CBME UG Curriculum
Skill and Simulation Training Module as per NMC guidelines

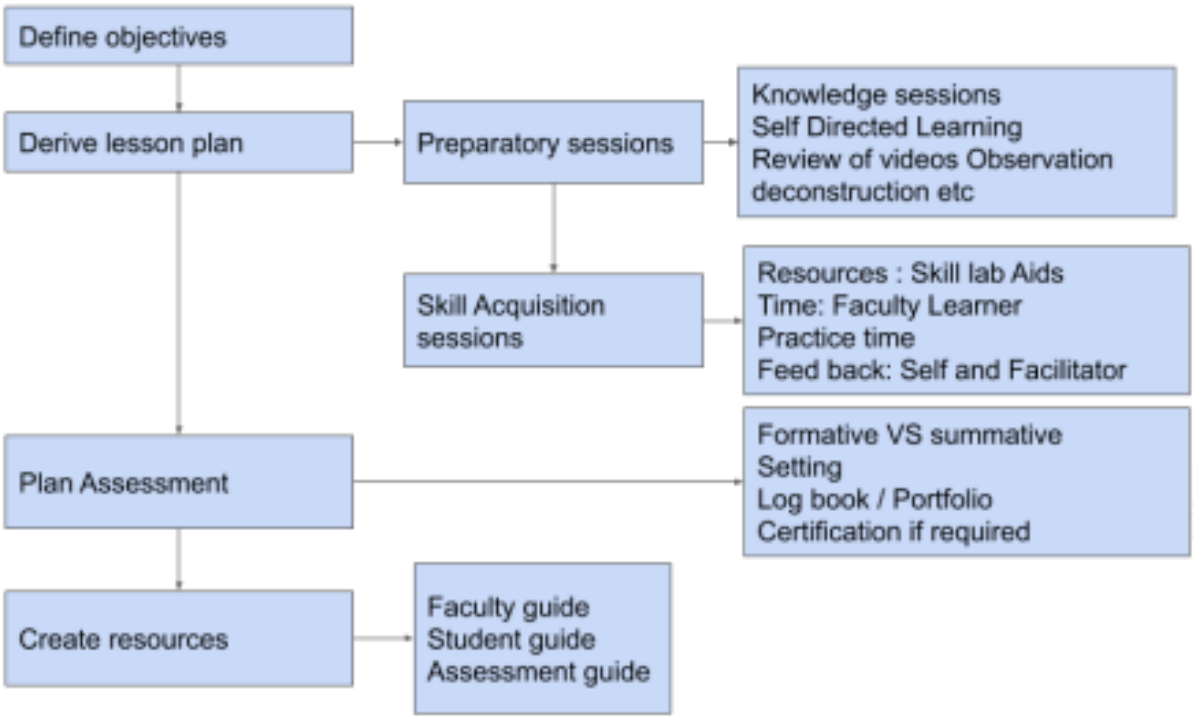
Skill - is the ability to perform a task leading to a specific predefined outcome.

Skill may be:

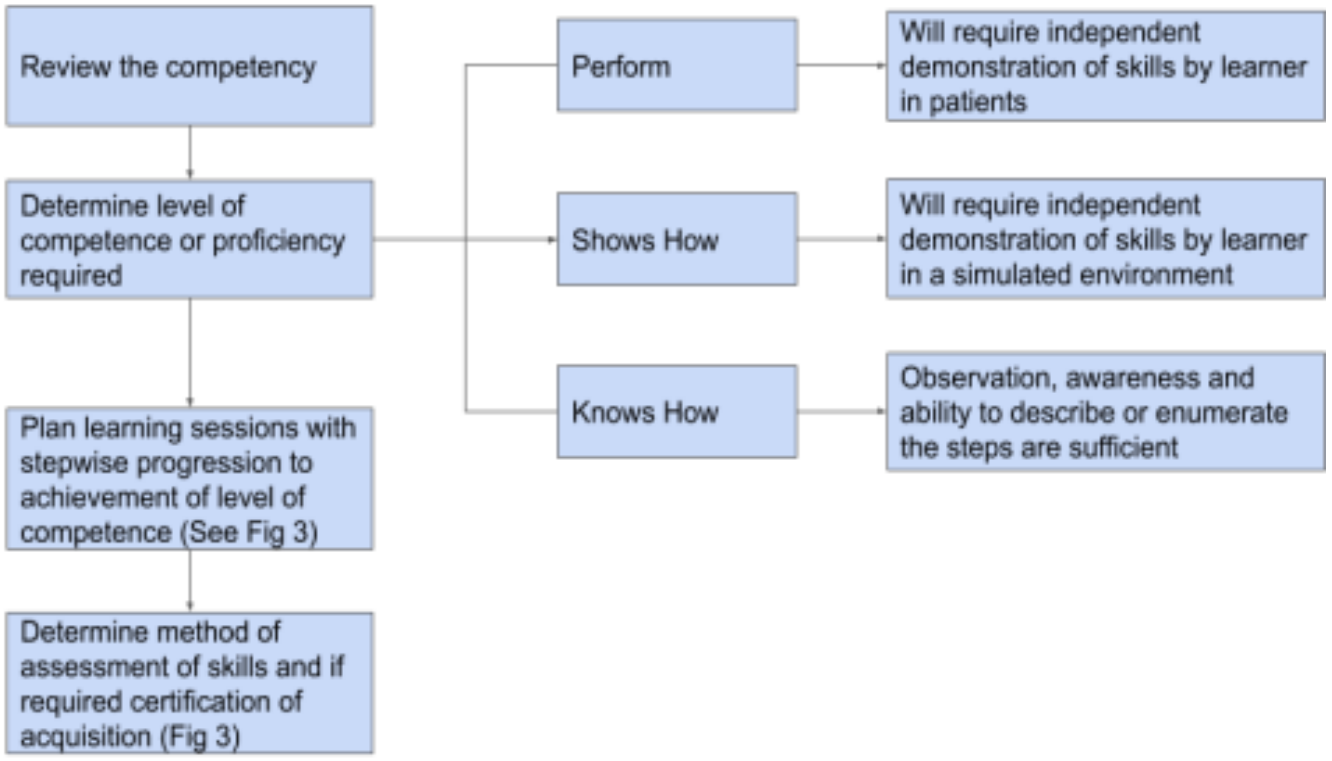
a) Intellectual or cognitive which includes clinical reasoning and decision making skills,
b) Procedural or psychomotor skills that require manual dexterity and include laboratory and clinical skills,
c) Communication skills,
d) Team skills including leadership skills.

The general principles of skill acquisition and its application are:
a) Outcome is predefined for the phase and level of training,
b) Standard approved process of acquisition including required steps are clearly outlined,
c) Learners are provided opportunity to progressively acquire and practice repeatedly under supervision, in a structured format and in a safe, non-threatening environment, and
d) Opportunities are made available for self-assessment and improvement, feedback and assessment of performance

Approach to Competency based Skill development as per NMC guidelines.



Planning a Skill session as per NMC guidelines



A Comprehensive list of skills recommended as desirable for Bachelor of Medicine and Bachelor of Surgery (MBBS) – Indian Medical Graduate

Specialty	Procedure
General Medicine	• Venipuncture (I) • Intramuscular injection (I) • Intradermal injection (D) • Subcutaneous injection (I) • Intra Venous (IV) injection (I) • Setting up IV infusion and calculating drip rate (I) • Blood transfusion (O) • Urinary catheterization (D) • Basic life support (D) • Oxygen therapy (I) • Aerosol therapy / nebulization (I) • Ryle's tube insertion (D) • Lumbar puncture (O) • Pleural and ascitic aspiration (O) • Cardiac resuscitation (D) • Peripheral blood smear interpretation (I) • Bedside urine analysis (D)
General Surgery	• Basic suturing (I) • Basic wound care (I) • Basic bandaging (I) • Incision and drainage of superficial abscess (I) • Early management of trauma (I) and trauma life support (D)
Orthopedics	• Application of basic splints and slings (I) • Basic fracture and dislocation management (O) • Compression bandage (I)

Gynecology	• Per Speculum (PS) and Per Vaginal (PV) examination (I) • Visual Inspection of Cervix with Acetic Acid (VIA) (O) • Pap Smear sample collection & interpretation (I) • Intra- Uterine Contraceptive Device (IUCD) insertion & removal (I)
Obstetrics	• Obstetric examination (I) • Episiotomy (I) • Normal labor and delivery (including partogram) (I)
Pediatrics	• Neonatal resuscitation (D) • Setting up Pediatric IV infusion and calculating drip rate (I) • Setting up Pediatric Intraosseous line (O)
Forensic Medicine	• Documentation and certification of trauma (I) • Diagnosis and certification of death (D) • Legal documentation related to emergency cases (D) • Certification of medical-legal cases e.g. Age estimation, sexual assault etc. (D) • Establishing communication in medico-legal cases with police, public health authorities, other concerned departments, etc. (D)
Otorhinolaryngology	• Anterior nasal packing (D) • Otoscopy (I)
Ophthalmology	• Visual acuity testing (I) • Digital tonometry (D) • Indirect ophthalmoscopy (O) • Epilation (O) • Eye irrigation (I) • Instillation of eye medication (I) • Ocular bandaging (I)
Dermatology	• Slit skin smear for leprosy (O) • Skin biopsy (O) • Gram's stained smear interpretation (I) • KOH examination of scrapings for fungus (D) • Dark ground illumination (O) • Tissue smear (O) • Cautery - Chemical and electrical (O)

I- Independently performed on patients,
O- Observed in patients or on simulations,
D- Demonstration on patients or simulations and performance under supervision in patients

Certification of Skills: Any faculty member of concerned department can certify skills. For common procedures, the certifying faculty may be decided locally.

Methods for teaching intellectual skills:

SNAPPS model
The One Minute Preceptor (OMP) model
Reflection and metacognition

Method for teaching psychomotor skill:

Peyton's Four-Step Approach is been followed.
Peyton's approach combines multiple aspects of learning theory.
The Four-Step Approach consists of the following four clearly defined steps:
1. The trainer demonstrates the skill in real time without giving instructions or explanatory words ("Demonstration").
2. The trainer repeats the procedure, this time describing all necessary sub-steps ("Deconstruction").
3. The trainer performs the skill for a third time, this time following the sub-steps only as described to him by the trainee ("Comprehension").
4. The trainee performs the skill on his/her own ("Performance").

Method and theory for communication skills

The AETCOM module

Methods for teaching team Skills

Immersive learning through simulation scenarios

Outline of a Session Plan

Name of the group:

Facilitator/ Supervisor/ Faculty:

Parameter	Description
Name of the lesson	
Number of learners	
Objectives of the session	
Primary teaching method chosen	
Break up of the session	Step 1 Step 2 Step 3 Step 4 Step 5
Teaching aids required	
Infrastructure required	
Student preparation required/ prior reading required	
Assessment method chosen	
Other comments	

General Medicine Competencies addressed in Skill Lab

Number	Competency The student should be able to
IM1.11	Perform and demonstrate a systematic examination based on the history that will help establish the diagnosis and estimate its severity including: measurement of pulse, blood pressure and respiratory rate, jugular venous forms and pulses, peripheral pulses, conjunctiva and fundus, lung, cardiac examination including palpation and auscultation with identification of heart sounds and murmurs, abdominal distension and splenic palpation
IM1.15	Identify and describe the timing, pitch quality conduction and significance of precordial murmurs and their variations
IM1.17	Order and interpret diagnostic testing based on the clinical diagnosis including 12 lead ECG, Chest radiograph, blood cultures
IM1.18	Perform and interpret a 12 lead ECG
IM1.30	Administer an intramuscular injection with an appropriate explanation to the patient
IM2.10	Order, perform and interpret an ECG
IM2.21	Observe and participate in a controlled environment an ACLS program
IM2.22	Perform and demonstrate in a mannequin BLS
IM3.8	Demonstrate in a mannequin and interpret results of an arterial blood gas examination
IM3.9	Demonstrate in a mannequin and interpret results of a pleural fluid aspiration
IM3.10	Demonstrate the correct technique in a mannequin and interpret results of a blood culture
IM4.17	Observe and assist in the performance of a bone marrow aspiration and biopsy in a simulated environment
IM6.15	Demonstrate in a model the correct technique to perform a lumbar puncture
IM8.14	Develop an appropriate treatment plan for essential hypertension
IM8.17	Perform and interpret a 12 lead ECG
IM10.20	Describe and discuss the indications to perform arterial blood gas analysis: interpret the data
IM10.21	Describe and discuss the indications for and insert a peripheral intravenous catheter
IM11.12	Perform and interpret a capillary blood glucose test
IM11.13	Perform and interpret a urinary ketone estimation with a dipstick
IM12.10	Identify atrial fibrillation, pericardial effusion, and bradycardia on ECG
IM13.9	Demonstrate in a mannequin the correct technique for performing breast exam rectal examination and cervical examination and pap smear

IM14.9	Order and interpret diagnostic tests based on the clinical diagnosis including blood glucose, lipids, thyroid function tests etc.
IM15.7	Demonstrate the correct technique to perform an anal and rectal examination in a mannequin or equivalent
IM17.8	Demonstrate in a mannequin or equivalent the correct technique for performing a lumbar puncture
IM26.20	Demonstrate ability to communicate to patients in a patient, respectful, non-threatening, non-judgmental and empathetic manner
IM26.21	Demonstrate respect to patient privacy

General Surgery Competencies addressed in Skill Lab

Number	Competency The student should be able to
SU10.4	Perform basic surgical Skills such as First aid including suturing and minor surgical procedures in simulated environment
SU11.3	Demonstrate maintenance of an airway in a mannequin or equivalent
SU13.4	Counsel patients and relatives on organ donation in a simulated environment
SU14.3	Describe the materials and methods used for surgical wound closure and anastomosis (sutures, knots, and needles)
SU14.4	Demonstrate the techniques of asepsis and suturing in a simulated environment
SU17.2	Demonstrate the steps in Basic Life Support. Transport of injured patient in a simulated environment
SU17.10	Demonstrate Airway maintenance. Recognize and manage tension pneumothorax, hemothorax and flail chest in simulated environment
SU25.4	Counsel the patient and obtain informed consent for treatment of malignant conditions of the breast
SU25.5	Demonstrate the correct technique to palpate the breast for breast swelling in a mannequin or equivalent
SU28.18	Describe and demonstrate clinical examination of abdomen. Order relevant investigations. Describe and discuss appropriate treatment plan
SU29.10	Demonstrate a digital rectal examination of the prostate in a mannequin or equivalent

Pediatrics Competencies addressed in Skill Lab

Number	Competency The student should be able to
PE15.6	Demonstrate the steps of inserting an IV cannula in a model
PE15.7	Demonstrate the steps of inserting an interosseous line in a mannequin
PE18.4	Provide intra-natal care and conduct a normal delivery in a simulated environment
PE20.3	Perform Neonatal resuscitation in a manikin
PE20.4	Assessment of a normal neonate
PE21.11	Perform and interpret the common analytes in a Urine examination
PE23.10	Perform independently examination of the cardiovascular system – look for precordial bulge, pulsations in the precordium, JVP and its significance in children and infants, relevance of percussion in Pediatric examination, Auscultation and other system examination and document
PE23.14	Interpret Pediatric ECG
PE24.14	Plan fluid management as per the WHO criteria
PE24.15	Perform NG tube insertion in a manikin
PE24.16	Perform IV cannulation in a model
PE24.17	Perform Interosseous insertion model
PE27.9	Discuss oxygen therapy, in Pediatric emergencies and modes of administration
PE27.10	Observe the various methods of administering Oxygen
PE27.16	Assess airway and breathing. Demonstrate the method of positioning of an infant & child to open airway in a simulated environment
PE27.17	Assess airway and breathing: administer oxygen using correct technique and appropriate flow rate
PE27.18	Assess airway and breathing: perform assisted ventilation by Bag and mask in a simulated environment
PE27.20	Secure an IV access in a simulated environment
PF27.21	Choose the type of fluid and calculate the fluid requirement in shock
PE27.22	Assess level of consciousness & provide emergency treatment to a child with convulsions/ coma - Position an unconscious child - Position a child with suspected trauma - Administer IV/per rectal Diazepam for a convulsing child in a simulated environment
PE27.28	Provide BLS for children in manikin
PE29.12	Perform examination of the abdomen, demonstrate organomegaly

PE30.23	Perform in a mannequin lumbar puncture. Discuss the indications, contraindication of the procedure
PE31.11	Observe administration of Nebulization

Ophthalmology Competencies addressed in Skill Lab

Number	Competency The student should be able to
OP8.3	Demonstrate the correct technique of a fundus examination and describe and distinguish the funduscopic features in a normal condition and in conditions causing an abnormal retinal exam

Otorhinolaryngology Competencies addressed in Skill Lab

Number	Competency The student should be able to
EN3.1	Observe and describe the indications for and steps involved in the performance of Otomicroscopic examination in a simulated environment
EN4.9	Demonstrate the correct technique for syringing wax from the ear in a simulated environment

Obstetrics & Gynecology Competencies addressed in Skill Lab

Number	Competency The student should be able to
OG2.1	Describe and discuss the development and anatomy of the female reproductive tract, relationship to other pelvic organs, applied anatomy as related to Obstetrics and Gynecology.
OG8.3	Describe, demonstrate, document and perform an obstetrical examination including a general and abdominal examination and clinical monitoring of maternal and fetal well-being;
OG13.4	Demonstrate the stages of normal labor in a simulated environment / mannequin and counsel on methods of safe abortion.
OG15.2	Observe and assist in the performance of an episiotomy and demonstrate the correct suturing technique of an episiotomy in a simulated environment. Observe/Assist in operative obstetrics cases – including - CS, Forceps, vacuum extraction, and breech delivery
OG17.2	Counsel in a simulated environment, care of the breast, importance and the technique of breast feeding

OG18.2	Demonstrate the steps of neonatal resuscitation in a simulated environment
OG19.2	Counsel in a simulated environment, contraception and puerperal sterilization
OG19.4	Enumerate the indications for, describe the steps in and insert and remove an intrauterine device in a simulated environment
OG20.2	In a simulated environment administer informed consent to a person wishing to undergo Medical Termination of Pregnancy
OG33.3	Describe and demonstrate the screening for cervical cancer in a simulated environment
OG34.4	Operative Gynecology : Understand and describe the technique and complications: Dilatation & Curettage (D&C); EA-ECC; cervical biopsy; abdominal hysterectomy; myomectomy; surgery for ovarian tumors; staging laparotomy; vaginal hysterectomy including pelvic floor repair; Fothergill's operation, Laparoscopy; hysteroscopy; management of postoperative complications
OG35.12	Obtain a PAP smear in a simulated environment
OG35.14	Demonstrate the correct technique to perform and suture episiotomies in a simulated/ supervised environment
OG35.15	Demonstrate the correct technique to insert and remove an IUD in a simulated/ supervised environment
OG35.16	Diagnose and provide emergency management of antepartum and postpartum hemorrhage in a simulated / guided environment
OG35.17	Demonstrate the correct technique of urinary catheterization in a simulated/ supervised environment
OG36.3	Demonstrate the correct technique of punch biopsy of uterus in a simulated/ supervised environment

Orthopedics Competencies addressed in Skill Lab

Number	Competency The student should be able to
OR13.1	Participate in a team for procedures in patients and demonstrating the ability to perform on mannequins / simulated patients in the following: i. Above elbow plaster ii. Below knee plaster iii. Above knee plaster iv. Thomas splint v. splinting for long bone fractures vi. Strapping for shoulder and clavicle trauma.
OR13.2	Participate as a member in team for Resuscitation of Polytrauma victim by doing all of the following : (a) I.V. access central - peripheral

	(b) Bladder catheterization (c) Endotracheal intubation (d) Splintage

Anesthesiology Competencies addressed in Skill Lab

Number	Competency The student should be able to
AS1.1	Describe the evolution of Anaesthesiology as a modern specialty
AS2.1	Enumerate the indications, describe the steps and demonstrate in a simulated environment, Basic Life Support in adults, children and neonates
AS2.2	Enumerate the indications, describe the steps and demonstrate in a simulated environment, Advanced Life Support in adults and children
AS9.1	Establish intravenous access in a simulated environment
AS9.2	Establish central venous access in a simulated environment

Sample Module -1

Name of the group: Phase III Students

Facilitator/ Supervisor/ Faculty:

Name of the lesson: Pediatric Intravenous Cannulation

Parameter	Description
Name of the lesson	Pediatric Intravenous Cannulation
Number of Learners	15
Objective of the session	By the end of the session participants should be 1. Able to identify the indication & Contraindications for Securing IV line 2. Able to Secure IV line as per Standard Procedural Guideline.
Primary teaching method chosen	Mannequin in a Skills lab
Breakup of the session	**Steps in Pediatric intravenous cannulation** **Preparation** • Explain the procedure to the child and the family without using technical jargon. Tell about the indication for cannulation. 32 • Obtain informed or implied consent, following procedure discussion, risks, and benefits. Consider the age and competence of the child for consent or assent to the procedure. • Select the vein to be cannulated. The vein should be wide, straight, palpable, nontortuous and non-sclerosed. Avoid veins close to the joints or bony prominences. Avoid using dominant hand or paralyzed limb. • Always apply universal precautions. • Both visualize and palpate the vein to be cannulated. There is a slight 'give' over the vessel compared to other tissues. • Disinfect overlying skin. • Use appropriate procedures (toys, music, stories etc.) to distract the child during procedure. For a very irritable child, use of oral sedatives may be considered in consultation with the consultant I/C. • Avoid using the bed for performing the procedure. A procedure room is better. The room should be adequately lighted and have provision for a spot light.

	• Select the correct type and size of the cannula, depending on the indication for cannulation. Should be able to identify the size of the cannula by its color coding. • Have all the equipments on an autoclaved tray. Procedure • Seek the assistance of a colleague or a nurse to hold the child's limb. • Position yourself comfortably. Wear the appropriate size gloves using all antiseptic precautions. • Apply a tourniquet 2-3inches above the intended site. Check for signs of arterial occlusion like blanching or absence of pulse. • Instruct the child to clench the fist which will improve venous filling. • Disinfect the site with appropriate antiseptic swab and allow it to dry naturally. 33 • Take out the cannula and hold it firmly, bevel side up. Look for any signs of breakage. • Stabilize the vein by stretching the skin over it. • Using a 'no-touch' technique, insert the cannula distal to and along the line of the vein keeping it 10-45 degrees to the skin. This will prevent the cannula piercing the opposite wall. After insertion, check flashback of blood into hub. If blood is seen, advance cannula slightly further without stylet and stabilize. Apply pressure to tip of cannula to stabilize it and remove stylet. • Release the tourniquet. • Flush the cannula with normal saline to see the free flow. • Once in place, lower the cannula so that it is now resting on the skin. Request your colleague to help with securing the cannula using a hypo-allergenic tape. Avoid elastic tapes. • Connect a 3 way connector/ IV set depending on the indication. • Start the flow of fluid. Watch for any extravasation of fluid. If it happens, stop the flow. Re-attempt the cannulation at a site proximal to the previous one. Do not make more than 02 attempts. Request a senior colleague if you are not successful even after 02 attempts. • Apply a clean splint to stabilize the limb. Dress with a sterile dressing. • Fingers/toes should not be covered and remain visible. • Write the date and time of insertion on a sticker and place over the dressing.

	Complications • Thrombosis • Hemorrhage • Phlebitis • Local site infection 34 • Extravasation of fluids/medications • Counter puncture of the vessel wall • Gangrene of fingers/toes
Teaching aids required	Audio- Visual, Equipments required – • Gloves, which fit comfortably but are tight, especially at finger tips, • Skin disinfectant (Alcohol Swabs), • 22-26 gauge IV catheter / butterfly needle, • Adhesive tape, • Syringe (2to 10 cc, depending on the age of the child), • Normal saline • Sample collection bottles • Infusion set, elastic tourniquet • Clinical waste dustbin.
Infrastructure required	Skill & Simulation Center with adequate IV Limb Task Trainers
Student preparation required/ prior reading required	Knowledge of superficial veins on the limbs, Knowledge of indications/ contraindications of IV access, At least 5 successful supervised practice sessions on arm of rubber mannequin. Should have independently performed at least 02 insertions on an adult patient
Assessment method chosen	The procedure is to be assessed by a faculty member using DOPS format and feedback provided. OSCE
Other comments	

Sample Module -2

Name of the group: Phase II & III Students

Facilitator/ Supervisor/ Faculty:

Name of the lesson: NORMAL DELIVERY AND ACTIVE MANAGEMENT OF THIRD STAGE OF LABOUR

Parameter:	Description
Name of the lesson :-	NORMAL DELIVERY
Number of learners	10-20
Objectives of the session	By the completion of this module, the student will be able to: a. Enumerate the stages of labour (K) b. Select the equipment needed for conducting (SH) c. Cousel and encourage the women to continue bearing down efforts(SH) d. Demonstrate correct method of conduct of labour (SH) e. Demonstrate delivery of placenta and active management of third stage of labour(SH)

Primary teaching method chosen	MAMMANATALE
Breakup of the session	• GETTING READY • The necessary equipment set ready and women woman to adopt the position of choice and continue spontaneous bearing-down efforts. Women is told what is going to be done and continual emotional support and reassurance is given. • ASSISTING THE BIRTH • Wash hands thoroughly with soap and water and dry with a clean, dry cloth or air dry • Put high-level disinfected or sterile surgical gloves on both hands • Clean the woman's perineum with a cloth or compress, wet with antiseptic solution or soap and water, wiping from front to back. • Place one sterile drape from delivery pack under the woman's buttocks, one over her abdomen, and use the third drape to receive the baby. • Birth of the Head • Ask the woman to pant or give only small pushes with contractions as the baby's head is born. (Put blanket or towel on woman's abdomen.) • As the pressure of the head thins out the perineum, control the birth of the head with the fingers of one hand, applying a firm, gentle downward (but not restrictive) pressure to maintain flexion, allow natural stretching of the perineal tissue, and prevent tears. • Use the other hand to support the perineum using a compress or cloth, and allow the head to crown slowly and be born spontaneously. • Wipe the mucus (and membranes, if necessary) from the baby's mouth and nose with a clean cloth. • Feel around the baby's neck to ensure the umbilical cord is not around the neck: • If the cord is around the neck but is loose, slip it over the baby's head; • If the cord is loose but cannot reach over the baby's head, slip it backwards over the shoulders; • If the cord is tight around the neck, clamp the cord with two artery forceps, placed 3 cm apart, and cut the cord between the two clamps. • Completing the Birth • Allow the baby's head to turn spontaneously.

	• After the head turns, place a hand on each side of the baby's head, over the ears, and apply slow, gentle pressure downward (toward the mother's spine) and outward until the anterior shoulder slips under the pubic bone. • When the arm fold is seen, guide the head upward toward the mother's abdomen as the posterior shoulder is born over the perineum • Lift the baby's head anteriorly to deliver the posterior shoulder • Move the topmost hand from the head to support the rest of the baby's body as it slides out. • Place the baby on the mother's abdomen (if the mother is unable to hold the baby, ask her birth companion or an assistant to care for the baby). • Thoroughly dry the baby and cover with a clean, dry cloth: • Assess breathing while drying the baby and if s/he does not breathe immediately, begin resuscitative measures (see Learning Guide: Newborn Resuscitation). • Note time of birth • ACTIVE MANAGEMENT OF THIRD STAGE OF LABOR • Give oxytocin 10 units IM. • Clamp and cut the umbilical cord after pulsations have ceased or approximately 2–3 minutes after the birth, whichever comes first: • Tie the cord at about 3 cm and 5 cm from the umbilicus; • Cut the cord between the ties. • Place the infant on the mother's chest • Clamp the cord close to the perineum and hold the clamped cord and the end of the clamp in one hand • Place the other hand just above the pubic bone and gently apply counter traction (push upwards on the uterus) to stabilize the uterus and prevent uterine inversion. • Keep light tension on the cord and wait for a strong uterine contraction (two to three minutes). • When the uterus becomes rounded or the cord lengthens, very gently pull downward on the cord to deliver the placenta. • Continue to apply counter traction with the other hand. • If the placenta does not descend during 30 to 40 seconds of controlled cord traction, relax the tension and repeat with the next contraction.

	• As the placenta delivers, hold it with both hands and twist slowly so the membranes are expelled intact: • If the membranes do not slip out spontaneously, gently twist them into a rope and move up and down to assist separation without tearing them • Slowly pull to complete delivery • Massage the uterus if it is not well contracted. Note time of delivery of placenta. • Examination of Placenta • Hold placenta in palms of hands, with maternal side facing upwards, and check whether all lobules are present and fit together. • Hold cord with one hand and allow placenta and membranes to hang down: • • Insert fingers of other hand inside membranes, with fingers spread out, and inspect membranes for completeness; • • Note position of cord insertion. • Examination of Vagina and Perineum for Tears • Gently separate the labia and inspect lower vagina for lacerations/tears • Inspect the perineum for lacerations/tears • Gently cleanse the perineum with warm water and a clean cloth • Apply a clean pad or cloth to the vulva. • Assist the mother to a comfortable position for continued breastfeeding and bonding with her newborn. (Further assessment and immunization of the newborn can occur later before the mother is discharged or the skilled attendant leaves.) • POST-PROCEDURE TASKS • Place any contaminated items (e.g., swabs) in a plastic bag or leak-proof, covered waste container • Decontaminate instruments by placing in a container filled with 0.5% chlorine solution for 10 minutes • Decontaminate needles and or syringes: • • If disposing of needle and syringe, hold the needle under the surface of a 0.5% chlorine solution, fill the syringe, and push out (flush) three times; then place in a puncture-resistant sharps container; • • If reusing the syringe (and needle), fill syringe with needle attached with 0.5% chlorine solution and soak in chlorine solution for 10 minutes for decontamination • Immerse both gloved hands briefly in a

	container filled with 0.5% chlorine solution; then remove gloves by turning them inside out: • If disposing of gloves (examination gloves and surgical gloves that will not be reused), place in a plastic bag or leak-proof, covered waste container; • If reusing surgical gloves, submerge in 0.5% chlorine solution for 10 minutes for decontamination. • Wash hands thoroughly with soap and water and dry with clean, dry cloth or air dry.
Teaching aids required	DEMONSTRATION USING MANNEQUIN
Infrastructure required	Tray consisting of 1.Disposable sterile gloves, 2.Sterile gauge pad 3.2 clamps 4. umbilical cord cutting scissors 5. betadine
Student preparation required/ prior reading required	BACKGROUND THEORY KNOWLEDGE ON STAGES OF LABOUR MECHANISM OF LABOUR STEPS INVOLVED IN CONDUCTED OF LABOUR ACTIVE MANAGEMENT OF THIRD STAGE OF LABOR
Assessment method chosen	OSCE (see EVALUATION FORM)

S.No	CHECKLIST FOR NORMAL DELIVERY AND AMTSL	OBSERVATIONS				
1	**GETTING READY**					
	• Prepare the necessary equipment.					
	• Encourage the woman to adopt the position of choice and continue spontaneous bearing-down efforts					
	• Tell the woman what is going to be done, listen to her, and respond attentively to her questions and concerns.					
	• Provide continual emotional support and reassurance, as feasible.					
	• Put on personal protective barriers.					
2	**ASSISTING THE BIRTH**					
	• Wash hands thoroughly with soap and water and dry with a clean, dry cloth or air dry					
	• Put high-level disinfected or sterile surgical gloves on both hands					
	• Clean the woman's perineum with a cloth or compress, wet with antiseptic solution or soap and water, wiping from front to back.					
	• Place one sterile drape from delivery pack under the woman's buttocks, one over her abdomen, and use the third drape to receive the baby.					
	Birth of the Head					
	• Ask the woman to pant or give only small pushes with contractions as the baby's head is born. (Put blanket or towel on woman's abdomen.)					
	• As the pressure of the head thins out the perineum, control the birth of the head with the fingers of one hand, applying a firm, gentle downward (but not restrictive) pressure to maintain flexion, allow natural stretching of the perineal tissue, and prevent tears.					
	• Use the other hand to support the perineum using a compress or cloth, and allow the head to crown slowly and be born spontaneously.					
	• Wipe the mucus (and membranes, if necessary) from the baby's mouth and nose with a clean cloth.					
	• Feel around the baby's neck to ensure the umbilical cord is not around the neck: • If the cord is around the neck but is loose, slip it over the baby's head; • If the cord is loose but cannot reach over the baby's head, slip it backwards over the shoulders; • If the cord is tight around the neck, clamp the cord with two artery forceps, placed 3 cm apart, and cut the cord between the two clamps.					
	Completing the Birth					
	• Allow the baby's head to turn spontaneously.					
	• After the head turns, place a hand on each side of the baby's head, over the ears, and apply slow,					

	gentle pressure downward (toward the mother's spine) and outward until the anterior shoulder slips under the pubic bone.					
	• When the arm fold is seen, guide the head upward toward the mother's abdomen as the posterior shoulder is born over the perineum					
	• Lift the baby's head anteriorly to deliver the posterior shoulder					
	• Move the topmost hand from the head to support the rest of the baby's body as it slides out.					
	• Place the baby on the mother's abdomen (if the mother is unable to hold the baby, ask her birth companion or an assistant to care for the baby).					
	• Thoroughly dry the baby and cover with a clean, dry cloth: • Assess breathing while drying the baby and if s/he does not breathe immediately, begin resuscitative measures (see **Learning Guide: Newborn Resuscitation**). • Note time of birth					
3	**ACTIVE MANAGEMENT OF THIRD STAGE OF LABOR**					
	• Give oxytocin 10 units IM.					
	• Clamp and cut the umbilical cord after pulsations have ceased or approximately 2–3 minutes after the birth, whichever comes first: • Tie the cord at about 3 cm and 5 cm from the umbilicus; • Cut the cord between the ties. • Place the infant on the mother's chest					
	• Clamp the cord close to the perineum and hold the clamped cord and the end of the clamp in one hand					
	• Place the other hand just above the pubic bone and gently apply counter traction (push upwards on the uterus) to stabilize the uterus and prevent uterine inversion.					
	• Keep light tension on the cord and wait for a strong uterine contraction (two to three minutes).					
	• When the uterus becomes rounded or the cord lengthens, very gently pull downward on the cord to deliver the placenta.					
	• Continue to apply counter traction with the other hand.					
	• If the placenta does not descend during 30 to 40 seconds of controlled cord traction, relax the tension and repeat with the next contraction.					
	• As the placenta delivers, hold it with both hands and twist slowly so the membranes are expelled intact: • If the membranes do not slip out spontaneously, gently twist them into a rope and move up and down to assist separation without tearing them					

JSS MEDICAL COLLEGE

JSS AHER SKILL & SIMULATION CENTER

MBBS PHASE II & III SKILL LAB TIMETABLE FOR THE YEAR 2022-2023

Monthly Postings for UG Phase II & III MBBS Students

(Timings: 9:30 AM to 12:00 PM - Monday to Friday)

DAYS	DEPARTMENTS	DAYS	DEPARTMENTS	DAYS	DEPARTMENTS	DAYS	DEPARTMENTS
1st Monday	General Surgery	2nd Monday	OBG & Orthopaedics	3rd Monday	General Surgery	4th Monday	General medicine
1st Tuesday	OBG & Paediatrics	2nd Tuesday	General Surgery	3rd Tuesday	General Medicine	4th Tuesday	ENT & Ophthalmology
1st Wednesday	General Surgery	2nd Wednesday	General Medicine	3rd Wednesday	General Surgery & ENT	4th Wednesday	OBG & Orthopaedics
1st Thursday	General Medicine & Ophthalmology	2nd Thursday	OBG & ENT	3rd Thursday	General Medicine	4th Thursday	General Surgery
1st Friday	General Medicine	2nd Friday	General Medicine	3rd Friday	OBG & Paediatrics	4th Friday	General Surgery

Chief Coordinator

Copy Submitted to: -

- The Principal JSS Medical College Mysuru.
- The Vice Principal JSS Medical College Mysuru.
- HOD's of Department of OBG, General Surgery, General Medicine, ENT, Ophthalmology, Paediatrics & orthopaedics.

JSS MEDICAL COLLEGE

JSS AHER SKILL & SIMULATION CENTER

MBBS PHASE II & III SKILL LAB TIMETABLE FOR THE YEAR 2023-2024

Monthly Postings for UG Phase II & III MBBS Students

(Timings: 9:30 AM to 12:00 PM - Monday to Friday)

DAYS	DEPARTMENTS	DAYS	DEPARTMENTS	DAYS	DEPARTMENTS	DAYS	DEPARTMENTS
1st Monday	General Surgery	2nd Monday	OBG & Orthopaedics	3rd Monday	General Surgery	4th Monday	General medicine
1st Tuesday	OBG & Paediatrics	2nd Tuesday	General Surgery	3rd Tuesday	General Medicine	4th Tuesday	ENT & Ophthalmology
1st Wednesday	General Surgery	2nd Wednesday	General Medicine	3rd Wednesday	General Surgery & ENT	4th Wednesday	OBG & Orthopaedics
1st Thursday	General Medicine & Ophthalmology	2nd Thursday	OBG & ENT	3rd Thursday	General Medicine	4th Thursday	General Surgery
1st Friday	General Medicine	2nd Friday	General Medicine	3rd Friday	OBG & Paediatrics	4th Friday	General Surgery

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