous cannulation proficiently, as validated through practical assessments and simulated practice sessions, leading to enhanced vascular access success rates and reduced complications in patient care. |
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| <u>Vi</u> | S. No. | o. Ask the student to demonstrate I/M
Injection siving a muning community | X | | | | ł | | OBU | OBJECTIVE: TO TEST SKILLS | NE: J | | STS | KIL | | | - INTRAMUSCULAR INJECTION | | L Z | | N
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| | ii. | Verified patient identity | | | | 0 : | | | | - | | | | | | |
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| <u>}</u> | iv. | Performed hand hygiene | Pret | - | | 17 | | 0 | | | | _ | | | 1 | | | | | | | < C | | | | - |
| | * | Prepared and checked all necessary
equipment (svringe, medication etc.) | given | | - | - | 0 | | | | | | | | 1 | | - | 1 | | | 0 | | | | • • •
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| 1 | vi. | Checked medication (dose, expiration
date, and appearance) and Prepared
medication using aseptic technique | | 0 | 0 | | | | | | - | | | | | 1 | 0 | | | ****** | | | | | | |
| | vat. | Assembled injection supplies correctly
(e.g., syringe, alcohol swabs) | | | | 0 | | | | | | 0 | | | | | | | | | | | | | | 0 |
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| | • | Selected an appropriate muscle site for
injection (e.g., deltoid) | exant. | | Ø | | | | | 0 | | | | | | | | 0 | | | | 400000 | | | | |
| | | Palpated and assessed the muscle for
injection | Vout | | | | 0 | | | | | | | 1 | | | | | · · · · · | 0 | | 0 | | | - | - |
| 1995 | ii. | Cleaned the insertion site with antiseptic (e.g., alcohol swab) | | | | O | | _0 | | | | 0 | | | | | | | | | 0 | | | | | - |
| - PAG | iv. | Allowed antiseptic to dry before insertion | | - | | 0 | | | 1000
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Ngang | ಣೆ | Administration of IM Injection | 2 | | | | | | | | | | | | | | | | | 282
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| | | Ensured no air bubbles | · · · | 0 | - | | | 0 | 0 | - | 0 | - | | | | | | - | 0 | 0 | | - | | |
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| | | Inserted needle at the correct angle (90) | | | | | | - | | | - | - | | | |
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| .:= | ìli. | Aspirated to check for blood return | | | | | | | | | | - | | | | | | | | - | | - | | | | |
| ·~ | ïv. | Injected medication slowly and steadily | | | 0 | | 0 | • | - | - | - | • | | | | | | - | | | | | |

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| | ¥. | Removed needle smoothly and safely | | | | | | 0 | | | - | - 200 (100 (100 (100 (100 (100 (100 (100 | | | | | • | 0 | • | | | 0 | | | | - |
| <u>></u> | vi. | Applied pressure to the injection site to
minimize bleeding | hand
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| | | Disposed of needle and syringe properly | 7 | | | | 0 | | | | | Ń | <u> </u> |
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| Fost-Procedure Care | Monitored for immediate reactions or
complications | Provided patient with post-procedure instructions | Ensured the Injection site was secure and
free from complications | Documented the procedure and patient's response accurately | Communication and Documentation | Explained the procedure and findings to
the patient clearly | Addressed patient questions and concerns
effectively | Provided accurate and clear
documentation of the provedure | | | |
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| S. No. | Ask the student to demonstrate I/M
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| | Verified patient identity | | | | | | | - | | - | - | | | | | ╺╼┤ | | - | _ | | - | | | | |
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| Å, | Prepared and checked all necessary
equipment (syringe, medication etc.) | | | ******** | | | | | | | | | | | | | | | | | | | | | |
| 7 | Checked medication (dose, expiration
date, and appearance) and Prepared
medication using aseptic technique | | 0 | | | | 1-17-18-2021-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | O | | - | 9 | 0 | | 0 | | | | | nosanastussasnastainin) | | | | | | |
| | Assembled injection supplies correctly
(e.g., syringe, alcohol swabs) | алар
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ниц | | | | | | | | <u> </u> | | ***** *** | | | | | | | | | | | | | |
| | Site Selection and Preparation | 4 | | | | | | | | 58-25
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1 (1) | | | | | | | | | | | | | 844
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6446 | | |
| 1.00 | Selected an appropriate muscle site for injection (e.g., deltoid) | | | | | e | | | | | 0 | | | | | | - | <u> </u> | | | | | | | |
| - 1000 | Palpated and assessed the muscle for
injection | | | | | · | | 1. | | | | | | | | | | <u>.</u> | | | | | | | |
| ļį. | Cleaned the insertion site with antiseptic
(e.g., alcohol swab) | | | | | 0 | | | | | 0 | 0 | | | | | | | | | | | | | |
| iv. | Allowed antiseptic to dry before insertion | | 0 | | | | | d | | | - | | | d | | |
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| 3. | Administration of IM Injection | ~ | | | | | | | | | | | | 953
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| .= | Ensured no air bubbles | | | | | - | | [| Ī | 0 | - K | | | | | | | | in real for | _ | | | | | |
| | Inserted needle at the correct angle (90) | | | | | _ | | | | | 5 | | | | | | | | | | | | | | T |
| iù. | Aspirated to check for blood return | _ | | | | | | | | | | 4 | | | ••••• | <u> </u> | | _ | | | | | | | T |
| iv. | Injected medication slowly and steadily | $\frac{1}{2}$ | | | | - | | | | - | | | | | | | | _ | | | | | | | Τ |
| ×. | Removed needle smoothly and safely | - | | | | | | - | | - | 1 | | | | | \rightarrow | | ╇ | | | | | | | |
| vi. | Applied pressure to the injection site to minimize bleeding |
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| vii. | Disposed of needle and syringe properly | | | | | | | | | Crews. | | | - | | | and the same | - | thation | بسروسها | | | | ****** | | |

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Babu Vijendra Marg, Adarsh Institutional Area Gangoh, Distt. Saharanpur (U.P.) 247341, India Tel: +91 7830810052 E-mail: registrargangoh@shobhituniversity.ac.in U.: www.sug.ac.in

Date: - 25-09-2023

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TRAINING PROGRAM ON INTRADERMAL INJECTION - ACTIVITY REPORT

| Activity Name | Training on Intradermal Injection |
|---------------------|--|
| Date & Time | 25-09-2023; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | K.S.V.A.M.C& R.C., Shobhit University |
| Organized by | Department of Kayachikitsa, K.S.V.A.M.C. & R.C. |
| Faculty Name | Dr. Nitin Goel |
| No. of participants | 24 |
| Program Objective | To equip participants with the necessary knowledge, skills, and confidence to perform safe and effective Intradermal injection procedures. Interadermal injection are administered into the dermis just below the epidermis. These type of injection are used for sensitivity test. |
| Program Outcome | Participants will be able to perform Intradermal injection procedure confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced Intradermal injection-related complications in clinical settings. |
| Photograph | |

Coordinator NHA

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| vii. | := | Assembled injection supplies correctly 1 (e.g., syringe, alcohol swabs) | 0 | 0 | | | | | | 0 | | | | | . | | | | | | | 0 | | | |
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| II | | Cleaned the insertion site with antiseptic (c.g., alcohol swab) | 0 | | | <u></u> | | | Ø | | · | | | | an di taka | | | 0 | an tersonity | | | 0 | | | |
| iv. | | Allowed antiseptic to dry before insertion 1 | | <u>د</u> اد) | | | | | | 0 | | | | | C | | | - | <u> </u> | | | | - | | ļ |
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| Ņ | | Injected medication slowly to create wheal | | | | | | | | | | | | | | | | | | | - | | | | |
| Þ | | Removed needle smoothly and safely 1 | | ***** | | | | 0 | -
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| Ϋ́. | | Avoided massaging or applying pressure 1 | | 0 | | | | | | * | * | | <u> </u> | N
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| vii. | | Disposed needle and syringe property [1] | | | | | | | | | | | | | | $\left \right $ | | | | | | | | | |

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| | Ensured no air bubbles | | | | | | | | 0 | | | | | _ | | | _ | | | |
| i. | Held the skin taut with non-dominant hand 1 | | | | | - | | | | - | - | | | | | | | | | |
| ăă. | Inserted needle at 10-15° angle, just below $\frac{1}{1}$ the surface of the skin | | \$244 | | | | | | | , | | | | | | | | | | |
| iv. | Injected medication slowly to create wheal 1 | | 0 | _ | | | | 0 | | | 9 | | | | | | | | | |
| × | Removed needle smoothly and safely 1 | | • | | | - | d | | | | | - | | | | | _ | | | |
| vi. | Avoided massaging or applying pressure 1 to the injection site | | e | $\stackrel{\circ}{\dashv}$ | 0 | 0 | | 6 | | | 2 | •••••• | | | | | | | | |
| vii. | Disposed needle and syringe properly 1 | | | | | | | | | | | 9 | | | | | | | | |

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Date: - 15-09-2023

TRAINING PROGRAM ON INTRADERMAL INJECTION - ACTIVITY REPORT

| Activity Name | Training on Intradermal Injection |
|---------------------|---|
| Date & Time | 15-09-2023; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | K.S.V.A.M.C& R.C., Shobhit University |
| Organized by | Department of Kayachikitsa, K.S.V.A.M.C. & R.C. |
| Faculty name | Dr. Nitin Goel |
| No. of participants | 87 |
| Program Objective | To equip participants with the necessary knowledge, skills, and confidence to perform safe and effective Intradermal injection procedures Intradermal injection are administered into the dermis just below the epidermis These type of injection are used for sensitivity test |
| Program Outcome | Participants will be able to perform Intradermal injection procedure confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced Intradermal injection-related complications in clinical settings. |
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| > | | Prepared and checked all necessary
equipment (syringe, medication etc.) | +1 | | We OCW Zuhlauber zo | \$
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| | · | Checked medication (dose, expiration
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| Vİİ. | | Assembled injection supplies correctly
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| iv. | | Allowed antiseptic to dry before insertion | grand | | | 0 | | | | | 0 | : :
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| " | | Ensured no air bubbles | | | | _ | | | | | | | | | | <u></u> | | | | | <u> </u> | | | | |
| | | Held the skin taut with non-dominant hand | | | | | | 0 | | | | | | | | | _ | | 3 | | | | | | |
| | | Inserted needle at 10-15° angle, just below the surface of the skin | | | | | i | | | , | | | | | | | | | с.
1994 — у. – С. | | <u></u> | | | | |
| îV. | | Injected medication slowly to create wheal | | | | | | | | 0 | 9 | | | | | <u> </u> | | | ۰۰۰
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| > | | Removed needle smoothly and safely |
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| vii. | | Disposed needle and syringe properly | , | | | - | | - | | • | | | | | | | | | 2000 - 10
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| Monitored for immediate reactions or 1 | |
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| Provided patient with post-procedure | | | 0 | | | | | | - |
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| Documented the procedure accurately 1 | Ô |
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| Communication and Documentation 3 | | | | | · · · · | | | | | | | |
| Explained the procedure and findings to 1 the patient clearly | |
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| Addressed patient questions and concerns 1 effectively | ************************************** |
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| Provided accurate and clear
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N | EVALUATOR'S NAME & SIGNATURE: | ATUI | ij | 4A | 言ふ |
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| S. No. | Ask the student to demonstrate ID Injection of vine a running commentary and mark (M) | - | | 120-69
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82. € | ONE MARK FOR EACHSTEP PERFORMEN | K FOR | HX | SLEP PI | CRFOR | | | | | | | | | |
| | Preparation and Setup | | 5 | U | P. | | Ø | 4 | A I | R | 4 | | 4 | | | | | | | | | | | | -7,3)
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| | Introduced self and role | | 6-m4 | | | - | | | | | | | | | | | | | | | | 1.1 | | | | |
| ĨĹ | Verified patient identity | | | | | | | | | | | | | | | | | | | | | | | | | |
| * 544
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4 564 | Obtained informed consent, Ensured privacy | sent, Ensured | * | | | 1 | | | <u>. (</u> 1996)
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La Sec | | | | | | | | | |
| ÌV. | Performed hand hygiene | c | 1 | | | | | | <u>. (36)</u> | | | 0
 | | | | | : -: | | | | | | | ADDRESS (1997) CONTRACTOR | ntheone of the | and set of the second |
| ۴Å. | Prepared and checked all necessary
equipment (syringe, medication etc.) | Il necessary
dication etc.) | | | | | | | <u>Markada</u> | | 0 | | | | | | | | | | | | | | *** | |
| vi. | Checked medication (dose, expiration
date, and appearance) and Prepared | ose, expiration
nd Prepared | | | | 0 | | | an an an an an an an an an an an an an a | | | | | | | | <u></u> | 9**** | | alma ayaa ka dama ka da | | | | | | |
| | medication using aseptic technique | c technique | | | | | | | 98)
 | | | - | - | | | | ┥ | ╺╼╋ | -+ | | | | - | - | | _ |
| · * | Assembled injection supplies correctly
(e.g., syringe, alcohol swabs) | pplies correctly
wabs) | | | | | | ini mladir (stanne) | 1997 - 1997
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| d | Site Selection and Preparation | aration | 71 | | | | | | | | | | | | | | | | | | | 10 8
7-19
7-19 | | | | |
| | Selected an appropriate site for injection | site for injection | | | | | | | | | | | | | | | | | - | | | | | | | |
| it. | Palpated & assessed the skin for injection | skin for injection | | | | - | | | | | | | | | | | •••••
•••• | | - | | | | _ | _ | | أ |
| | Cleaned the insertion site with antiseptic
(e.g., alcohol swab) | te with antiseptic | | | | 0 | | | 100000 | | - 0 | | | | | | · · · · · · · · · · · · · · · · · · · | | | and the second sec | | | | | | |
| ïv. | Allowed antiseptic to dry before insertion | y before insertion | | | | - | | | | | | | | | | | | | | t a di
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| Ċ | Administration of ID Injection | njection | \sim | | | 1 | | | 946
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746 | | | | | | | | | | | | | | | | | |
| | Ensured no air bubbles | | _ | | | | | | | | | | | | | | | | | | | | | | | |
| ŭ. | Held the skin taut with non-dominant hand | non-dominant hand | | | | | | | | | | | | | | | <u></u> | | | 23 | | | | <u> </u> | | |
| ≠ मर्वे
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• हर्षे | Inserted needle at 10-15° angle, just below
the surface of the skin | o ^a angle, just below | ** | | | • | | | an y di safa
Sanat di Laki | | | <u>0</u> | | · · · · | | | | <u>.</u> | | 44 - XII - X | | 2 - 2 - 2 - 2
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| iv. | Injected medication slowly to create wheal | vly to create wheal | | | | _ | | | -A.Î. | | 0 | | | | | | | | | | | | | | | |
| Å. | Removed needle smoothly and safely | nly and safely | | | | _ | | | <u>40</u> | | | ••••• | | | ···· | | | [| | | | | | | | |
| vi. | Avoided massaging or applying pressure
to the injection site | pplying pressure | | ····· | | | · 6 | | alexia.
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Rections | 1977224940417447449 | | | | | |
| vii. | Disposed needle and syringe properly | inge properly | | | | 0 | ┢╼╌╢ | | | | | *2000.4 | | | | | | | | , | - | | | | | |

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| Post-Procedure Care | Monitored for immediate reactions or
complications | Provided patient with post-procedure
instructions | Ensured the Injection site was secure and
free from complications | Documented the procedure accurately | Communication and Documentation | Explained the procedure and findings to
the patient clearly | Addressed patient questions and concerns
effectively | Provided accurate and clear
documentation of the procedure | | | | | |
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Babu Vijendra Marg, Adarsh Institutional Area Gangoh, Distt. Saharanpur (U.P.) 247341, India Tel: +91 7830810052 E-mail: registrargangoh@shobhituniversity.ac.in U.: www.sug.ac.in

Date: - 04-10-2023

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TRAINING PROGRAM ON KSHARASUTRA PREPARATION - ACTIVITY REPORT

| Activity Name | Training program on Ksharasutra Preparation |
|---------------------------|--|
| Date & Time | 04-10-2023; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | Department of Shalya Tantra, K.S.V.A.M.C& R.C. ,Shobhit University |
| Organized by | Department of Shalya Tantra, K.S.V.A.M.C. & R.C. |
| Coordinator Name | Dr. Ayasha Goyal |
| Resource Person | Dr. Ranjit Singh Manhas |
| No. of participants | 37 |
| Program Objective | • To equip participants with the comprehensive knowledge and practical skills required to prepare standardized, efficacious, and safe Ksharasutra for the effective management of anorectal disorders. |
| Program Outcome | • Participants will demonstrate the ability to prepare standardized,
efficacious, and safe Ksharasutra, adhering to quality standards and
best practices, leading to improved patient outcomes in the
management of anorectal disorders. |
| Photograph
Coordinator | The second and the se |

TRAINING ON KHSAR SUTRA PREPARATION ATTENDENCE LIST

DATE- 04-10-23

| S.NO. | ROLL NO. | NAME OF STUDENT | ATTENDENCE |
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| 34. | 19014300047 | MOHD. SADIQ | Sadia |
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Date: - 10-10-2023

TRAINING PROGRAM ON SUBCUTANEOUS INJECTION - ACTIVITY REPORT

| Activity Name | Training on subcutaneous injection |
|---------------------|--|
| Date & Time | 10-10-2023; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | K.S.V.A.M.C& R.C., Shobhit University |
| Organized by | Department of Kayachikitsa, K.S.V.A.M.C. & R.C. |
| Faculty Name | Dr. SruthiSajeev |
| No. of participants | 31 |
| Program Objective | To equip participants with the necessary knowledge, skills, and confidence to perform safe and effective subcutaneous injection procedure. Subcutaneous injections are used to administer medications between skin and muscle. |
| Program Outcome | Participants will be able to perform subcutaneous injection procedure confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced subcutaneous injection-related complications in clinical settings. |
| Photograph | |





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| ن مر. | Introduced self and role | d role | | - | ~~ | | | | | • | | | | | | | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | • | | وسعه |
| ìi. | Verified patient identity | entity | | | | | | - | | | ୍ର | | _ | | | | | | | | | _ | | | - |
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4 (10) | Obtained informed | Obtained informed consent, Ensured
privacy | | | | | | | | | | | | | | | | | <u>,</u> | | | | | | . |
| iv. | Performed hand hygiene | ygiene | 1 | | | | | - | 0 | | - | | | | | | | - | 4 |
 | - | _ | | | - |
| <u>۲</u> | Prepared and checked all necessary
equipment (syringe, medication etc | Prepared and checked all necessary
equipment (syringe, medication etc.) | <u>- 255</u>
 | | 6 | | | • | | | 0 | | | | | | | 0 | | | 0 | | | | |
| vi. | Checked medication (dose etc) and
Prepared medication by aseptic tecl | Checked medication (dose etc) and
Prepared medication by aseptic technique | | | - 01 | | | | | | | | | | | | | _ | |
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| VII. | Assembled injection supplies
(e.g., syringe, alcohol swabs) | Assembled injection supplies correctly
(e.g., syringe, alcohol swabs) | | 0 | | | , <u></u> | - | 1.
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| | Site Selection and Preparation | Preparation | 4 | | | | | | | | | | | | | | | | | | | <u></u> | | | |
| .= | Selected an appror | Selected an appropriate site for injection | | | | | | - | | | | | | | | | | | 0 | Birden a | | 0 | | | - |
| ii. | Palpated & assess | Palpated & assessed the skin for injection | <u> </u> | | | | | | | | | | | | | | | _ | | - | | | | | - |
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(e.g., alcohol swab) | Cleaned the insertion site with antiseptic
(e.g., alcohol swab) | event | | | | | | | 0 | الا رو نيي ر
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| iv. | Allowed antiseptic | Allowed antiseptic to dry before insertion | anne - | • | | | | | | | 0 | | | | | | | 0 | | | -
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| ŕ | Administration of SC Injection | I SC Injection | F | | | | | | | | esa
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| | Ensured no air bubbles | obles | eneral | | | | | ¢. | | | | | | | | | | | - + | - | | | - (| | 0 |
| ji, | Pinched skin to create fold | eate fold | cunt | A | | _ | | – | | | | | <u> </u> _ | | | | | | | | - < | | 2 | Ì | _ |
| | Inserted needle at 45° angle | 45° angle | | 9 | | | | | | | | _ | - | | | | | | | - |)
 - | <u>0</u> | | | |
| ïv. | Injected medication slowly | n slowly | | | - | | | - | - | 5 | | | | | | | | đ | | | | ••••• | - | | |
| Å | Removed needle si | Removed needle smoothly and safely | | | 0 | | | 0 | - | | | | _ | | | | | - | _ | | | | | | |
| vi. | Applied gentle pre | Applied gentle pressure to injection site | | | | _ | | | 0 | | | | <u> </u> | | | | | | | | | ' | | | |
| vii. | Disposed needle an | Disposed needle and syringe properly | | | | | | - | | | 0 | | | - | | | i | ~ | | 4 | | | 0 | | |
| \$ | Post-Procedure Care | | 4 | | ala
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complications | Monitored for immediate reactions or
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| Provided patient with post-procedure
instructions | Ensured the Injection site was secure and free from complications | Documented the procedure accurately | Communication and Documentation | Explained the procedure and findings to
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| S. Zo | Ask the student to demonstrate SC | | | | | | OBJECTIVE: TO TEST SKILLS - SUBCUTANEOUS INJECTION | | 2 | TEST | SK | LS. | SUB | | ANEC | 1 SOK | MJEX | OIL | | | | | Ella) el
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| Ň. | Performed hand hygiene | | • | - | | | • | | | | | | 0 | | | | | | | | T | | | Τ |
| 2 | Prepared and checked all necessary | | 0 | | | | | | | | | ************************************** | | 0 | | | | | - :
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| 5 | Checked medication (dose etc) and | | | - | | 0 | | | | 0 | | | | | | | 434-5-4149-85 | out the output of the | | | | | | an ya kana Maka |
| 3 | nc | | - [- | _ | | , † | - | | _ _ | | - | | | | | - | | | | | T | - | Τ | 1 |
| міі. | Assembled injection supplies correctly (e.g., syringe, alcohol swabs) | | and the second second second second second second second second second second second second second second second | 0 | | - | | e | | | | | \square | | | | | | | | | | | |
| | Site Selection and Preparation | | | | n49-4945 | | | | | | | | | | | | intin is a | | | -
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| - | Selected an appropriate site for injection | | | | | | | | | - | | | 9 | | | | | | | | | | | Ī |
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| | Cleaned the insertion site with antiseptic | | Q | | | | | | 0 | · · · · · · · · · · · · · · · · · · · | 0 | | | 0 | | | | | | | | | | |
| <u>.</u> | Allowed antiseptic to dry before insertion 1 | 0 | 0 | \bigcirc | | 0 | 0 | | H | H | | | | | | | | | | | | | | |
| eri | Administration of SC Injection | | | | | | | | | | | | | | | | | | | | | | | |
| | Ensured no air bubbles | | | | | | | 4 | | | | | | | <u>.</u> | _ | | | | | | | | |
| | Pinched skin to create fold | • | _ | _ | - | - | | | | | | | 1 | | | _ | | | | | | - | | |
| ii. | Inserted needle at 45° angle | 0 | - | - | | - | | | | | | | | | | | | : | | | | | | Τ |
| ïv. | Injected medication slowly 1 | | C | ~ | _ | 9 | | | | | | | | @ - | _ | | | | | | | | _ | Ī |
| ۷. | Removed needle smoothly and safely 1 | 4 | • | - | | | | | | | | | 1. | | | - | | | | | | | 1- | |
| A. | Applied gentle pressure to injection site 1 |
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| vii. | Disposed needle and syringe properly 1 | | - | - | d | | | | _ | | |] | | | -
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| | Post-Procedure Care and a second seco | | | | | | | | | | | | | | | | | | | | | | | |
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| Provided patient with post-procedure
instructions | Ensured the Injection site was secure and free from complications | Documented the procedure accurately | Communication and Documentation | Explained the procedure and findings to
the patient clearly | Addressed patient questions and concerns
effectively | Provided accurate and clear | documentation of the procedure | | |
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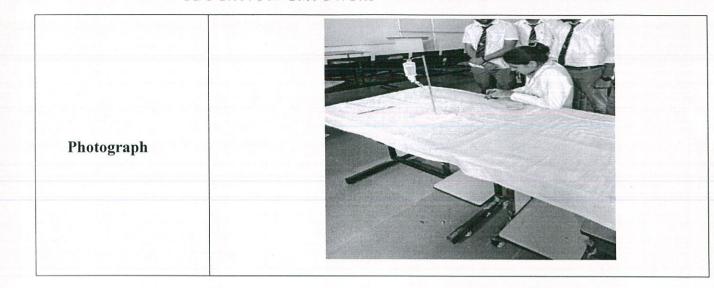


Date: - 13-10-2023

TRAINING PROGRAM ON SUBCUTANEOUS INJECTION - ACTIVITY REPORT

| Activity Name | Training on Subcutaneous Injection |
|---------------------|--|
| Date & Time | 13-10-2023; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | K.S.V.A.M.C& R.C., Shobhit University |
| Organized by | Department of Kayachikitsa, K.S.V.A.M.C. & R.C. |
| Faculty Name | Dr. SruthiSajeev |
| No. of participants | 12 |
| Program Objective | To equip participants with the necessary knowledge, skills, and confidence to perform safe and effective subcutaneous injection procedure. Subcutaneous injections are used to administer medications between skin and muscle. To provide participants with the expertise and assurance to perform precise and safe intramuscular injection techniques |
| Program Outcome | Participants will be able to perform subcutaneous injection procedure confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced subcutaneous injection-related complications in clinical settings. Participants will be able to confidently and accurately perform arterial blood gas (ABG) sampling, demonstrated through practical assessments and simulations, leading to enhanced diagnostic precision and better management of critically ill patients in clinical settings |









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| S. No. | Ask the student to demonstrate SC
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for | | an an an an an an an an an an an an an a | | OBJECTIVE: TO TEST SKILLS - SUBCUTANEOUS INJECTION
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ONE MARK FOR EACH STEPPERFORMED | SKIL | EACHS | UBCU | CANE | DUS II | | NOE | | an an an an an an an an an an an an an a | | | |
| | Preparation and Setup | AP | | | AA | م
ا | A | 4 | 4 | AIA | | | A | P | AB |) A | A | | R |
| i | Introduced self and role | | - | - | | | | | | | | | | . <u></u> | | | | | |
| ä | Verified patient identity | | | c a | | | | | | | | - | | | | | | | |
| 4 pm
4 pm | Obtained informed consent, Ensured 1 | | | | - | | | h ala daga daga | | | | | | 1 | | | | | ****** |
| iv. | Performed hand hygiene | | | | | | | | | | a | | | | | | | - | |
| ×. | Prepared and checked all necessary [] equipment (syringe, medication etc.) | | 0 | | | | 0 | | | - | | 0 | | | | | | | |
| VI. | Checked medication (dose etc) and
Prepared medication by aseptic technique | | | | | | | | | | | Q | | | | | | 0 | |
| vii. | | 0 | 0 | | | | 0 | | | | 0 | | | | | | | | |
| Ń | Site Selection and Preparation | | | | | | | | | | | | | | | | | | |
| ب ت. | Selected an appropriate site for injection | | | Ð | | | | | | | - | - | | | | | | | |
| ü. | Palpated & assessed the skin for injection 1 | | | 0 | | | 0 | | | | • | | | | | | | 9 | |
| - 1004
- | Cleaned the insertion site with antiseptic [(e.g., alcohol swab) | | Ø | | | | | | | | 0. | | | | | | | 0 | |
| iv. | Allowed antiseptic to dry before insertion 1 A | | | - | | 0 | | | | | | 0 | فنس | | | | | | |
| ÷ | Administration of SC Injection | | | | | | | | | | -2569)
 | | | | | | | | |
| ÷. | Ensured no air bubbles | | e | | | | | | | | | | أ | | ******* | | | | |
| | Pinched skin to create fold | | | • | | | | | | | 0 | _ | | | | | | - | T |
| ш. | Inserted needle at 45° angle | | | o
C | | | | | | | 0 | - | | | | | | - | |
| Å | Injected medication slowly | 0 | 0 | _ | | | | | | | | 0 | | | | | | _ | |
| * | Removed needle smoothly and safely 1 0 | | 0 | | | | 0 | | | | <u>-</u> | | | · | | | | | Ī |
| vi. | Applied gentle pressure to injection site 1 0 | | | | | İ | | | | | 0 | 0 | | | - | | | | Τ |
| vii. | Disposed needle and syringe properly 1 | | | 0 | | | 0 | | | | | | | _ | | | | | |
| | Post-Procedure Care | | | | | | | | | | | | | | <u> </u> | | | | |
| | Monitored for immediate reactions or 1 complications | | 0 | | | | | | | | | | | | | | | | |
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| Å | Performed hand hygiene | nd hygiene | 1 | | | | | | | | 0 | | | | - | | | | | | | | | -+ | |
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equipment (sv) | Prepared and checked all necessary
equipment (syringe, medication etc.) | | | | 44 | Ð | | | | | a | | | | | | | | | | | | | |
| . , | Checked medi
Prepared medi | Checked medication (dose etc) and
Prepared medication by aseptic technique | | | | | | | | | | | | | | | | | | | | - | | | |
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(e.g., svringe, i | Assembled injection supplies correctly
(e.g., svringe, alcohol swabs) | | | | | | | | | 0 | | | | | | | | | | | <u> </u> | | | |
| Ŕ | Site Selection | Site Selection and Preparation | 4 | | | | | | | | | | | | | | | | | | | | | | |
| ئەر، | Selected an ap | Selected an appropriate site for injection | 1 | | | 0 | _ | | | | | - | | | _ | | | | | in management | | -+ | | | -+ |
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(e.g., alcohol swab) | Cleaned the insertion site with antiseptic (e.g., alcohol swab) | | | | | | | | | | · | | | | | | | | | | - | | | |
| iv. | Allowed antise | Allowed antiseptic to dry before insertion | | | | | | | | | 0 | 0 | | | | | | | | | | | | | |
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 | Ensured no air bubbles | r bubbles | | | T | | | _ | | | | | | <u> </u> | | | _ | | | | | + | | | _ |
| .,,,, | Pinched skin to create fold | to create fold | | | | - | \downarrow | | | | | 4 | + | | - | | | | | | | - | | | _ |
| | Inserted needle at 45° angle | le at 45° angle | P=== | | - | | | | | | 4 | • | | - | | | | | | in the second second | | | - | | |
| , A. | Injected medication slowly | cation slowly | | | | | | | | | - | | | _ | | | | | | | | | + | - | _ |
| <u>v.</u> | Removed need | Removed needle smoothly and safely | | | | | | | | | - | 8 | | | - | _ | | | | | | | ╉ | | ╇ |
| VÌ. | Applied gentle | Applied gentle pressure to injection site | | | | 0 | | | | | _ | | - | | | | | | | | | | | | _ |
| vii. | Disposed need | Disposed needle and syringe properly | | | | | 0 | | | | - | _ | | | | _ | | | | | - | | | | _ |
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| Ensured the Injection site was secure and
free from complications
Documented the procedure accurately
Explained the procedure and findings to
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Addressed patient questions and concerns
of the procedure
provided accurate and clear
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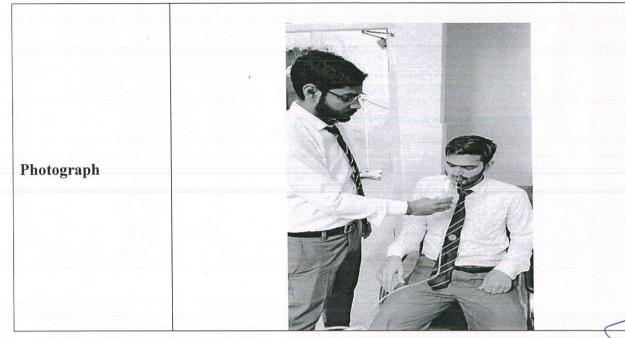


Date: - 22-11-2023

TRAINING PROGRAM ON NEBULIZATION - ACTIVITY REPORT

| Activity Name | Training on nebulization |
|---------------------|--|
| Date & Time | 22-11-2023; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | K.S.V.A.M.C& R.C., Shobhit University |
| Organized by | Department of Kayachikitsa, K.S.V.A.M.C. & R.C. |
| Faculty Name | Dr. Bandana |
| No. of participants | 12 |
| Program Objective | To equip participants with the necessary knowledge, skills, and confidence to perform safe and effective nebulization procedures. To provide participants with comprehensive knowledge and skills to administer oxygen therapy safely and effectively |
| Program Outcome | Participants will be able to perform nebulization procedure confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced nebulization-related complications in clinical settings Participants will be able to administer intravenous medications safely and accurately, as demonstrated by successful completion of hands-on demonstrations and case studies, leading to enhanced patient outcomes and minimized medication errors in clinical practice |





Coordinator



| | | | | KS. | KSVAMC & RC, SHOBHIT UNIVERSITY, GANGOH | & RC | KC, SHOBHIT UNIVERSI
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| 00 | COURSE: B.A.M.S. | 5. SESSION-2012/EAR / PROF-2017 PRACTICAL BATCH:
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89 | 200 PRV | L'IC | ALB | CTICAL BATCH | | ARCID | S | JEJE | SUBJECT: KAYACHIKITSA | CAVA | CHI | ars, | | EVAL | EVALUATOR'S NAME & SIGNATURE: | OR'S | NAM | 2
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| S. No. | 1 | Ask the student to demonstrate nebulization
giving a running commentary and mark (M)
for | 200 | | | | | | | 8 | | OBJECTIVE: TO TEST SKILLS
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| | | Verified patient identity | Ĩ |
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| ii. | ···· | Obtained informed consent, Ensured
privacy | | | | | | | | | | | | [| | | | | | | | | | | | |
| iv. | | Performed hand hygicne | | | | | | | | | | | | | | $\left \right $ | | - | | ļ | | <u> </u> | - | | ļ | |
| . . | | Positioned the patient correctly | | | P424054112 | ļ | ļ | | <u> </u> | | | - | Ē | | | | - | \vdash | | <u> </u> | - | | | | | |
| vi. | | Gathered all necessary equipment | | | anticipatives: | <u> </u> | | | | | | | | | <u> </u> | | 1 | | | | | ANN CONTRACTOR | | | | |
| Vİ. | | Explained the procedure to the patient | | <u>- 1</u>
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| viii. | | Prepared nebulizer device & kit correctly | | | nanonanas | | | | | 1972- | | | | | | 2 | | | <u> </u> | | | _ | | | | |
| ix. | | Checked medication and dosage | Ţ | - <u>-</u> | | | | | | | |
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| 2 | | Assess the patient's respiratory status,
(respiratory rate, effort, and auscultation). | | | siktronskomonije (m. | 1 | | | 0 | | 500.000 mm. 444 - 444 mm | * | | | | 9 000300000000000000000 00 | | Ø | | | 0 | | | |
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يتر. | Positioned th | Positioned the nebulizer device properly | | | | | | | | | | | | | | | | | | | 0 | | | | | |
| | Instructed pa | Instructed patient on how to use nebulizer | | | | | | | | | ********** | e | | | | | | | | | • | | | | | |
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| <u>ڊ</u> | Administere | Administered medication as prescribed | | | | | | |
67 | | | 0 | | | | | | | | | | | | | | |
| vi. | Monitored p | Monitored patient during nebulization | p | | | | | | 0 | | | | | | | | | 0 | | | | | | | | |
| vîi. | Assisted the
(e.g., mask c | Assisted the patient in using the nebulizer (e.g., mask or mouthpiece) | Į | | | | | | | | | e | | | | | | | | | | | | | | |
| viii. | Adjusted set | Adjusted settings if necessary | 1 | | | 4.5449549-15.55 | | | | | H | | | | | | | | |] | | | | | | Π |

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| щ. | Instructed paties | Instructed patient on how to use nebulizer | | ***** | | | • | - | | | | | - 252
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| ٧. | Administered m | Administered medication as prescribed | _ | | | ****** |
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| vi. | Monitored patie | Monitored patient during nebulization | - | | | | | 0 | | | а£ | | | | | | | | | ļ | | | | | | | Γ |
| vii. | Assisted the patient in usin
(e.g., mask or mouthpiece) | Assisted the patient in using the nebulizer (e.g., mask or mouthpiece) | | 0 | | | | | | | \$2 | | S
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| vîii. | Adjusted settings if necessary | s if necessary | | | | | | Н | H | 0 | $\left - \right $ | 9 | ┝┤ | $\left - \right $ | ┝╍╼┨ | | | | | | | | | | | | \square |

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| cffectively | Observed for any adverse reactions | Managed and disposed equipment
appropriately | Provided patient with post-procedure care instructions | Ensured patient comfort and
understanding | Verified and documented medication and dosage used | Checked and documented patient's response to medication | Communication and Documentation | Explained the procedure to the patient clearly | Addressed patient questions and concerns effectively | Provided accurate and clear
documentation of the procedure | | | |
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Date: - 16-11-2023

TRAINING PROGRAM ON NEBULIZATION - ACTIVITY REPORT

| Activity Name | Training on Nebulization |
|---------------------|---|
| Date & Time | 16-11-2023; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | K.S.V.A.M.C& R.C., Shobhit University |
| Organized by | Department of Kayachikitsa, K.S.V.A.M.C. & R.C. |
| Faculty Name | Dr. A.P. Singh |
| No. of participants | 02 |
| Program Objective | To equip participants with the necessary knowledge, skills, and confidence to perform safe and effective nebulization procedures. To provide participants with comprehensive knowledge and skill to administer oxygen therapy safely and effectively |
| Program Outcome | Participants will be able to perform nebulization procedure confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced nebulization-related complications in clinical settings. |
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| ij. | Verified patient identity | | ļ | | | - | - | - | s | | ļ | | | ┥ | - | +- | _ | _ | | | - | - | ╉ | Τ |
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• | Obtained informed consent, Ensured privacy | | | | | <u> </u> | | | <u> </u> | | | | 1 | | - | | | | | · | | | _ | 1 |
| iv. | Performed hand hygiene | | <u> </u> | | | | - | | | _ | | | | - | | _ | _ | | : | T | | | _ | |
| ~ | Positioned the patient correctly | | | | | | | - | - | | | | - | - | | _ | | _ | | | | | | |
| Vi. | Gathered all necessary equipment | | | | - | | | | | | | | | - | | | | - | Sector sectors in the | In the second | conferences | | - | New York |
| vii. | Explained the procedure to the patient | | | | | | | | | | | Ť | | + | | _ | | | | Ī | - | | | T |
| viii. | Prepared nebulizer device & kit correctly | | | | | | | - | | | | | | | _ | _ | | | | | | | | ſ |
| X. | Checked medication and dosage |] | | | | | | ļ | | | | | + | ╢ | + | | _ | | | + | +- | _ | _ | Т |
| × | Assess the patient's respiratory status,
(respiratory rate, effort, and auscultation). | | | | | | | | <u> </u> | | | | | | | _ | | | | | - | | | |
| × | Ensured appropriate lighting and
environment | | | | | | | | | | | | | - | - | | - | | | | - | | | <u> </u> |
| Xii. | Maintained sterile technique where
necessary | | | 1.00 1.0 0 1.000 | | | | | 0 | | | | | | | - | | | | - | | | - | - <u>-</u> |
| d | ion procedure | 9 | | | | | | | | | | | | | - | | | | | | | | - | |
| | Positioned the nebulizer device properly | | | | | | | | - | | | | | | | | | | | | | | | |
| :: | Instructed patient on how to use nebulizer | Í | | | | | | ļ | _ | | | | | - | | | | | | ┼ | + | | | |
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1 2 | Ensured correct assembly of nebulizer
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| ĬV. | Checked for proper function of nebulizer
device ensuring a steady mist is produced. | | | | | | | | | 1 | | | | - | - | | | 1 | - | | - | | | |
| A | Administered medication as prescribed | | | | | | <u> </u> | | 0 | 1 | | <u> </u> | | $\frac{1}{1}$ | | | | 1 | | + | ╇ | _ | | - <u>-</u> |
| ų. | Monitored patient during nebulization | | | | | | | | _ | | | | | | | | | | <u> </u> | ╉ | ╞ | _ | _ | |
| vîi. | Assisted the patient in using the nebulizer (e.g., mask or mouthpiece) | | | | | | | | - | | <u> </u> | | <u> </u> | | | | | | | | | | | |
| vîi. | Adjusted settirgs if necessary | | | \square | | | 4 | | Б | $\left \right $ | H | + | | + | | | | | | | | | | |

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Date: - 05-12-2023

TRAINING PROGRAM ON CATHETERIZATION - ACTIVITY REPORT

| Activity Name | Training on Catheterization |
|---------------------|---|
| Date & Time | 05-12-2023; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | K.S.V.A.M.C& R.C., Shobhit University |
| Organized by | Department of Kayachikitsa, K.S.V.A.M.C. & R.C. |
| Faculty Name | Dr. SruthiSajeev |
| No. of participants | 10 |
| Program Objective | To equip participants with the comprehensive knowledge and practical skills required for catheterization. Treat acute urinary retention. Relieve bladder outlet obstruction. |
| Program Outcome | Participants will be able to do catheterization confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced catheterization complications in clinical settings. |
| Photograph | |





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| | ii, | ii. Verified patient identity | |
| | āii. | iii. Obtained informed consent, Ensured 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| | ĬV. | iv. Performed hand hygiene | |
|] | ٧. | v. Positioned the patient correctly 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
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| > | /ii. | vii. Explained the procedure to the patient 1 1 1 20 V 1 V | Dillotter manager |
| ·2 | iii. | viii. Assembled catheterization kit correctly 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| - Julat | X | ix. Prepared sterile field and Ensured c () () () () () () () () () (| |
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| | | 2. Catheterization procedure: Female Male 15 | |
| | ., | i. Cleansed the penile area correctly (using 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| janj - | :: | In Properly inserted catheter into the urethra Image: Properly positioned the penis & 1 In (in males- properly positioned the penis & 1 Image: Properly positioned the penis & 1 | |
| | | iii. Advanced catheter to the appropriate 1 0 0 1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| | | iv. Ensured correct positioning of the balloon (if using a Foley catheter) | |
| <u>}</u> | | v. Secured catheter appropriately [1] [0] [0] [0] [0] [1] [1] [1] [1] [1] [1] [1] [1] [1] [1 | |
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 | vi. Checked for urine flow and balloon 1 (| |
| vii. | | vii. Managed and disposed of equipment 1 1 1 0 1 0 0 0 1 0 1 1 1 1 1 0 | |
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| viii. | Provided patient with post-procedure care 1 1 | | ******* | |
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| ix. | | | | | | - - | - 0 | - 0 | | |
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| XÎ. | Demonstrated proper technique in securing and labelling the catheter | 1 1 0 | | | | | 0 | | | |
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9 784 | Explained the procedure to the patient I I I I I I I I I I I I I I I I I I I | | | | | | | | | |
| , 1 11 | Addressed patient questions and concerns 1 cffectively | 4:34 | | | | | | | | |
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| S. No. | Ask the student to demonstrate
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| ü, | Verified patient identity | ~ | | | | | | | | | *634gar | | | | | | | | | | | | | |
| | Obtained informed consent, Ensured privacy | | Ţ | | | | | | | | | | | | | | | | | | | | | |
| iv. | Performed hand hygicne | ne |]] | | | • | 5 | | | | | | | | | | | | Analimaatuu | | | | | |
| v | Positioned the patient correctly | correctly | | | | ***** | anter
Victoria | | | | <u>`0</u> | | | | | | | | 0 | | | ÷ | | |
| Ϋ́, | Gathered all necessary equipment | equipment | | | | 1 | ^ | | | | ~ | | | · | | | | | | | | | | |
| vii. | Explained the procedure to the patient | re to the patient | 1 | | | | * | | | | { | | | | | | | | | | | | | |
| Vill | Assembled catheterization kit correctly | ation kit correctly | | _ | | | 0 | | | | | | | | | | | - | | | | | | |
| ìx. | Prepared sterile field and Ensured
appropriate lighting and environment | | | | | میں | | in an an an an an an an an an an an an an | | | <u> </u> | | | - | | | | | | | | | | |
| X | Maintained sterile technique where necessary | Attorio and a | | | | 0 | ٥ | | | | | | | | | | | | | | 5. | | | |
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१ झर्म्य | Properly inserted catheter into the urethra
(in males- properly positioned the penis &
inserted catheter) | ster into the urethra sitioned the penis & | | | | 640 | ر ۲۰
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| | Advanced catheter to the appropriate length | he appropriate | | | | | | n
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| iv. | Ensured correct positioning of the balloon
(if using a Foley catheter) | ning of the balloon
er) | | | | 64870- | - | · | | | 0 | | | | | | | | | | | | | |
| 2 | Secured catheter appropriately | priately 1 | | ~ | | | - | | | | 4 | | | | | | | | | | Ì | | | |
| vi. | Checked for urine flow and balloon
inflation | * and balloon | | | | 0 | | | | | | | | | | | | | | | | | |
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| vīi. | Managed and disposed of equipment
appropriately | of equiptnent | | | | <u> </u> | 0 | | | | | | | | | | | | | | | | | |

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| Provided patient with post-procedure care
instructions | Maintained sterile technique throughout & Ensured patient comfort and cleanliness | Verified that the catheter was functioning properly | Demonstrated proper technique in
securing and labelling the catheter | Checked and documented catheter output | Communication and Documentation | Explained the procedure to the patient clearly | Addressed patient questions and concerns
effectively | Provided accurate and clear
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Date: - 08-12-2023

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TRAINING PROGRAM ON CATHETERIZATION - ACTIVITY REPORT

| Activity Name | Training on Catheterization |
|---------------------|---|
| Date & Time | 08-12-2023; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | K.S.V.A.M.C& R.C., Shobhit University |
| Organized by | Department of Kayachikitsa, K.S.V.A.M.C. & R.C. |
| Faculty Name | Dr. Prerna |
| No. of participants | 09 |
| Program Objective | To equip participants with the comprehensive knowledge and practical skills required for catheterization. Treat acute urinary retention. Relieve bladder outlet obstruction |
| Program Outcome | Participants will be able to do catheterization confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced catheterization complications in clinical settings. |
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M PRACTICAL BATCH: A/B/C/D SUBJECT: KAYACHIKITSA EVALUATOR'S NAME & SIGNATURE: |
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| Provided patient with post-procedure care
instructions | Maintained sterile technique throughout &
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| Provided patient with post-procedure care
instructions | Maintained sterile technique throughout &
Ensured patient comfort and cleanliness | Verified that the catheter was functioning properly | Demonstrated proper technique in securing and labelling the catheter | Checked and documented catheter output | Communication and Documentation | Explained the procedure to the patient clearly | Addressed patient questions and concerns effectively | Provided accurate and clear
documentation of the procedure | | | |
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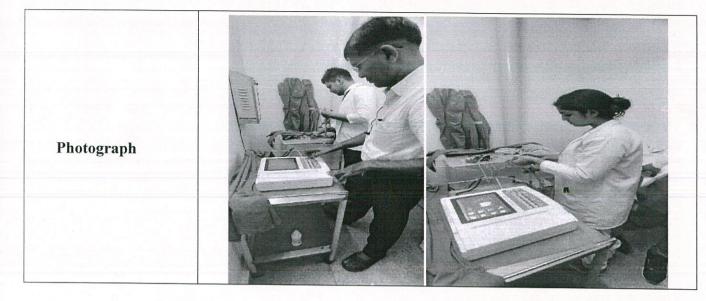


Date: - 30-01-2024

TRAINING PROGRAM ON ECG - ACTIVITY REPORT

| Activity Name | Training on ECG |
|---------------------|--|
| Date & Time | 30-01-2024; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | K.S.V.A.M.C& R.C., Shobhit University |
| Organized by | Department of Kayachikitsa, K.S.V.A.M.C. & R.C. |
| Faculty Name | Dr. SruthiSajeev |
| No. of participants | 14 0 |
| Program Objective | To equip participants with the comprehensive knowledge and practical skills required for ECG. To provide participants with in-depth understanding and hands-on expertise necessary for mastering ECG techniques. |
| Program Outcome | Participants will be able to do ECG confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. Participants will be able to perform basic life support (BLS) procedures effectively and efficiently, as evidenced by successful completion of practical drills and case simulations. |





Coordinator Surghi

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| vi. | Gathered all necessary equipment | 0 | _ | | | | | | | | | | | | | | | Ø | | | | | | | |
| vii. | Explained the procedure to the patient 1 | |
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| ix. | Selected appropriate electrode sites | | | | | | | | *** | <u> </u> | | | මා | | | | | • | | | | | _ | | |
| × | Maintained sterile technique where | 0 | | | H | | 0 | | n a an an an an an an an an an an an an | 0 | | | : ` <u>سیستید</u>
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| R | Electrode placement | | | | | | | | | | | - | | | | | | | | | | | | | |
| | Positioned the electrodes correctly 1 | - | | | İ | | | | | | | | | | | | | - | | | | | | | - |
| : | Ensured good electrode contact | | | | | $\left \right $ | | | <u> </u> | 8704
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9 jani | Checked for correct lead placement 1 and absence of artifact. | | | | ***** 1*** **** ± ***/*** | | | | | 0 | | trimmence accuse | 0 | | | | | | | | | | , | | |
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| • 500 - | Verified ECG machine recording 1 | | | | | | | | | | | | | | | | | | | | \circ | | | \rightarrow | 6 |
| | Monitored the patient throughout ECG
and instructed to remain still and
relaxed | | | | 1179480714(************************************ | | | N ^{ana} tara ang kangatang kangata | | gBarriere
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| | Ensured no interference during the 1 recording | Barrie | | | | | 0 | | | ^ : : رست ب | | | | | | | | | | | 0 | - <u></u> | | | <u> </u> |
| ĮV. | Checked for correct lead orientation 1 and waveform quality | | | | ₩₩₩₩₽₩Ĭ₽₩¥₩₩ | | | | | | | | -25.000000000000000000000000000000000000 | a
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| fne | are | Removed electrodes and cleaned skin | Provided patient with post-procedure
instructions (e.g., skin care) | Ensured all equipment was cleaned and stored properly | Communicated any preliminary
findings or concerns to the patient (if
applicable) | Communication and Documentation | Explained the procedure to the patient clearly | Addressed patient questions and concerns effectively | Provided accurate and clear
cocumentation of the procedure | | 1.2.1.2.2 | |
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| S. No. | Ask the student to demonstrate ECG | | | | | | | | OBJECTIVE: TO TEST SKILLS - RCG | |] ° 2 3 | | EXS. | | 00 | | | | | | | | |
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| | Verified patient identity | | | | | • | | s i sego | | | | | | | | | | |
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4 pag | Obtained informed consent, Ensured 1 privacy | | | 1 | | | | 1 | | | | | | | |
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| iv. | Performed hand hygiene | | - | _ | - | 2974 (S) (S) (S) | | | | |
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| Å | Positioned the patient correctly | | | 0 | | | | | | * | | | | | | | | | ļ | | | | |
| Ţ. | Gathered all necessary equipment | | | | | | | | | 0 | | | - | | | | | | | <u> </u> | | <u> </u> | |
| vii. | Explained the procedure to the patient 1 | | 0 | 0 | | | | | | |

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| viii. | Prepared ECG machine correctly | | | | Ø | | | |
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| ix. | Selected appropriate electrode sites | | . | • | - | n suð | | | | | | | | - | | 2255. | | | | - | | | Ţ |
| X | Maintained sterile technique where | | 0 | ····· | | | | | | | -6+6 | | Ø | | | | | | | i | | | |
| Ċ | Electrode placement | | | | | | | | | | | (19)
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اندیا ہ | Positioned the electrodes correctly 1 | - | | * | | | 0 | | | e | | | | | | | | | | | | | |
| | Ensured good electrode contact | | | 0 | | | 0 | | | | | | | | | | | | | | | | |
| | Checked for correct lead placement and absence of artifact. | | | . · · | 0 | janin on∰on
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• 544 | Monitored the patient throughout ECG
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| iv. | Checked for correct lead orientation 1 and waveform quality | | | • | | | | | | 0 | | . | | | | | | | | | | | |
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| Adjusted settings if necessary (e.g.,
gain, speed) | Post-Procedure Care | Removed electrodes and cleaned skin 1 | Provided patient with post-procedure 1 instructions (c.g., skin care) | Ensured all equipment was cleaned and a stored properly | Communicated any preliminary
findings or concerns to the patient (if a papilicable) | Communication and Documentation 3 | Explained the procedure to the patient 1 | Addressed patient questions and 1 concerns effectively | Provided accurate and clear
documentation of the procedure | MARKS OBTAINED | | SHLONJALS | HEVS OF IMPROVEMENT |
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Date: - 19-01-2024

TRAINING PROGRAM ON ECG - ACTIVITY REPORT

| Activity Name | Training on ECG |
|---------------------|---|
| Date & Time | 19-01-2024; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | K.S.V.A.M.C& R.C., Shobhit University |
| Organized by | Department of Kayachikitsa, K.S.V.A.M.C. & R.C. |
| Faculty Name | Dr. Prerna |
| No. of participants | 6 |
| Program Objective | To equip participants with the comprehensive knowledge and practical skills required for ECG. |
| Program Outcome | Participants will be able to do ECG confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. |
| Photograph | |

Coordinator



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giving a running commentary and mark
(M) for | | i. Introduced self and role | |
iv. Performed hand hygiene | v. Positioned the patient correctly | vi. Gathered all necessary equipment | vii. Explained the procedure to the patient | viii. Prepared ECG machine correctly | ix. Selected appropriate electrode sites | x. Maintained sterile technique where necessary | 2. Electrode placement | i. Positioned the electrodes correctly | ii. Ensured good electrode contact | iii. Checked for correct lead placement
and absence of artifact. | 3. ECG Recording | i. Verified ECG machine recording properly | Monitored the patient throughout ECGin and instructed to remain still and relaxed | iii. Ensured no interference during the recording | iv. Checked for correct lead orientation and waveform quality |

| (DV) | Adjusted settings if necessary (e.g., |
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| Post-Pro | Post-Procedure Care |
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| Remove | Removed electrodes and cleaned skin 1 |
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| Provided | Provided patient with post-precedure 1 instructions (e.g., skin care) |
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stored properly | Ensured all equipment was cleaned and 1 stored properly | ļ | | | 0 | | | - | <u> </u> | 1 | | | | - | | | - | - |
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findings or
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findings or concerns to the patient (if a applicable) | | | 0 | ************************************** | | A mation- | #***** | | | | | | | | | | - |
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| Explain
clearly | Explained the procedure to the patient 1 | | | | | | <u></u> | | | 1 | | | | | | | | |
| Address | Addressed patient questions and 1 | | | | - | | 0 | 0 | | | | | - | | | | | - |
| rovide | Provided accurate and clear
clocumentation of the procedure | | | - | 0 | | | - | | | | 0 | | | l | | | |
| | MARKS OBTAINED | | | 51 | 6 | | 17 | ଷ୍ | | | <u> </u> | P | 1 | <u></u> | | | - | |
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| Adjusted settings if necessary (e.g.,
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instructions (e.g., skin care) | Ensured all equipment was cleaned and stored properly | Communicated any preliminary
findings or concerns to the patient (if
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Date: - 05-02-2024

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TRAINING PROGRAM ON RT INSERTION - ACTIVITY REPORT

| Training on RT Insertion |
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| 05-02-2024; 11:00 am to 1:00 pm |
| 2 hours |
| K.S.V.A.M.C& R.C., Shobhit University |
| Department of Kayachikitsa, K.S.V.A.M.C. & R.C. |
| Dr. Nitin Goel |
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| To equip participants with the necessary knowledge, skills, and confidence to perform safe and effective RT insertion procedures. To deliver oral medication to hospitalized patient To perform gastric lavage. |
| Participants will be able to perform RT insertion procedure confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced complications in clinical settings. |
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| iv. Performed hand hygiene v. Reviewed patient history and indication vi. Reviewed patient correctly for RT insertion vii. Positioned the patient correctly dathered & Verified correct functioning vii. Assembled the RT kit correctly ix. Selected appropriate size of Ryles tube ix. Prepared medications (if applicable) and x. Insertion of Ryles Tube 2. Insertion of Ryles Tube i. Provided adequate pre-procedural medication i. Provided adequate pre-insertion care ii. I.ubricated the Ryles tube appropriately iv. Inserted the Ryles tube appropriately iv. Inserted the Ryles tube through the nose iv. month and advanced it correctly Brouch and advanced it correctly | Positioned the patient correctly1Gathered & Verified correct functioning of
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Date: - 10-02-2024

TRAINING PROGRAM ON RT INSERTION - ACTIVITY REPORT

| Activity Name | Training on RT Insertion |
|---------------------|--|
| Date & Time | 10-02-2024; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | K.S.V.A.M.C& R.C., Shobhit University |
| Organized by | Department of Kayachikitsa, K.S.V.A.M.C. & R.C. |
| Faculty Name | Dr. Shagufta Malhotra |
| No. of participants | 10 |
| Program Objective | To equip participants with the necessary knowledge, skills, and confidence to perform safe and effective RT insertion procedures. It can cause aspiration pneumonia. |
| Program Outcome | Participants will be able to perform RT insertion procedure confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced complications in aligned action. |
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| . | <u> </u> | Verified patient identity | ļ | | - | | <u> </u> | | | | | | | | | | | | | <u> </u> | | , | <u> </u> | | | 1 |
| | | Obtained informed consent, Ensured
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| ż. | | Performed hand hygiene | | | | | | - | | | 1 | - | | | | | 0 | | | | | | | | | |
| * | | Reviewed patient history and indication for RT insertion | | | | | | | | | 0 | | | | | | | | | | | | | | | |
| vi. | | Positioned the patient correctly | | mbalayee | | | | | | | ****** | | | 45.02.0F | | | | | | | | | | **** | | |
| vii. | | Gathered & Verified correct functioning of 1 | | | | | | | *** | | · | | | | | | gaze. | | - <u>C</u> - 14 | | | a de la calega de la calega de la calega de la calega de la calega de la calega de la calega de la calega de la | | | | |
| viii. | | Assembled the RT kit correctly | : | | | | | | Genu | | 0 | | | | | | | _ | · 10+ | | | | | - | | <u> </u> |
| ix. | | Selected appropriate size of Ryles tube | | **** | | Ø | ***** | 883.
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| × | **** | Prepared medications (if applicable) and verified dosages | | | | | | <u>୍ର୍</u> | | | | | | 41192 ⁰⁰⁰ | | | | ~ | | | | | | | | |
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| ï. | | Provided adequate pre-insertion care | | | | _ | | :
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| ш. | | Lubricated the Ryles tube appropriately | | | | | | | | | | | | - | | | | | | | | | | | | |
| ëv. | | Inserted the Ryles tube through the nose or nouth and advanced it correctly | | | | | | | | | | | | | | | | _ | ÷. | | | | | | | |
| > | | Ensured proper placement using
appropriate methods (e.g., aspirate
contents, confirm tube length) | | | | | <u> </u> | - 19 - 19 - 19 - 19 - 19 - 19 - 19 - 19 | | | 0 | | | 0 | | | | Ö | | | | | | 4 | | |
| vi. | | Secured the Ryles tube appropriately 1 | | | | 6 | | | | | | | | | | | Gauter | | | _ | - | | | | | - 1 |
| Vii. | | Checked for proper tube function (e.g., aspiration, gastric residuals) | | | | 0 | | | <u>0</u> | | | | | | | | 0 | میں ہونات کا ا | | Atre/1000-000-0 | | | | | | |
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| Verified patient identity | ntity | | | | | |
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| Obtained informed consent, Ensured privacy | consent, Ensured | | | | | | | | | | <u> </u> | | | | | | | | | |
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| Assembled the RT kit correctly | kit correctly | | | | | | | | | ļ | ļ | | | | | | | | | |
| Selected appropria | Selected appropriate size of Ryles tube | | | | | | ļ | | | | ļ | | | | | <u> </u> | ļ | | | |
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| Administered pre-procedural medi
correctly and safely (if applicable) | Administered pre-procedural medications 1 correctly and safely (if applicable) | | | | | | | | ļ | | ļ | | | | | | | | 1 | |
| Provided adequate | Provided adequate pre-insertion care 1 1 | | - | | | | | | | | | | | | - | | - | | | |
| ubricated the Ryl | Lubricated the Ryles tube appropriately 1 1 | | 0 | | | | | | | | totomuncu | | | <u></u> | | | ļ | | | |
| Inserted the Ryles tube through 1
mouth and advanced it correctly | Inserted the Ryles tube through the nose or 1 In mouth and advanced it correctly | | ~ | | | | | | | | | | | | | | | | 1 | |
| Ensured proper placement using
appropriate methods (e.g., aspirate
contents, confirm tube length) | terment using
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ube length) | ann an Aobh Saothannan (a, r) | 0 | | | | | | | | | and the second se | | ļ | | | | | - | |
| Secured the Ryles tube appropriately | ube appropriately 1 0 | 199 (Dub etca) | | · · · · | | | | | | | | | | | - | | | | 1 | |
| Checked for proper tube fun
aspiration, gastric residuals) | Checked for proper tube function (e.g., $\begin{vmatrix} 1 \\ 1 \end{vmatrix}$) aspiration, gastric residuals) | | | | | ******************************* | ***** | | ······ | | | 6 48.47.11.11.11.11.11.11.11.11.11.11.11.11.11 | | | | | | | 6x | |

| DI2 | complications (e.g., discomfort, incorrect | | | | · | - | | | - | | - | ••• | | | | - | | | | | | | | | |
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| Post- | Post-Procedure Care | 4 | | | | | | | | - | | | <u> </u> | | | ļ | | | - | | | | - | | |
| Prov
inser | Provided patient with appropriate post-
insertion care | panni | £7-77.004- | | | مينينين
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| Chea | Checked tube placement, comfort of the
patient and function frequently | | 0 | | | | | | | | | | <u></u> | | ļ | | | | | | * | <u> </u> | | [| - |
| Doci | Documented and communicated the
insertion status and any complications | 1000 | 0 | | | 8 | | | | | | | <u> </u> | | | | | | | | | | | | |
| Disc
(if al
on o | Discussed the procedure with the patient (if applicable) and provided information on ongoing care | yeren i | 4 | | | terrent and the second s | | | | | | | | | | | | | | | | | | | |
| Con | Communication and Documentation | m | | | | | | | | 99-0310-04-0 | | | | |
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 | | | - | | <u> </u> | | - |
| Explair
clearly | Explained the procedure to the patient clearly | Proof | | | | | | | | | | | | | | | | | | | | <u> </u> | | ļ | |
| Add
effe | Addressed patient questions and concerns
offectively | | | | | 0 | | | | | | | | | | | | <u> </u> | | | | <u> </u> | <u> </u> | | |
| Prov | Provided accurate and clear
documentation of the procedure | | 0 | | | ann ri s-a | | | | | | | | | | | | <u> </u> | | | ļ | | <u> </u> | <u> </u> | |
| | MARKS OBTAINED | A COMPANY AND A COMPANY | 2 | Ì | <u> </u> | 7 | | | | | - | | | <u> </u> | | | 90.50° e 91.00 | + | - | + | - | - | | | |
| | PERCENTAGE | NGEN | | | | 3 | | | | | | | | | | | | | - | | n sinengug | | a primi prime | | |
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Date: - 04-03-2024

TRAINING PROGRAM ON CPR - ACTIVITY REPORT

| Activity Name | Training on CPR |
|---------------------|---|
| Date & Time | 04-03-2024; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | K.S.V.A.M.C& R.C., Shobhit University |
| Organized by | Department of Kayachikitsa, K.S.V.A.M.C. & R.C. |
| Faculty name | Dr. Nitin Goel |
| No. of participants | 07 |
| Program Objective | To equip participants with the comprehensive knowledge and practical skills required to respond to cardiac arrest emergencies and save lives. CPR can heip prevent any escalation of an injury. CPR can help promote recovery by inducing a hgeart rthyhm |
| | • Improved knowledge and confidence in responding to cardiac emergencies. Participants will be able to perform high quality chest compressions, rescue breaths. |
| Program Outcome | • Ability to recognise and respond to cardiac arrest, choking and other life-threatening situations, increasing the chances of survival for cardiac arrest victims. |
| Photograph | |
| Coordinator | Registrat
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2024 Botch, 470 (203, | Back S | STATION RESOURCE: A PATJENT/ A DUMMY/ OTHER:
F:2019PRACTICAL BATCH: A/B/C/D SUBJECT: KAYACHIK
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с | l | 18. | SUBJECT: KAYACHIKITSA | | 4 | | | VSI | | NALU | Ş | | | | :
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| S. No. | Ask the student to demonstrate CPR giving
a running commentary and mark (M) for | 28 | | | | ne asliča krate
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| - jung | Assess scene safety and potential hazards. | | ******* | | | 88.0%.) | **** | | | | | | | | - | | ****** | | | | | | | | | |
| :ai | Activate emergency medical services or call for help. | | | [] | | | | and the second second second second second second second second second second second second second second second | | | | | | | | | | | | | Strenger | | | | | |
| ij, | Ensure clear space for performing CPR. | | | ····· | <u></u> | | | : فريد يو اد.
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حصي يو | | | 0,0235.00000.0044 | | | <u></u> | | ******** | | | | | محمد المحمد
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| ч | Initial Assessment: | 6 7 | | op streamout | | | | 1 | | | | | | | | | | | | | | | | | | |
| ÷,= | Tap and shout, "Are you okay?" to assess
responsiveness. | - | | | | | | | | | | | | | | | | | - | <u>.</u> | | <u> </u> | <u> </u> | | ļ | 1 |
| ::1 | Look, listen, and feel for breathing for no more
than 10 seconds. | | | a dariya (minancis di te | | | | **** | | | | | | | | | | | <u> </u> | | | | ļ | | | , |
| ïii. | If no breathing or only gasping, start CPR immediately. | | | | | | | | | | <u>_</u> | | | | | | | | نة ²⁷ | | <u> </u> | | | | | ļ] |
| сů | Performing Chest Compressions: | ŝ | 2000 - De La Composition de La Composition de La Composition de La Composition de La Composition de La Composit | ariiyoolaan ayyoo | | | | | | | | | | | | | | | | and the two sources | | | - NH star | | | |
| e pain | Place heel of one hand at centre of chest (lower half of sternun). | rrud | | | | | | | | | | | | | | | | | _ | | | | | | | |
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1 #4 | Place other hand on top, interlocking fingers. | pasi | | Witerrom werden: | | | | | | interación de la como | | | | | | 1712-181-181-181-191-19 | **** | | ••••••• | | | · | | | | |
| ÊÎ. | Position yourself directly over the patient's chest. | e i | | | | | | | | | | <u> </u> | | ****** | | Contractor and the second | | | | | مند ا | ****** | - | | | |
| iv. | Perform compressions at least 2 inches deep
and at a rate of 100-120 compressions per
minute. | | | | | | | <u> </u> | | | محمور منهم الم | | | | | | | | | | | | | | | · |
| ×. | Allow complete chest recoil between
compressions. | | | | | | | · | | | | | | •••••• | | | | | | | | | | | | |
| * | g Rescue Breaths | <u>.</u> | September 1999 | | | | | | | | ************* | | | | Agenty Par | | | | n 1740)
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| | Open airway using head tilt-chin lift or jaw
thrust maneuver for suspected trauma cases. | | | | ļ | | | | | | | | | - | | | | | | | | a | | | | |
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| Deliver 2 rescue breaths, each lasting about 1 second and causing visible chest rise. | Cycle of Compressions and Breaths: | Perform cycles of 30 compressions followed by 2 rescue breaths. | Continue CPR until signs of responsiveness,
EMS arrives, or you are too exhausted to
continue. | Coordination and Communication: | Coordinate with bystanders to assist in calling
EMS, finding an AED (if available), or
providing support. | Communicate clearly with EMS upon their arrival, providing summary of actions taken and patient status. | Documentation and Follow-Up: | Document CPR procedure including time of initiation, number of compressions and breaths delivered, and patient response. | Debrief with team members or healthcare
providers involved in resuscitation effort. | | | | |
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2024 Botch, 4, 7, 4, 204 | E S S S S | ATO A | STATION RESOURCE: A) | L BAT | A Seo (| | | ANT RESUBLITATION
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| S. No. | Ask the student to demonstrate CPR giving
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20 | | | | 6 | | OBJECTIVE: TO TEST SKILLS - CARDIOPULMONARY RESUSCITATION
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| ~~ | Assess scene safety and potential hazards. | | | | | | | | | | | | | | . | | | | ĺ | | <u> </u> | | <u> </u> | <u> </u> | |
| ::: | Activate emergency medical services or call for help. | | | | | | | | | | ļ | | <u> </u> | | <u> </u> | | 1 | 1 | | - | | \uparrow | 1 | 1 | |
| ii. | Ensure clear space for performing CPR. | | | ****** | | <u>د</u> | | sy et a | | | | - | | | [
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| 5 | Initial Assessment: | en | | | | | | | | | | - | | | | | | - | | | | | 1 | | |
| . m | Tap and shout, "Are you okay?" to assess
responsiveness. | | | | | | | - | <u> </u> | | | | | | | | | 1 | - | l | | l | 1 | | |
| ii. | d feel for breathing for no more | ~~1 | | | | 143454000 | | | | | <u> </u> | | | · | | | 1 | | <u> </u> | | | 1 | <u> </u> | | <u> </u> |
| ій. | If no breathing or only gasping, start CPR immediately. | | | | | *** | | | |
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| e | Performing Chest Compressions: | <u>,</u> | | | | | | | | | | | | | | | | | | | | | | | |
| in. | Place heel of one hand at centre of chest (lower half of sternum). | | | | | | | | | | | | | | | | | | | | | | ļ | <u> </u> | l |
| | Place other hand on top, interlocking fingers. | | -1 | | W | معينية | ••••• | | | | | | | | | ********** | | | AN CONTRACTOR OF CASE | | | | | | |
| Ш. | Position yourself directly over the patient's 1 chest. | | | | | | | 19900 - Parlandar | |
 | | <u></u> | | | | | | | CVLCCALCON MICH. & S | | | <u> </u> | | | 1 |
| iv. | Perform compressions at least 2 inches deep
and at a rate of 100-120 compressions per
minute. | | | | | | | - | | | | | | | | | | | | | | | | | |
| * | Allow complete chest recoil between 1 compressions. | | | | | | | | <u> </u> | | | | | | | | | | | | | | | | |
| 4 | Administering Rescue Breaths: | | | | - 14 - 14
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- 14 - 14 - 14 | | | | | | | | | | | | | | | | | | | | |
| • ph | Open airway using head tilt-chin lift or jaw thrust maneuver for suspected trauma cases. | | | | | | 3
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24.1 | | | | | | | | and an an an an an an an an an an an an an | | | | | |
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| : | Pinch patient's nose shut and create a seal over reate patient's mouth. | | | nd a transmission data in the | | | | | | | | | | | | · | | | | | | | | | |

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| Deliver 2 rescue breaths, each lasting
second and causing visible chest rist. | Cycle of Compressions and Breaths: | Perform cycles of 30 compressions followed by 2 rescue breaths. | Continue CPR until signs of responsiveness,
EMS arrives, or you are too exhausted to
continue. | Coordination and Communication: | Coordinate with bystanders to assist in calling
EMS, finding an AED (if available), or
providing support. | Communicate clearly with EMS upon their
arrival, providing summary of actions taken
and patient status. | Documentation and Follow-Up: | Document CPR procedure including time of
initiation, number of compressions and breaths
delivered, and patient response. | Debrief with team members or healthcare
providers involved in resuscitation effort. | | | | |
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Date: - 23-03-2024

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TRAINING PROGRAM ON CPR - ACTIVITY REPORT

| Date & Time | |
|---------------------|---|
| | 23-03-2024; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | K.S.V.A.M.C& R.C., Shobhit University |
| Organized by | Department of Kayachikitsa, K.S.V.A.M.C. & R.C. |
| Faculty name | Dr. Shagufta Malhotra |
| No. of participants | 16 |
| Program Objective | To equip participants with the comprehensive knowledge and practical
skills required to respond to cardiac arrest emergencies and save lives. CPR can heip prevent any escalation of an injury. CPR can help promote recovery by inducing a hgeart rthyhm |
| • Program Outcome | Improved knowledge and confidence in responding to cardiac
emergencies. Participants will be able to perform high quality chest
compressions, rescue breaths
Ability to recognise and respond to cardiac arrest, choking and other
life-threatening situations, increasing the chances of survival for cardiac
arrest victims. |
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| Coordinator | Registerasing of a |

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STATION RESOURCE: A PATIENT/ A DUMMY/ OTHER: | * SVANUC & KC, SHUBHLI UNIVERSITY, GANQ
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TATION RESOURCE: A PATIENT/ A DUMMY/ OT | PS/O | STATION RESOURCE: A PATIENT/ A DUMMY/ OTHER: | | | | | | | | | | | | | ÚRY. | WN | ME & | SIG | EVALUATOR'S NAME & SIGNATURES | NU. | b
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| .mi | Assess scene safety and potential hazards. | | | . | | | | | | | | | | | 1 | | | | | 1 | | | | 1 | |
| ü. | Activate emergency medical services or call for help. | 7444 | | | , | | | | - | | 40000 | 1 | | and the second sec | | | | | | 1 | | | 1 | | |
| ij, | Ensure clear space for performing CPR. | | | | 642945- | ļ | ~~ | | | 1 | | | | | | h | | | - | | | | \$****** | | |
| ei | itial Assessment: | | | | | | | | | | | | | | | | | | | | | | | | |
| · | Tap and shout, "Are you okay?" to assess
responsiveness. | | | | | | | • | | | | 1 | #2000.000 | | - | | | | - | l | | | | | |
| ij | Look, listen, and feel for breathing for no more 1 than 10 seconds. | | | | | | | | | | | | - | ***** | | | 4 | | 6-1112- | | | | | <u> </u> | |
| | r only gasping, start CPR | T | | | 0 | [| | 0 | | 10000 | - | | 6 | | | | | | · ? · 1 00000 | | | | | | |
| 19 | liest Compressions: | | | | | any management | | | | | | | | | | | | | | | | | | | |
| - 744 | Place heel of one hand at centre of chest (lower half of sternum). | | | | | | | | ~ | 6 | | | | | | <u> </u> | | | | S CONTRACTOR | | | | | |
| | Place other hand on top, interlocking fingers. | | | Windows tations | | | | | Constant | | | eren Landomen | | | , | | | | | vistanining | | | () | | |
| ü. | Position yourself directly over the patient's the form | | | | | | - | - | | | | | - | 0 | | | | - | | | | <u> </u> | | | - |
| iv. | Perform compressions at least 2 inches deep
and at a rate of 100-120 compressions per
minute. | | | | | 997- 5-1 -1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | | | | | | | 0 | | | 54191-74-44. | 443100000 | <u> </u> | | ************************************ | | | | | |
| * | Allow complete chest recoil between compressions. | | | | 0 | | • | 0 | ****** | * | | | | | | | | | | · | | | <u> </u> | | |
| * * | Administering Rescue Breaths: | | | потектори сам | | | | 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. | | | | erren antalagas | | | | | | | | | | ******* | | | **** |
| i. | Open airway using head tilt-chir. lift or jaw thrust maneuver for suspected trauma cases. | | | | | | - | School and | 0 | 500.000- | - | | | | | | | | | | | | *au.o | | ļ |
| ii. | Pinch patient's nose shut and create a seal over patient's mouth. | | 02.210.0100.0000.0000 | | | | Q | Langer | 0 | | 6 2200- | | diame- | | · | | 0 | | | | | | ·************************************* | | ļ |

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| Deliver 2 rescue breaths, each lasting about 1 second and causing visible chest rise. | Cycle of Compressions and Breaths: | Perform cycles of 30 compressions followed
by 2 rescue breaths. | Continue CPR until signs of responsiveness,
EMS arrives, or you are too exhausted to
continue. | Coordination and Communication: | Coordinate with bystanders to assist in calling
EMS, finding an AED (if available), or
providing support. | Communicate clearly with EMS upor their arrival, providing summary of actions taken and patient status. | Documentation and Follow-Up: | Document CPR procedure including time of
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moviders involved in resuscitation effort. | MARKS OBTAINED | PURCHASE PURCHASE | | |
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| | - 1 -1 | Assess scene safety and potential hazards. | تىرىرى : | - | (***** | | | | 1. / C | | | | | <u> </u> | 1 | | | | | | | | | | | |
| | ::: | Activate emergency medical services or call for help. | | | | | | | | | | - | | <u> </u> | | - | | | | | | ŀ | | | | |
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- 201 | Ensure clear space for performing CPR. | | 0 | | | <u> </u> | | | | | | | | | - | ļ | ļ | <u> </u> | | | | | | | |
| 0 | ei. | Initial Assessment : | | | | | | | | | | | | | | - | | | | | | | | 1 | | |
| | | Tap and shout, "Are you okay?" to assess 1
responsiveness. | محصف | | 2 | 1 | 1 | | | | | - | | | | | | | | | | | | • | | |
| | ÷ | Look, listen, and feel for breathing for no more 1 than 10 seconds. | * | | | | | | | | | 5 | | | <u>`</u> | | | | | | | | 1 | | | |
| Ë | : | If no breathing or only gasping, start CPR 1 immediately. | | 0 | | | | | | | - | | <u> </u> | <u> </u> | | | ļ | | a~- | - ers vetspunke | | | - | - | - | 1 |
| | Ē? | Performing Chest Compressions: | | | | | | | | | | | | | | | | | | | | | | | | |
| •1925 | | Place heel of one hand at centre of chest (lower liable like like like like like like like li | a | - | | İ | | | | | | | | ļ | | | <u> </u> | | | | | | | | | |
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3 | Place other hand on top, interlocking fingers. | Antonia and and a second | -
- | (************************************* | | | , <u></u> | | 0 | | | <u> </u> | <u>.</u> | | | | | | | | | | | | Τ |
| ļ, | | Position yourself directly over the patient's 1 chest. | | | 1 | | | | 0 | | | | <u> </u> | <u> </u> | <u></u> | - | - | | | | | 1 | 1 | | | 1 |
| ĬV. | | Perform compressions at least 2 inches deep
and at a rate of 100-120 compressions per
minute. | £2000000 | | | | | | | 2000 Colored and a second second | | 6 | | <u> </u> | ļ | | | | | | | | * | | - | 1 |
| Ä | | Allow complete chest recoil between 1 | 0 | - |
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| * | | Administering Rescue Breaths: | | | | | | | | | and and a second as a second a | | | | | | | | | | | | | | - | 1 |
| 4 m28 | | Open airway using head tilt-chin lift or jaw thrust mancuver for suspected trauma cases. | <u>ه</u> | | | | | | ,* | | | | |
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Table | | Pinch patient's nose shut and create a seal over patient's moutin. | 0 | | | | | | | | | | | | | | | | | | | | - | | | 1 |

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| I. Deliver 2 rescue breaths, each lasting about 1 J. second and causing visible chest rise. S. Cycle of Compressions and Breaths: S. Cycle of Compressions and Breaths: Z. Perform cycles of 30 compressions followed I. Py 2 rescue breaths. I. BMS arrives, or you are too exhausted to continue. Coordinate with bystanders to assist in calling I. EMS, finding an AED (if available), or providing support. Communication: Coordinate with brow and Follow-Lip: Coordinate summary of actiors taken I. Providing support. Providing support. Pocumentation and Follow-Lip: Documentation and Follow-Lip: Documentation and Follow-Lip: Documentation and Follow-Lip: Providers involved in resuscitation effort. Providers involved in resuscitation effort. Difference. Difference. Documentation and Follow-Lip: Providers involved in resuscitation effort. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. Difference. <l< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>an an an an an an an an an an an an an a</th><th></th><th></th></l<> | | | | | | | | | | | | | an an an an an an an an an an an an an a | | |
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Date: - 20-05-2024

TRAINING PROGRAM ON IV CANNULATION - ACTIVITY REPORT

| Activity Name | Training program on IV Cannulation |
|---------------------|---|
| Date & Time | 20-05-2024; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | Skill Lab, K.S.V.A.M.C& R.C. ,Shobhit University |
| Organized by | Department of Shalya Tantra, K.S.V.A.M.C. & R.C. |
| Coordinator Name | Dr. Gayathri.S |
| Resource Person | Dr. Sanghamitra.S |
| No. of participants | 10 |
| Program Objective | To equip participants with the necessary knowledge, skills, and confidence to perform safe and effective IV cannulation procedures. IV cannulation can be used to give a blood pressure |
| Program Outcome | Participants will be able to perform IV cannulation procedures confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced IV-related complications in clinical settings. |
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TRAINING ON IV CANNULATION PROCEDURE-ENROLLMENT LIST

BATCH 2019

Date-20-05-2024

| S.NO. | ROLL NO. | NAME OF STUDENT | Attendence |
|-------|-------------|----------------------|------------|
| 1. | 19014300002 | AYUSH SINGH | vor |
| 2. | 19014300003 | ROBIN PANWAR | R. Panwas |
| 3. | 19014300004 | SHIVAM PANWAR | Sus |
| 4. | 19014300005 | SHUBHAM SHRIMUKH | Shubham |
| 5. | 19014300006 | RISHABH SAINI | Robert |
| 6. | 19014300007 | SHIVAM BHARADWAJ | Shivan |
| 7. | 19014300008 | HIMANSHU | the |
| 8. | 19014300009 | MOHD. ASIF SABRI | Asik |
| 9. | 19014300010 | ABDUL RAB | And |
| 10. | 19014300013 | KM. BABI | Baller |





Date: - 22/05/2024

TRAINING PROGRAM ON SHIRODHARA THERAPY-ACTIVITY REPORT

| | THE RAPY-ACTIVITY DEPODE |
|----------------------|---|
| Activity Name | Training program on Shi - H |
| Date & Time | Training program on Shirodhara |
| Duration | 22/05/2024, 11:00AM-1:00PM
2 hours |
| Venue | |
| Organised By | Department of Panchakarma, KSVAMC&RC, Shobhit University |
| Coordinator Name | |
| Resource Person | DI. Deepak Kumar |
| No. of Participants | Dr Kultaar Singh |
| and of Faitherpairts | |
| Program Objective | To equip participants with the necessary knowledge, skills and confidence to perform effective Shirodhara therapy designed to promote mental relaxation. Shirodhara therapy reduce stress, enhance emotional well-being and support overall health through the application of traditional Ayurvedic practices. |
| Program Outcome | practices. Participants will demonstrate the ability to prepare standardized, efficacious Shirodhara Therapy, best practices, leading to improved patient outcomes in the management of mental stress, Headache, Hypertension etc. It greatly helps in reducing the heart rate and relaxing the muscles. |
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Coordinator Wulder

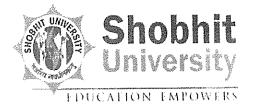


TRAINING ON SHIRODHARA PREPARATION ATTENDENCE LIST

DATE- 22-05-24

| S.NO. | ROLL NO. | NAME OF STUDENT | ATTENDENCE |
|-------|-------------|------------------|------------|
| 1. | 19014300002 | AYUSH SINGH | ATUN |
| 2. | 19014300003 | ROBIN PANWAR | R. Panutas |
| 3. | 19014300004 | SHIVAM PANWAR | Shiyam |
| 4. | 19014300005 | SHUBHAM SHRIMUKH | show |
| 5. | 19014300006 | RISHABH SAINI | Bains |
| 6. | 19014300007 | SHIVAM BHARADWAJ | S.B. |
| 7. | 19014300008 | HIMANSHU | Himanshis |
| 8. | 19014300009 | MOHD. ASIF SABRI | Acil |
| 9. | 19014300010 | ABDUL RAB | Alsig |
| 10. | 19014300013 | KM. BABI | Rahi |
| 11. | 19014300014 | SWATI | Runent |
| 12. | 19014300015 | ANKUSH CHAUHAN | Ankush |
| 13. | 19014300016 | UDIT PANWAR | plus plus |
| 14. | 19014300017 | MANISH CHAUDHARY | mhoudhe |
| 15. | 19014300018 | MUKUL DUTT | Julie |
| | | SHARMA | i t |
| 16. | 19014300019 | MOHD. JUNAID | tun |
| | | CHAUDHARY | |
| 17. | 19014300020 | MUSKURAN | mul: |
| | | CHAUDHARY | 5 |

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Detail of Student Training program during Session 2022-23

| Sr.No. | Date | Training program | No.of participants |
|--------|------------|-------------------------------------|--------------------|
| 1. | 25-11-2022 | Training on IV injection | 22 |
| 2. | 29-11-2022 | Training on kshar sutra preparation | 14 |
| 3. | 30-12-2022 | Training on Nebulization | 22 |
| 4. | 30-11-2022 | Training on patra potli
swedna | 13 |
| 5. | 5-4-2023 | Training on Blood pressure | 8 |
| 6. | 13-4-2023 | Training on Blood pressure | 7 |



Date: - 25-11-2022

TRAINING PROGRAM ON IV INJECTION - ACTIVITY REPORT

| Date & Time | 25-11-2022; 11:00 am to 1:00 pm |
|---------------------|--|
| Duration | 2 hours |
| Venue | K.S.V.A.M.C& R.C., Shobhit University |
| Organized by | Department of Kayachikitsa, K.S.V.A.M.C. & R.C. |
| Faculty name | Dr. A. P. Singh |
| No. of participants | 22 |
| Program Objective | To equip participants with the necessary knowledge, skills, and confidence to perform safe and effective IV injection procedures. IV injections are common and invasive procedure in health care. IV injection can be used to delivery medications. |
| Program Outcome | Participants will be able to perform IV injection procedure confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced IV-related complications in clinical settings. |
| | |
| Photograph | R De Contraction |
| | |

Coordinator

rar SHOBH REGISTR Sinaranipu' (V



Training Program on IV Injection Attendence list

| S.No. | ROLL NO. | Batch – 2018
NAME OF STUDENT | 25-11-2022 |
|-------|-------------|---------------------------------|------------|
| 1 | 18014300001 | AASIF ALI | Dary. |
| 2 | 18014300002 | AAVESH CHAUDHARY | AVESH. |
| 3 | 18014300003 | ABDUL KADIR | abdel |
| 4 | 18014300004 | ABDUL QUADIR | Abder |
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| 12 | 18014300015 | ANJALI SAINI | profall |
| 13 | 18014300016 | ANKIT | A |
| 14 | 18014300020 | ARIF | Ant |
| 15 | 18014300021 | ARMAAN AKHTAR | fondan |
| 16 | 18014300022 | ARUN KUMAR | Aron |
| 17 | 18014300023 | ARYAN SAINI | Asyan. |
| 18 | 18014300024 | ASHISH GAUTAM | Ashish. |
| 19 | 18014300025 | ASIF ALI | ARif |
| 20 | 18014300026 | ATMIKA CHATURVEDI | Atriker |
| 21 | 18014300027 | AYUSH VERMA | Ayush. |
| 22 | 18014300028 | AYUSHI SINGH | Agushi |

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Date: - 29-11-2022

Training program on ksharsutra preparation-Activity Report

| Activity Name | Training program on ksharsutra preparation |
|-------------------------|--|
| Date & Time | 2 7 -11-2022; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | Department of Shalya Tantra, K.S.V.A.M.C& R.C. , Shobhit University |
| Organized by | Department of Shalya Tantra, K.S.V.A.M.C. & R.C. |
| Coordinator Name | Dr. Ranjit Singh Manhas |
| No. of participants | 14 |
| Program Objective | To equip participants with the comprehensive knowledge and practical skills required to prepare standardized, efficacious. Ksharasutra for the effective management of anorectal disorders. |
| Program Outcome | Participants will demonstrate the ability to prepare standardized, efficacious, and safe Ksharasutra, adhering to quality standards and best practices, leading to improved patient outcomes in the management of anorectal disorders. We concluded that treatment of fistula in ano by kshar sutra is simple easy and safe |
| Photograph | |



EDUCATION EMPOWERS

Babu Vijendra Marg, Adarsh Institutional Area Gangoh, Distt. Saharanpur (U.P.) 247341, India Tel: +91 7830810052 E-mail: registrargangoh@shobhituniversity.ac.in U.: www.sug.ac.in

Training Program on Khsar sutra Attendence list

| Batch - | - 2018 | | Date- 29-11-22 |
|---------|-------------|----------------------|----------------|
| S.No. | ROLL NO. | NAME OF STUDENT | Attendance |
| 1 | 18014300001 | AASIF ALI | Asil |
| 2 | 18014300002 | AAVESH CHAUDHARY | Auch |
| 3 | 18014300003 | ABDUL KADIR | Aut. |
| 4 | 18014300004 | ABDUL QUADIR | About |
| 6 | 18014300006 | ABHISHAR SURYAVANSHI | (Ani |
| 8 | 18014300009 | AFSHA | Afsha |
| 9 | 18014300010 | AJAJ AHMAD | Asali |
| 10 | 18014300011 | AKASH | Davisi |
| 11 | 18014300012 | AKSHIT KUMAR | Almet |
| 13 | 18014300014 | AMIT VERMA | Allerna |
| 14 | 18014300015 | ANJALI SAINI | Anjali |
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| | | | Registrar |

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Date: - 30-11-2022

Training proram on patra potli swedna-Activity Report

| ActivityName | Training program on patra potli swedna |
|-------------------|---|
| Date&Time | 30/11/2022,11:00AM-1:00PM |
| Duration | 2hours |
| Venue | Department of Panchakarma, KSVAMC&RC, Shobhit University |
| CoordinatorName | Dr.Pretya Juyal |
| No.ofParticipants | 13 |
| ProgramObjective | To equip participants with the comprehensive knowledge, skills, and confidence to perform PatraPottali Swedana therapy aimed at Relieving localized pain, improveing mobility. |
| | PatraPottali Swedana promoting overall well-being through traditional
Ayurvedic practice. |
| ProgramOutcome | Participants will be able to demonstrate Patra Pottali Swedana, adhering to quality standards and best practices, leading to improved patient outcomes in the management of Katishoola, Gridharisi, Sandhigata Vata. The chances of recurrence and anal incontinence are very low. |
| Photograph | doap pps |

HOB REGIS gistrar

Coordinator



Training on Patra potli swedna Preparation Attendence list

| Ba | tch – 2018 | Da | ate-30-11-22 |
|-------|-------------|----------------------|--------------|
| S.No. | ROLL NO. | NAME OF STUDENT | Attendence |
| • 1 | 18014300001 | AASIF ALI | Weit |
| 2 | 18014300002 | AAVESH CHAUDHARY | Acut |
| 3 | 18014300003 | ABDUL KADIR | April |
| 4 | 18014300004 | ABDUL QUADIR | Mr |
| 5 | 18014300005 | ABHILASHA | abut |
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| 7 | 18014300007 | ABHISHEK SAINI | Abrolle |
| 8 | 18014300009 | AFSHA | 187 |
| 9 | 18014300010 | AJAJ AHMAD | Stor |
| 10 | 18014300014 | AMIT VERMA | And |
| 11 | 18014300015 | ANJALI SAINI | Anymin |
| 12 | 18014300016 | ANKIT | Ariut |
| 13 | 18014300017 | ANKUSH RATHI | Traient |





Date : - 30-12-2022

Training proram on Nebulisation – Activity report

| Activity Name | Training on nebulization |
|---------------------|--|
| Date & Time | 30-12-2022; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | K.S.V.A.M.C& R.C., Shobhit University |
| Organized by | Department of Kayachikitsa, K.S.V.A.M.C. & R.C. |
| Faculty Name | Dr. Bandana |
| No. of participants | 22 |
| Program Objective | To equip participants with the necessary knowledge, skills, and confidence to perform safe and effective nebulization procedures. Nebulization is to deliver a therapeutic dose of mecication directly into the lung. Nebulization can help improve breathing. |
| Program Outcome | Participants will be able to perform nebulization procedure confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced nebulization-related complications in clinical settings. |
| Photograph | |



Coordinator





Training Program on Nebulization Attendence list

| | | <u>Batch – 2018</u> | |
|-------|-------------|----------------------|------------|
| S.No. | ROLL NO. | NAME OF STUDENT | 30-12-2022 |
| 1 | 18014300001 | AASIF ALI | pasit |
| 2 | 18014300002 | AAVESH CHAUDHARY | Abouch |
| 3 | 18014300003 | ABDUL KADIR | Blow |
| 4 | 18014300004 | ABDUL QUADIR | . Nove |
| 5 | 18014300005 | ABHILASHA | of white |
| 6 | 18014300006 | ABHISHAR SURYAVANSHI | Bargur |
| 7 | 18014300007 | ABHISHEK SAINI | A. Saini |
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| 9 | 18014300010 | AJAJ AHMAD | Kers |
| 10 | 18014300013 | AMAN | Aman |
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| 16 | 18014300022 | ARUN KUMAR | West |
| 17 | 18014300023 | ARYAN SAINI | Asyan |
| 18 | 18014300024 | ASHISH GAUTAM | Aston ! |
| 19 | 18014300025 | ASIF ALI | Start- |
| 20 | 18014300026 | ATMIKA CHATURVEDI | Nos |
| 21 | 18014300027 | AYUSH VERMA | Ayush |
| 22 | 18014300028 | AYUSHI SINGH | Blow |

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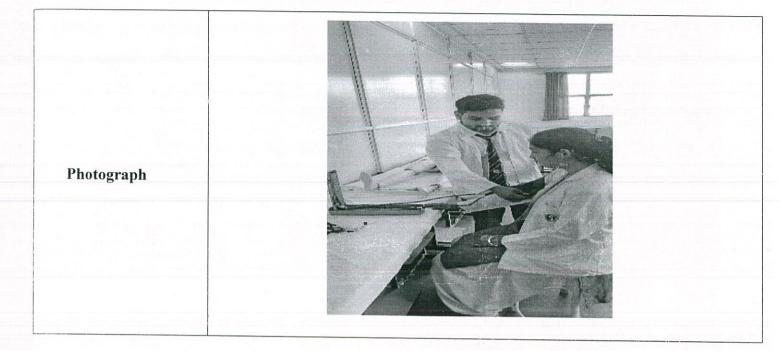
Date: - 05-04-2023

TRAINING PROGRAM ON BLOOD PRESSURE MEASUREMENT - ACTIVITY REPORT

| Activity Name | Training on blood pressure measurement |
|---------------------|--|
| Date & Time | 05-04-2023; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | K.S.V.A.M.C& R.C., Shobhit University |
| Organized by | Department of Kayachikitsa, K.S.V.A.M.C. & R.C. |
| Faculty Name | Dr. Bandana |
| No. of participants | 08 |
| Program Objective | To equip participants with the necessary knowledge, skills, and confidence to perform correct blood pressure measurement To train participants in the accurate technique, interpretation, and documentation of blood glucose monitoring To enhance participants' proficiency in conducting precise pulse oximetry measurements and interpreting oxygen saturation levels |
| Program Outcome | Participants will be able to perform blood pressure measurement confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced incorrect blood pressure measurement complications in clinical settings. Participants will confidently and accurately administer intramuscular and intravenous injections, demonstrated by successful practical evaluations and proficiency in simulated scenarios, leading to enhanced patient safety and reduced procedural errors in clinical environments. |

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Coordinator

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| S. No. | Ask the student to demonstrate blood pressure
measurement giving a running commentary and mark $\frac{M}{40}$
(M) for | | | | | Ő | | ÷2 | OBJECTIVE: TO TEST SKILLS - MEASUREMENT OF BLOOD PRESSURE
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| i | Introduced self and role | | | |

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| ij, | Verified patient identity; Obtained informed consent 1 | | | | | | | | | _ | | | | | | | | | | | | | |
| ці. | Ensured privacy, comfort, proper environment (quiet) 1 | | | | | | | | 1117 | | | | | | | | | | , gygenine.
Stanskynige | ~ | | | |
| iv. | Positioned the patient correctly | | | | | | | | | 2 | | | | | | | 0 | | | ~~ | | | |
| ٧, | Performed hand hygiene | | | | | | | | | | | | | | | | | | | e | | | |
| vì. | Gathered all necessary equipment | | | | | | 4 ĝ | | | | | | <u>, 1</u> | | -
 | | +9, | | •••• | • | | | |
| vñ. | Explained the procedure to the patient | | | | 2 | <u>ہ</u> | | | | - | | | | | | | 0 | | • | | |
 |
es. |
| viii. | Record Blood Pressure after 5 mins. of inactivity. | | | | | | | | | | | |
 | | | | - | | - | | | | |
| ix, | Selected appropriate cuff size | | · | | | | | | | _ | | | | | | | 0 | | 4 | | | | |
| × | Ensure the equipment mercury column is at zero mark. 1 | | | | | | | | | | | | | ••••••• | | | | | ÷ | . | | | |
| ci | Blood Pressure Messurement 28 | | | | | | | | | | Alter and A | | | 1.000 Sec. | | | | | | | | | |
| | Expose the arm and support it at the level of the heart. | | | | | | | *2******* | | | | | | | а
 | | | | | | | | |
| :ä | Palpate the brachial artery in cubital fossa. | | | | | | | | | | | | | | | | - | |] | 4 | | | |
| iii. | Position centre of cuff's bladder over the brachial artery | | | ******* | _ | 0 | | | | 0 | | | r . | | | | 0 |) 5
 5 a. | 0 | Ø | | | |
| i, | Wrap the cuff smoothly and snugly around the arm. Cuff
should be wrapped in a circular manner one-inch above the
level of elbow. | | | | | | | | | | | | | in an an an an an an an an an an an an an | | · | | i de light de
Light Ballet
I | | G | | | |
| * | Correctly palpate the radial artery of the volunteer / or the nannequin with 3 fingers. | | | | | | | | | 0 | | | | | | | 0 | | 4 | | | <u></u> | <u></u> |
| vi. | Close the sphygmomanometer valve and inflate the cuff to determine mm Hg at which arterial pulsation can no longer 1 be felt. | | : | | | | | | | | | <u> </u> | | | | | | | | ~ | | | and the second second |
| ЧЙ | Slowly define the cuff by opening the valve and note the point where arterial pulsation can be felt again (this is estimated systolic BP). | | | | | | | | | | | <u> </u> | | | | | | n de la construcción
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Construcción | | | | | |
| viii, | Inflate the cuff again to a level 20 – 30 mm Hg more than estimated systolic BP | | | | | | :
 | | | ******** | | | | | | | | | | | | | |
| L. | Place diaphragm head of the stethoscope lightly over the brachial artery. | | | | | | | | | <u></u> | | | | | | | **** | · · · · · · · | | 0 | i | | |
| x. | Deflate the cuff slewly by opening the value so that the pressure falls at 2-3 mm Hg / second. | | | | ****** | | <u></u> | | | | | · · · · · | | | | | | · · · | | | | | |
| xí. | Note the mm of Hg pressure at which artsrial pulsation / heats can be heard (this is everolic RP) | | ****** | | | | | | | | | | - | | | ****** | 6000, | | حوي | a | | | анартал
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| | | Addressed patient questions and concerns | Explained the procedure and findings to the patient clearly | Communication and Documentation | Provided feedback or advice if needed | Documented any additional relevant observations (e.g., patient discomfort) | Ensured that the patient was seated constortably with arm
supported | Verified proper cuff inflation and deflation techniques | Checked for projer cuff placement (2-3 cm above elbow) | Ensured no excessive noise during measurement | Repeated measurement if necessary (e.g., if initial reading is abnormal) | Recorded the systolic and diastolic readings accurately | Auscultated and identified the Korotkoff sounds accurately | Deflated the cuff at the correct rate | Inflated the cuff to the appropriate level | Inform the patient of your findings and conclude | Document the recording in terms of parient position, arm
used, cuff size, blood pressure recording. | If necessary to re-record, wait at least 2 minutes | Deflate the cuff rapidly and completely: | Continue deflation for another 10 - 20 mm of Hg past the last heard beat to ensure that the absence of sound is not due to skipped beat. | Continue deflation and note the mm of Hg pressure at which the last arterial beat is heard (thes is diastolic BP). |
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1 - Miles | | | | |
| S. No. | Ask the student to demonstrate blood pressure
measurement giving a running commentary and mark
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ONE MARK FOR EACH STRFPERFORMED | | | MEN - | | - X | L R | | | - | | | |
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| • put | Introcluced self and role | 1 | 1 | | | | | | <u> </u> | | | | | | | | - | | | | | | | |
| ä. | Verified patient identity; Obtained informed consent | | - | | | - | | | - | <u> </u> | - | | | | - | | + | | | | | | | |
| H | Ensured privacy, comfort, proper environment (quiet) | | | 0 | | | F | 0 | | <u> </u> | ļ | | | | 1 | | $\left \right $ | | - | | | | | |
| iv. | Positioned the patient correctly | - | | ව | | | | 0 | | | ļ | | | | • | <u> </u> | | - | | <u> </u> | | | | |
| Ż | Performed hand hygiene | | | | | | | 0 | | | | | | | | <u> </u> | | <u> </u> | | | | | | |
| vi. | Gathered all necessary equipment | | | | | | F | | <u> </u> |
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| vii, | Explained the procedure to the patient | - | | * | | | | 6 | | | ļ | | | | | <u> </u> | | | | Source and the second | | × 14- | - | and the second |
| viii. | Record Blood Pressure after 5 mins, of inactivity, | | ļ | 0 | | | | | | | | | 1 | | - | | | | - | | | | | - |
| Ĩх. | Selected appropriate cuff size | | | 0 | | | | | ļ |
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| × | Ensure the equipment mercury column is at zero mark. | yue: | | | | | | | |
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| 2 | Blood Pressure Measurement | 28 | | | | | | | | | | | | | | | | | | | | | | |
| | Expose the arm and support it at the level of the heart. | | | | | | | 0 | | | | | | | | | <u> </u> | | | | | | | |
| ai i | Palpate the brachial artery in cubital fossa. | | | ***** | | • | 0 | | | | | | | |
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| H. | Position centre of cuff's blackler over the brachial artery | | | | | | | 0 | ļ | | | | | - |
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| iv. | Wrap the cuff smoothly and snugly around the arm. Cuff
should be wrapped in a circular manner one-inch above the
level of elbow. | | | 0 | *************** | 0 | | | | | | | | | | | | | | ļ | | | | |
| × | Correctly palpate the radial artery of the volunteer / or the mannequin with 3 fingers. | 1
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 | 0 | | ļ | ļ | | | | | | | | | | ļ | | | | Τ |
| ų, | Close the sphygmemanometer valve and inflate the cuff to determine mm Hg at which arterial pulsation can no longer be felt. | | | Ð | | 0 | | | | | | | Satura de la | | | and the demonstrate |
 | | | | | | | 1 |
| vй, | Slowly deflate the cuff by opening the valve and note the point where arterial pulsation can be felt again (this is estimated systolic 3P). | | | | | | | | | ļ | | | | | | ColdState(1) - South Rev Pression | | | | | | | | 1 |
| viii. | | 1 | | 0 | | | Ø11.079. | | | | | | | | <u> .</u> | <u> </u> | <u> </u> | | | | | | | T |
| ix. | Place diaphragm head of the stethoscope lightly over the 1 brachial actery. | | | | | | | | | | | | | | <u> </u> | | ļ | | | | | | | Ī |
| × | | | | 0 | | 6 | | | | | | | | <u> </u> | |
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| ü | Note the mm of Hg pressure at which arterial pulsation / 1 beats can be heard (this is systolic BP). | | | 0 | | | 0 | | | | | | $\left \right $ | $\left - \right $ | | | | | | | | | | |

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| | AREAS OF | | PERCENTAGE | MARKS OBTAINED | Addressed patient questions and concerns | Explained the procedure and findings to the patient clearly | Communication and Documentation 2 | Provided feedback or advice if needed 1 | Documented any additional relevant observations (e.g., I
patient discomfort) | Ensured that the patient was seated conifortably with arm is supported | Verified proper cuff inflation and deflation techniques | Checked for proper cuff placement (2-5 cm abave elbow) | Ensured no excessive noise during measurement | Repeated measurement if necessary (e.g., if initial reading 1 is abnormal) | Recorded the systolic and diastolic readings accurately 1 | Auscultated and identified the Korotkoff sounds accurately 1 | Deflated the cuff at the correct rate | Inflated the cuff to the appropriate level | Inform the patient of your findings and conclude. | Document the recording in terms of patient position, arm used, cuff size, blood pressure recording. | If necessary to re-record, wait at least 2 minutes. | Definite the cuff rapidly and completely: | Continue deflation for another $10 - 20$ mm of Hg past the last heard beat to ensure that the absence of sound is not due to skipped beat. | Continue deflation and note the unn of Hg pressure at which the last arterial beat is heard (this is diastolic BP). |
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Date-13-04-2023

TRAINING PROGRAM ON BLOOD PRESSURE MEASUREMENT - ACTIVITY REPORT

| Activity Name | Training on Blood Pressure Measurement |
|---------------------|---|
| Date & Time | 13-04-2023; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | K.S.V.A.M.C& R.C., Shobhit University |
| Organized by | Department of Kayachikitsa, K.S.V.A.M.C. & R.C. |
| Faculty Name | Dr. A. P. Singh |
| No. of participants | 07 |
| Program Objective | To equip participants with the necessary knowledge, skills, and confidence to perform correct blood pressure measurement To empower participants with the expertise and proficiency required to accurately measure and interpret blood glucose levels |
| Program Outcome | Participants will be able to perform blood pressure measurement confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced incorrect blood pressure measurement complications in clinical settings Participants will be able to accurately perform intravenous cannulation, as demonstrated through practical assessments and simulated clinical scenarios, ensuring improved patient outcomes and minimizing complications related to improper technique in healthcare settings |





Photograph

Coordinator

Registrar

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| S. No. | Ask the student to demonstrate blood pressure
measurement giving a running commentary and
(M) for | X 4 | | | | | SEC. | | OBJECTIVE: TO TEST SKILLS – MEASUREMENT OF BLOOD PRESSURE
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| - | ation and Setup | 0 D | Ø | 4 | | A | | ALA | A | | A | 4 | | | |
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| 7 | Introduced self and role | A | - | | _ | | <u></u> | | | × | | | | | <u> </u> |
r | | CONTRACTOR OF THE OWNER | to Maintenant | | | 59 | |
| , m | Verified patient identity; Obtained informed consent | | | | | | | | | | | Ī | - | | | F | | - | | | | + | - |
| 1 | Ensured privacy, comfort, proper environment (quiet) | | | | | | | | | | | | | | | | | | | | | | |
| i. | Positioned the patient correctly | | | - 11
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Anaște | | | | | | | | | | |
| ×. | Performed hand hygiene | | | | | | | | | | | | - | | | - | | | | | ſ | - | |
| 4 | Gathered all necessary equipment | | | ļ | | | | | - | | | | | | | | - | | | | and the second se | | - I |
| vñ. | Explained the procedure to the patient | | | | 0 | <u> </u> | | | | | | Ē | | | | | - | | | Contraction of the local data | ** | <u> </u> | |
| viii. | Record Blood Pressure after 5 mins. of inactivity. | | | | | | | | | 0 | | | e | | | | - | | | | | - | |
| ix. | Selected appropriate cuff size | | | | | <u> </u> | | | | 0 | | | | | | | ļ., | | | | | - | - |
| X. | Ensure the equipment mercury column is at zero mark, | | | | * | | | | | | | | | <u> </u> | | | 0 | | | | | <u> </u> | - |
| લ | Blowl Pressure Measurement | 8 | | | | | | | | | | | | | - | | | | | | | | |
| •••• | Expose the arm and support it at the level of the heart. | | | - | | | | | | | | 1990, 3
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1 | فتعتند | | | | | | | | | | |
| ü | Padpate the brachial artery in cubital fossa. | | | | | | | | | | | 1.11.1 ₁ .11.1 | | | | <u> </u> | <u>.</u> | | | | | | |
| Ш | Position centre of cutf's bladder over the brachial artery | | | | | | | | | 0 | | | ***** | | | | | | | | | | |
| lv, | Wrap the cuff smoothly and snugly around the arm. Cuff
should be wrapped in a circular manner one-inch above the
level of elbow. | | | | | | | | | | | | 0 | | | | <u> </u> | | | | - | | |
| ۷, | Correctly palpate the radial artery of the volunteer / or the hannequin with 3 fingers. | | | | | | | | | | | | | | | | <u> </u> | | | | | | - |
| vì. | Close the sphygmomanometer valve and inflate the cuff to determine mm Hg at which arterial pulsation can no longer 1 be felt. | | | 2 2 4 | | | | | | | | | | | | 0 | | | | | | | |
| VII. | Slowly deflate the cuff by opening the valve and note the point where arterial pulsation can be felt again (this is estimated systolic BP). | | | | | | | | | | | | | | | | | | | | · · · · · | | |
| viii. | Inflate the cuff again to a level 20 – 30 mm Hg more than estimated systolic BP | | | | | | | | | | | | 0 | | | | | | | | | | |
| İX. | Place diaphragm head of the stethoscope lightly over the the brachial artery. | ļ | | | 0 | | | | | C.275- | | | | | | |
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| , i | Deflate the cuff slowly by opening the valve so that the pressure falls at 2–3 mm Hg / second. | | | | | | | | | - | | | | | | 0 | | | | | | . | <u> </u> |
| | Note the mm of Hg pressure at which arterial pulsation / | | | | | | | | | | | | - | , | | | | ĺ | | Ť | | ļ | |

| Conti | Continue deflation and note the mm of Hg pressure at which the last arterial seat is heard (this is diastolic BP). | - | | | | | | | | | ******* | _ | 8 | | | | alameria. | | - | | ··· | | -10 22 | |
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fue to sk | Continue deflation for another $10 - 20$ mm of Hg past the last heard beat to ensure that the absence of sound is not due to skipped heat. | | | ····· | | | ····· | | | | NICES Stands areas | | | | . | | | | ••••• | | | | | |
| Ocflate 1 | Deflate the cuff rapidly and completely. | - | | | | | | | | | James . | | | | ļ | | _ | | | | | - |
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| f neces | if necessary to re-record, wait at least 2 minutes. | | | | • | 4000 ay 14 | | | | | | | 0 | | | | | · · · | | <u> </u> | | | | ļ |
| Docume
ised, cu | Document the recording in terms of patient position, arm
used, cuff size, blood pressure recording. | | | | | | | | | | ~ | | | | | | | | | | | | ļ | ļ., |
| nform t | inform the patient of your findings and conclude. | - | ****** | | <u>0</u> | | | - | | | | | 4 | | | | - | | | | | | <u> </u> | |
| nflatcd | inflated the cuff to the appropriate level | 1 | | | | o | | | | ******* | 0 | | ******* | | | | | | | <u> </u> | | | <u> </u> | ļ |
| Ceflated | Deflated the cutf at the correct rate | | | | -12904 | | | | | | | | ****** | | ļ | | 0 | | | | <u> </u> | ļ |
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| Auscult | Auscultated and identified the Korotkoff sounds accurately | | | | | | | | | | | | | | | | ~~~ | | | | | | | ļ |
| tecorde | Recorded the systolic and diastolic readings accurately | | | | | | | | 19 J. | | 0 | | | | | | | | | | | | | ļ |
| Repeated me
is abnormal) | Repeated measurement if necessary (e.g., if initial reading is abnormal) | - | | | | | | | | | | | 67 /// | | | | | | | | | | | ļ |
| insured | Ensured no excessive noise during measurement | - | | | Q | | | | | | | | 0 | | | | | <u></u> | | | | | | |
| hecked | Checked for proper cuit placement (2-3 cm above elbow) | _ | | | *****
**** | | | | | <u> </u> | | | | | | | | | | | | | | |
| /erified | Verified proper cuff inflation and deflation techniques | | | | | | · · · · | | | | 0 | | | ļ | | | - | | | <u> </u> | <u> </u> | | | |
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supported | Ensured that the patient was seated comfortably with arm supported | - | | | | | | | | | 0 | | 67×11- | | | | 0 | <u>. 14 .</u> | | | | _ | | |
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atient di | Documented any additional relevant observations (e.g.,
patient discorniori) | | | | | | | | | | | | • | | | | | | | |
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| rovided | Frøvided feedback or advice if needed | Ŧ | | | | | | | | | | | 8 | | |
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| nuun | Communication and Decementation | 7 | | | | | | | | | | | | | | | | | | | | | | |
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SURI | (21) | | | | | | | <u> </u> | 13/4/23 | d | $\hat{\mathbf{m}}$ | ** | |
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| S. No. | Ask the student to demonstrate blood pressure
measurement giving a running commontary and mark
(W) for | × q | | | | 192748
1840-1840 (18 | | 8.8 | 8000 | E Contraction | | S
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Broken | L QF | 19 8 | OBJECTIVE: TO TEST SKILLS – ME ASUREMENT OF BLOOD PRESSURE
OVE MARK FOR EATH FERFORMED | | State - | | | | | |
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| , 24 ⁴ | . Introduced self and role | | | <u> </u> | | | | | | | | | | | | | | | | | | | | | | | |
| н. | . Verified patient identity; Obtained informed consent | - | | | | | | | 1997)
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 | | | | | | | | | <u> </u> |
| ĨĨ | Ensured privacy, comfort, proper environment (quiet) | 1 | | | | : | | | | | | 1 ¹¹ 01em | | | F., | | | • | | | | |
 | <u> </u> | - | | |
| 'n. | Positioned the patient correctly | - | | | | | | | | | | | | | | | | | | - | | | | | | | |
| ۰. | Performed hand hygiene | 1 | | | | | | | | 0 | | **** | | | | | - | | |
 | | | | | | | |
| vi. | Gathcred all necessary equipment | | | | - | - | | | | 1 | | | | | | | | | airocasp | | | | | | | | withight |
| vil. | Explaimed the procedure to the patient | | | | | _ | | : | | - | | ф | | | | | | | | <u>1997 (</u> | | | | | • | | |
| viii. | Record Blood Pressure after 5 mins. of inactivity. | 1 | | | - | | | | 4X) q | | | | | | а.
1. с. | | | | | | | | | ļ | | | |
| lx. | Selected appropriate cuff size | | | | | ÷- | | | 1)
1944 - | | | | | | - | | | | | | | | | | | | [|
| x. | Ensure the equipment mercury column is at zero mark. | _ | | - 1 A
- 1 A | | ame- | | | | | | | | | | | | | | - 170°
| | | | | | | |
| | Blood Pressure Measurement | 38 | | | | | | | | | | | | | | | | | | 12.097
 | | | | | | | |
| ۲ . | Expose the arm and support it at the level of the heart. | - | | 3 | | 8 70. | | | | | | 0 | | | | | | | | | inderen de | | | | | pecani | |
| ä | Palpate the brachial artery in cubital fossa. | | | | | | | | 5 1944
1 | | | ø | | | | | | | | 1.993 | فنعحف | | | | | | |
| Ш, | Position centre of cuff's bladder over the brachial artery | _ | | | | | | ŕ | <u>व कर्ष</u> ्ट | | | | | 1 | | | | |
 | 12,2% | | | | | | | |
| iv. | Wrap the cuff smoothly and snugly around the ann. Cuff
should be wrapped in a circular manner one-inch above the
level of elbow. | | | | | - | | | ya Marika. | | | | | | | | | | | in in gai⊗ | | | | | | | |
| * | Correctly pulpate the radial artery of the volunteer / or the mannequin with 3 fingers. | y ak | | | | , , , | | | di Shek | | | - | | | | | · · · · | | | | | artu
Artu | | | | | |
| ζη, | Close the sphygmomanometer valve and inflate the cuff to
determine rum Hg at which arterial pulsation can no langer
be felt. | ş-Par | | | | | | | | atting the second | | | | | | | | | | i da en coloria.
La coloria | | | | | | | |
| vñ. | Slowly deflate the cuff by opening the valve and note the point where arterial pulsation can be felt again (this is estimated systolic BP). | ~ | | | | ٥ | | | | Q | | | W.2:- 774-00-01-04-04-04 -04-04-04-04-04-04-04-04-04-04-04-04-04- | | · · · · · · · · · · · · · · · · · · · | | 2 04001-11-11-11-11-11 | 4. . | | | | | | | | ****** | |
| viii. | Inflate the cuff again to a level 20 – 30 mm Hg more than
estimated systolic BP | | | | | ~ | | | | | | *** | | | | | | | | | | | | | | | |
| Ъ, | Place diaphragm head of the stethoscope lightly over the
brachial artery. | ~ | | | | 0 | | | | | | | | | | | | | | 19 99)
 | | | | | | | |
| ж | Deflate the cuff slowly by opening the valve so that the pressure fulls at 2-3 mm Hg / second. | 1 | | | | | | | | 0 | | | | | | | | | | | | | | | | | |
| xi. | arterial pulsation /). | | | | | | | | | | | errenanderen
Aggeneren | | | | | | | | | | | | | | | |

| : | Continue deflation and note the mm of Hg rressure at | | | | _ | | | | | - | | _ | | F | - | - | | | - | - |
|--------------------------|--|-----------|----------|----------|-------------|----------|---------------------------|---------------|----------|----------|----------|---|----------------|----------|----------|----------|---|--------------|--------------|----------|
| XII. | which the last arterial beat is heard (this is diastolic BP). | - | | | | | | | | | | | | | | |
 | | | |
| xiii. | Continue deflation for another 10 – 20 mm of Hg past the
last heard beat to ensure that the absence of sound is not
due to skinned heat. | | | | | | . معیست
1 ₂ | | | | | | | | | | | | | |
| xîv. | dly and completely. | | <u> </u> | | | | | | 0 | | - | | | | - | - | | | - | _ |
| XV. | If necessary to re-record, wait at least 2 minutes. | | | | | | 0 | | | | | | | | | | | | <u> </u> | - |
| xvi. | Document the recording in terms of patient position, arm
used, cuff size, blood aressure recording. | | | | - | | | | | | | | | | <u> </u> | | | | | |
| Xvlii. | onciude, | - | | 0 | |
 | * | | | | <u>,</u> | | - | <u> </u> | | - | | | <u> </u>
 | - |
| XVIII. | Inflated the cuff to the appropriate level | | | 0 | | | | | | | | | | | | <u> </u> | | | <u> </u> | |
| xix. | Deflated the cuff at the correct rate | | | | | | | | - | | | | - | ┢ | - | | | <u> </u> | - | - |
| хх. | Auscultated and identified the Korotkoff sounds accurately | | | | | | 0 | <u> </u> | | | <u> </u> | | | | | | + | | - | |
| ххì. | Recorded the systolic and diastolic readings accurately | | | | | | | | Ejere: | | | | | - | | | | | - | |
| xxii. | Repeated measurement if necessary (e.g., if initial reading is abnormal) | | | | | | | | | | | | | | | | | | <u> </u> | <u> </u> |
| xxiii. | xcessive noise during measurement | | | | | | | | | | | | | | <u> </u> | | + | | 1 | |
| XXIV. | Checked for proper cuff placement (2-3 cm above elbow) | | | | | | 0 | | | | | | <u> </u> | | - | | | | | |
| AXS. | Verified proper cuff inflation and deflation techniques | | | | | <u> </u> | - | | | | | | | | - | - | | - | F | |
| xxvi. | Finsured that the patient was scated comfortably with arm supported | | | | | | | | 6 | <u> </u> | | | | | | ļ | 1 | - | <u> </u> | |
| xxvii. | Documented any additional relevant observations (e.g., patient discomfort) | | | | | <u></u> | | | | | | | <u> </u> | | | | 1 | | | |
| crvili. | Provided feedback or advice if needed | | | | | | | | | | | 1 | | | - | | | | - | |
| 3 | Communication and Decumentation | | | | | | | | | | | | | - | | | | | | |
| . . | Explained the procedure and findings to the patient clearly 1 | | | | | | | | 0 | | | | | | | | | | | |
| ii. | Addressed patient questions and concerns | | | <u> </u> | | · · | | | | - | | | | | | | - | | | |
| | MARKS OBTAINED | D | | 8 | | | 25 | **; | 5 | | | | わな
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Date: - 25-11-2021

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TRAINING PROGRAM ON KSHARASUTRA PREPARATION - ACTIVITY REPORT

| Activity Name | Training program on ksharsutra preparation |
|-------------------------|---|
| Date & Time | 25-11-2021; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | Department of Shalya Tantra, K.S.V.A.M.C& R.C. , Shobhit University |
| Organized by | Department of Shalya Tantra, K.S.V.A.M.C. & R.C. |
| Coordinator Name | Dr. Ranjit Singh Manhas |
| No. of participants | 22 |
| Program Objective | • To equip participants with the comprehensive knowledge and practical skills required to prepare standardized, efficacious. |
| | • Ksharasutra for the effective management of anorectal disorders. |
| | • Participants will demonstrate the ability to prepare standardized, efficacious, |
| Program Outcome | and safe Ksharasutra, adhering to quality standards and best practices, leading to improved patient outcomes in the management of anorectal disorders. We concluded that treatment of fistula in ano by khsar sutra is simple easy and safe. |
| Photograph | ELLIPSET RACING SOL |

Coordinator



| Sr.No. | Roll No. | Name of Student | Attendance |
|--------|-------------|-----------------------|------------|
| 1. | 17014300001 | AADITYA MITTAL | Andityn |
| 2. | 17014300003 | AAYUSHI SAINI | Agyushi |
| 3. | 17014300004 | ABHINAV KUMAR | Aling |
| 4. | 17014300008 | AKASH KUMAR | Atoest |
| 5. | 17014300012 | ANAM | Anom |
| 6. | 17014300018 | ARJUN SINGH | arms |
| 7. | 17014300022 | BHEEM SINGH | thees |
| 8. | 17014300023 | BIJENDER | Bitend |
| 9. | 17014300024 | CHANDERPAL BATTAN | Chandup |
| 10. | 17014300029 | FAIZ ALAM | A. Alow |
| ii. | 17014300030 | GARIMA CHAUDHARY | Chardhar |
| 12. | 17014300031 | HONEY KASHYAP | floney |
| 13. | 17014300033 | JAVED MALIK | Taved. |
| 14. | 17014300034 | JITENDRA KUMAR | Pathi |
| 15. | 17014300040 | KUNAL RATHI | Kunal. |
| 16. | 17014300041 | LALMUNNY KUMARI GUPTA | Lalmunny |
| 17. | 17014300042 | MAHIDA KHATOON | Mahida |
| 18. | 17014300045 | MOHD ASIF | Asix |
| 19. | 17014300047 | MOHD SABAD | Sadab |
| 20. | 17014300048 | MOHD UMAR | Umas |
| 21. | 17014300049 | MOHD UWAISH | Unans |
| 22. | 17014300050 | MOSEEN KHAN | Moseem |



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Date: - 27-11-2021

TRAINING PROGRAM ON IV CANNULATION - ACTIVITY REPORT

| Activity Name | Training program on IV Cannulation |
|---------------------|---|
| Date & Time | 27-11-2021; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | Skill Lab, K.S.V.A.M.C& R.C. ,Shobhit University |
| Organized by | Department of Shalya Tantra, K.S.V.A.M.C. & R.C. |
| Coordinator Name | Dr. Ranjith |
| No. of participants | 10 |
| Program Objective | To equip participants with the necessary knowledge, skills, and confidence to perform safe and effective IV cannulation procedures. Itravenous (IV) cannulation is a technique in which a cannula is placed inside a vein to provide venous access. Venous access allows sampling of blood, as well as administration of fluids, medications, parenteral nutrition, chemotherapy, and blood products. |
| Program Outcome | Participants will be able to perform IV cannulation procedures confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced IV-related complications in clinical settings. |
| Photograph | |

Coordinator

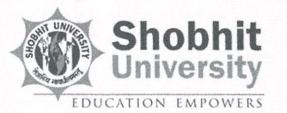




| ttendand | e Report of | Training on IV Cannulation | 27-11-2021 |
|----------|-------------|----------------------------|-----------------------|
| Sr.No. | Roll No. | Name of Student | Attendance |
| 1. | 17014300001 | AADITYA MITTAL | Aadityo |
| 2. | 17014300003 | AAYUSHI SAINI | A. Kuma |
| 3. | 17014300004 | ABHINAV KUMAR | Abhinav |
| 4. | 17014300008 | AKASH KUMAR | Aternan |
| 5. | 17014300022 | BHEEM SINGH | Bheem |
| 6. | 17014300024 | CHANDERPAL BATTAN | V |
| 7. | 17014300030 | GARIMA CHAUDHARY | Chanderta
Ghoudhar |
| 8. | 17014300031 | HONEY KASHYAP | Honey |
| 9. | 17014300048 | MOHD UMAR | Umar |
| 10. | 17014300049 | MOHD UWAISH | Vnavish |







Date: - 06-04-2022

Training Program on Nebulization Activity Report

| Activity Name | Training on Nebulization |
|---------------------|---|
| Date & Time | 06-04-2022; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | K.S.V.A.M.C& R.C., Shobhit University |
| Organized by | Department of Kayachikitsa, K.S.V.A.M.C. & R.C. |
| Faculty Name | Dr. A.P. Singh |
| No. of participants | 10 |
| Program Objective | To equip participants with the necessary knowledge, skills, and confidence to perform safe and effective nebulization procedures. |
| Program Outcome | Participants will be able to perform nebulization procedure confidently and competently, as demonstrated by successful completion of practical assessments and simulated scenarios. This will translate into improved patient care and reduced nebulization-related complications in clinical settings. |
| Photograph | |
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Coordinator M





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Training on Shiro dhara Attendence

| Bat | tch – 2018 | D | Date- 6-4-2022 |
|-------|-------------|----------------------|----------------|
| S.No. | ROLL NO. | NAME OF STUDENT | Attendence |
| 1. | 18014300001 | AASIF ALI | Agent |
| 2. | 18014300002 | AAVESH CHAUDHARY | Aquest |
| 3. | 18014300003 | ABDUL KADIR | Abdul |
| 4. | 18014300004 | ABDUL QUADIR | Abdul |
| 5. | 18014300005 | ABHILASHA | dbhilsha |
| 6. | 18014300006 | ABHISHAR SURYAVANSHI | Abhishen |
| 7. | 18014300014 | AMIT VERMA | Amit . |
| 8. | 18014300015 | ANJALI SAINI | A.Saini |
| 9. | 18014300019 | APOORVA KUSH | Aporva. |
| 10. | 18014300022 | ARUN KUMAR | Alumas |



Date: 05-12-2023

TRAINING PROGRAM ON BLS - ACTIVITY REPORT

| Activity Name | Training on BLS |
|---------------------|---|
| Date & Time | 05-12-2023; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | K.S.V.A.M.C& R.C., Shobhit University |
| Organized by | K.S.V.A.M.C. & R.C. |
| Trainer name | Dr.Rohit valiya |
| No. of participants | 22 |
| Program Objective | To equip participants with the comprehensive knowledge and practical skills required to respond to cardiac arrest emergencies and save lives. |
| Program Outcome | Improved knowledge and confidence in responding to cardiac emergencics.
Participants will be able to perform high quality chest compressions, rescue
breaths. Ability to recognise and respond to cardiac arrest, choking and other
life-threatening situations, increasing the chances of survival for cardiac arrest
victims. |
| Photograph | |

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Date : - 05 - 12 - 2023

Teacher Training program on Basic Life Support

List of participants

| S.No. | Name of
participants | School/Department | Signature |
|-------|-------------------------------|-------------------|-----------|
| 1 | Dr. Vikas Kumar
Sharma | KSVAMC & RC | AR |
| 2 | Dr. Shashidhar | KSVAMC & RC | Juma |
| 3 | Dr. S.K. Pathak | KSVAMC & RC | (Sul) |
| 4 | Dr. Madan Mohan | KSVAMC & RC | |
| 5 | Dr. Kultar Singh | KSVAMC & RC | kok |
| 6 | Dr. Triputi Dayine
Acharya | KSVAMC & RC | Ogrec |
| 7 | Dr. Ayesha | KSVAMC & RC | Ayass |
| 8 | Dr. Meenakshi
Choudhary | KSVAMC & RC | Const |
| 9 | Dr. Namit
Vashishtha | KSVAMC & RC | North |
| 10 | Dr. Kushagra Goyal | KSVAMC & RC | (12) 12 |
| 11 | Dr. Preeti Vashishtha | KSVAMC & RC | Jank |
| 12 | Dr. Sujeet | KSVAMC & RC | NUM |
| 13 | Dr. Seema Jaglan | KSVAMC & RC | Gozi |
| 14 | Dr. Shagufta
Malhotra | KSVAMC & RC | Burger |
| 15 | Dr. Khayati | KSVAMC & RC | Burid |
| 16 | Dr. Ranjit singh | KSVAMC & RC | (Dr |
| 17 | Dr. Suman | KSVAMC & RC | Em- |
| 18 | Dr. Srijith | KSVAMC & RC | ST |



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| 19 | Dr. Jitendra Rana | KSVAMC & RC | 8 Varde |
|----|-------------------|-------------|-------------------|
| 20 | Dr. Suganda Verma | KSVAMC & RC | Carpon |
| 21 | Dr. Nitin Goel | KSVAMC & RC | Ger |
| 22 | Dr. Amrita | KSVAMC & RC | Inti |
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Date-04-05-2024

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TRAINING PROGRAM ON ROAD TRAFFIC ACCIDENT - ACTIVITY REPORT

| Activity Name | Training on Road traffic Accident |
|----------------------|--|
| Date & Time | 04-05-2024; 11:00 am to 1:00 pm |
| Duration | 2 hours |
| Venue | K.S.V.A.M.C& R.C., Shobhit University |
| Organized by | K.S.V.A.M.C. & R.C. |
| Trainer name | Dr. Shruti |
| No. of participants | 15 |
| Program
Objective | Improve emergency response and first aid skills. Reduce the number of road traffic accidents and related injuries. Increase awareness about road safety and responsible driving practices. Promote safe road user behaviour among drivers, pedestrians, and cyclists. Improve emergency response and first aid skills. |
| Program
Outcome | 80% of participants will demonstrate knowledge of road safety rules and regulations. 90% of participants will report increased awareness of potential road hazards. 85% of participants will adopt safe driving practices (e.g., wearing seatbelts, avoiding distractions). |
| Photograph | |



Date: - 04 - 05 - 2024

Teacher Training program on Road Traffic Accident

List of participants

| S.No. | Name of
participants | School/Department | Signature |
|-------|----------------------------|-------------------|-----------------------|
| 1 | Dr. Vikas Kumar
Sharma | KSVAMC & RC | ARR |
| 2 | Dr. Krishnanand C | KSVAMC & RC | Kr |
| 3 | Dr. S.K. Pathak | KSVAMC & RC | SKK |
| 4 | Dr. Madan Mohan | KSVAMC & RC | \bigcirc |
| 5 | Dr. Kultar Singh | KSVAMC & RC | (Kur |
| 6 | Dr. Shalini | KSVAMC & RC | Shatto |
| 7 | Dr. Sugandha | KSVAMC & RC | Angen |
| 8 | Dr. Meenakshi
Choudhary | KSVAMC & RC | man |
| 9 | Dr. Namit Vashishtha | KSVAMC & RC | Harris |
| 10 | Dr. Kushagra Goyal | KSVAMC & RC | (b) mz |
| 11 | Dr. Preeti Vashishtha | KSVAMC & RC | freet |
| 12 | Dr. Shruti | KSVAMC & RC | Avertue |
| 13 | Dr. Narendra
Chanchal | KSVAMC & RC | Narendren
Harfreit |
| 14 | Dr. Manpreet | KSVAMC & RC | Harfreet |
| 15 | Dr. Kiran Bahuguna | KSVAMC & RC | A. |





Date: 26-11-2022

TRAINING PROGRAM ON CHOKING - ACTIVITY REPORT

| Activity Name | Training on Choking | | |
|------------------------|--|--|--|
| Date & Time | 26-11-2022; 11:00 am to 1:00 pm | | |
| Duration | 2 hours | | |
| Venue | K.S.V.A.M.C& R.C., Shobhit University | | |
| Organized by | K.S.V.A.M.C. & R.C. | | |
| Trainer name | Dr. Nitin Goel | | |
| No. of
participants | 15 | | |
| Program
Objective | Increase awareness about choking hazards and prevention strategies. Reduce the incidence of choking related injuries and deaths. Educate the incidence of choking-related injuries and deaths. Improve confidence in responding to choking emergencies | | |
| Program
Outcome | Participants will be able to identify common choking hazards. Participants will demonstrate proper choking response techniques (back blows abdominal thrusts) Participants will understand when to call emergency services. Participants will know how to create a choking-safe environment. | | |
| Photograph | | | |

Registrat REGISTRAR 1004 Saharanpur (U.P



Date: - 26 - 11 - 2022

Teacher Training programme on Choking

List of participants

| S.No. | Name of participants | School/Department | Signature |
|-------|--------------------------------|-------------------|-----------|
| 1 | Dr. Vikas Kumar Sharma | KSVAMC & RC | MAR |
| 2 | Dr. Krishnanand C | KSVAMC & RC | Kus |
| 3 | Dr. S.K Pathak | KSVAMC & RC | 63105 |
| 4 | Dr. Madan Mohan | KSVAMC & RC | CA |
| 5 | Dr. Kultar Singh | KSVAMC & RC | Jun |
| 6 | Dr. Triputi Dayinee
Acharya | KSVAMC & RC | Datient |
| 7 | Dr. Sugandha | KSVAMC & RC | August |
| 8 | Dr. Meenakshi
Choudhary | KSVAMC & RC | hand |
| 9 | Dr. Namit Vashishtha | KSVAMC & RC | Non |
| 10 | Dr. Kushagra Goyal | KSVAMC & RC | (KKI, |
| 11 | Dr. Preeti Vashishtha | KSVAMC & RC | Rub |
| 12 | Dr.Suman | KSVAMC & RC | (Some 1 |
| 13 | Dr. Seema Jaglan | KSVAMC & RC | Sta. |
| 14 | Dr. Shagufta Malhotra | KSVAMC & RC | Brows |
| 15 | Dr. A.P. Singh | KSVAMC & RC | (VS) |





Date: 03-09-2021

TRAINING PROGRAM ON BLS - ACTIVITY REPORT

| Activity Name | Training on BLS | | |
|------------------------|---|--|--|
| Date & Time | 03-9-2021; 11:00 am to 1:00 pm | | |
| Duration | 2 hours | | |
| Venue | K.S.V.A.M.C& R.C., Shobhit University | | |
| Organized by | K.S.V.A.M.C. & R.C. | | |
| Trainer name | Dr.Shaguftamalhotra | | |
| No. of
participants | 22.5 | | |
| Program
Objective | To equip participants with the comprehensive knowledge and practical skills required to respond to cardiac arrest emergencies and save lives. The objective of basic life support training is to teach participants how to respond to life threating emergencies such as cardiac arrest respiratory distress or an obstructed air way. | | |
| Program
Outcome | Improved knowledge and confidence in responding to cardiac emergencies. Participants will be able to perform high quality chest compressions, rescue breaths. Ability to recognise and respond to cardiac arrest, choking and other life threatening situations, increasing the chances of survival for cardiac arrest victims. | | |
| Photograph | | | |





Date : - 03 - 09 - 2021

Teacher Training program on Basic Life Support

List of participants

| S.No. | Name of
participants | School/Department | Signature |
|-------|-------------------------------|-------------------|------------|
| 1 | Dr. Vikas Kumar
Sharma | KSVAMC & RC | MR |
| 2 | Dr. Sunil | KSVAMC & RC | - King |
| 3 | Dr. S.K. Pathak | KSVAMC & RC | gel |
| 4 | Dr. Madan Mohan | KSVAMC & RC | atour |
| 5 | Dr. Kultar Singh | KSVAMC & RC | and . |
| 6 | Dr. Triputi Dayine
Acharya | KSVAMC & RC | Corré |
| 7 | Dr. Jitendra Rana | KSVAMC & RC | Rue |
| 8 | Dr. Meenakshi
Choudhary | KSVAMC & RC | (Mars- |
| 9 | Dr. Namit
Vashishtha | KSVAMC & RC | Nanot |
| 10 | Dr. Kushagra Goyal | KSVAMC & RC | (KMZ |
| 11 | Dr. Preeti Vashishtha | KSVAMC & RC | Prut |
| 12 | Dr. Shalini | KSVAMC & RC | Shalin |
| 13 | Dr. Seema Jaglan | KSVAMC & RC | Contr. |
| 14 | Dr. Shagufta
Malhotra | KSVAMC & RC | Anost. |
| 15 | Dr. A.P. Singh | KSVAMC & RC | (BTZ |
| 16 | Dr. Ranjit singh | KSVAMC & RC | Di |
| 17 | Dr. Suman | KSVAMC & RC | Chardhenry |
| 18 | Dr. Jitendra Rana | KSVAMC & RC | Tana |



| 19 | Dr. Monika | KSVAMC & RC | MOUTE |
|----|-------------------|-------------|----------|
| 20 | Dr. Suganda Verma | KSVAMC & RC | Sigdrehn |
| 21 | Dr. Savita | KSVAMC & RC | Savita |
| 22 | Dr. Amrita | KSVAMC & RC | anti |

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