



Amala
COLLEGE OF NURSING
ACCREDITED BY NAAC WITH A GRADE

AMALA COLLEGE OF NURSING

AQAR (2022-2023)



CRITERION 2 – TEACHING- LEARNING AND EVALUATION

Key Indicator 2.5 – Evaluation Process and Reforms

Metric No. 2.5.4 - The Institution provides opportunities to students for midcourse improvement of performance through specific interventions

SUBMITTED TO



National Assessment and Accreditation Council

Sample Answer Sheet

AMALA COLLEGE OF NURSING, THRISSUR

First Sessional Examination, June 2023

Name of the Student: SHARON THOMAS

Course: B.Sc. Nursing

Roll No: Subject : Community Health Nursing II

Year : IV Year (2019 Batch)

Date of Exam : 21/6/23

Qn. No:	CO	Level	Max mark	Marks obtained	Qn. No:	CO	Level	Max mark	Marks obtained
1.	CO4	L4	7	4.5	4	CO4	L5	4	2.5
2.	CO7	L4	6	4.5	5	CO4	L4	2	1.5
3.	CO1	L1	4	3.5	6	CO7	L6	2	1
Total					Total				

CO wise total: 12.5 CO1= 1.5

CO4= 8.5

CO7= 2.5

Level wise total: L1= 1.5

L4= 7.5

L5= 2.5

L6= 1

Grand total:

Signature of the student with date

Sharon
21/6/23



Name and Signature of the faculty

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21/06/23

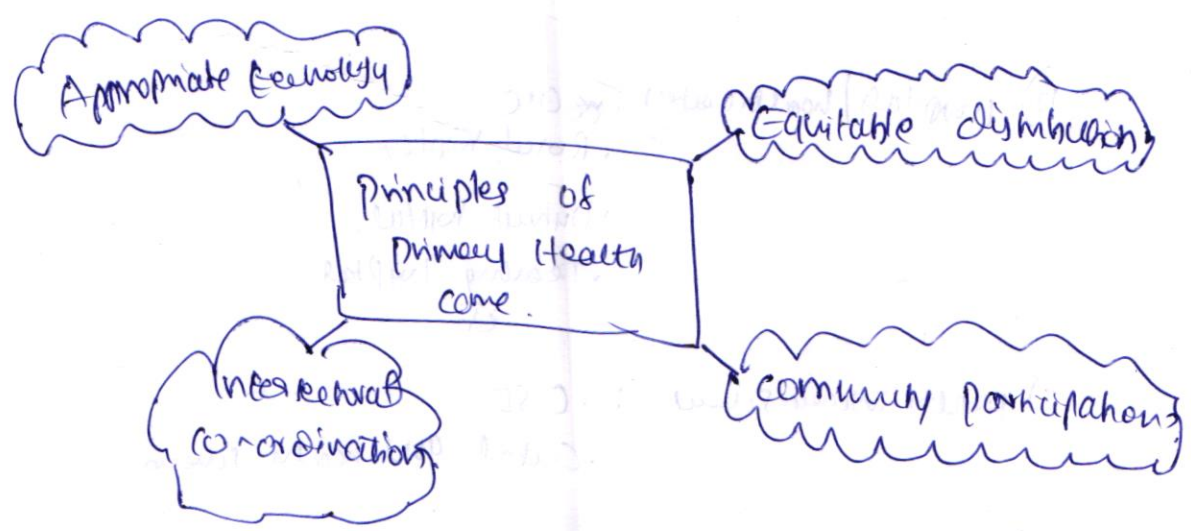
Community Health

Re-test

SHARON / Homi
NO: 66
4th yr

① PRIMARY HEALTH CARE:

→ It is an essential health care that is made universally available to individuals and acceptable to them, through the full participation of them and at a cost that the community and the country can afford.



Health Care System:

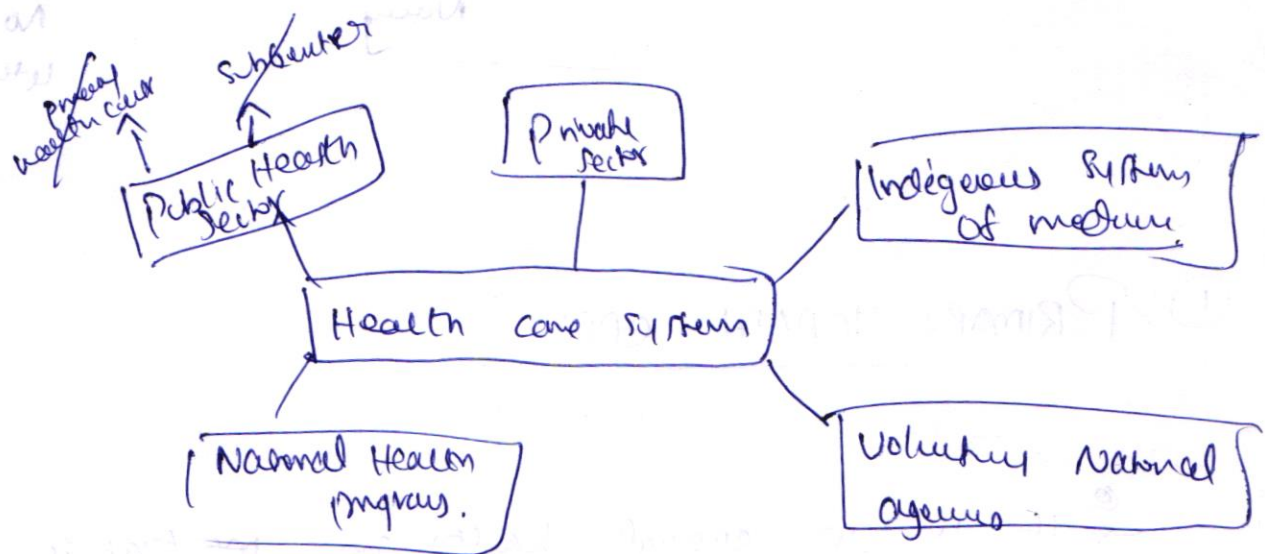
It is intended to deliver health care to the population in India



Health care services to all of

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88/00/12



Public Health sector

- Community health centers

→ Public Health centers.

a) Primary health care: PHC
- Sub-centers

b) Hospitals / health centers: CHC
- Rural hospitals,
- District hospitals,
- Teaching hospitals
etc.

c) Health insurance schemes: ESI
- Central Govt. health scheme

d) Other agencies: Railways
- Defense.

1900

Levels of primary health care
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Village level.

Sub-center level.

Primary health center level.

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→ Private Sector:

- private hospitals, poly clinics, living homes,
- clinics, general practitioners.

→ Indigenous system of medicine.

It consist of mainly

- Ayurveda
- Siddha
- Tibbi
- Unani
- Homoeopathy, etc.

→ Voluntary health agencies like red cross.

→ National health programmes like : ~~AMCH~~ MCH

- STD control program
- ~~RNTCP~~ RNTCP.



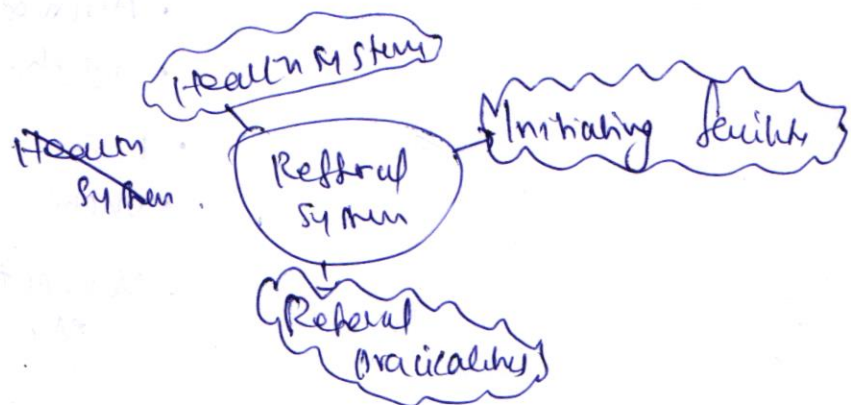
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④ Referral System:

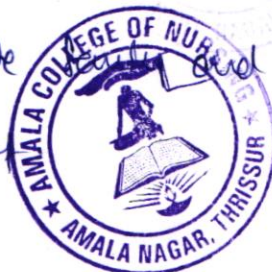
- Referral system is a process of directing someone to another source of assistance
- It is act ^{of sending} or direction of someone for treatment, information or aid or advice.

Components of Referral system.



Principles of Referral System.

- ① It should meet the needs and objectives of the patient and it should be appropriate and totally necessary
- ② Referral should be timely
- ③ Patient should be able to use referral in effective manner
- ④ Referral should incorporate ^{planning} of treatment and be put into ~~planning~~ ^{planning} and



→ The patient should have the right to reject the referral

→ It should be coordinated with other activities.

Steps in referral system.

Establish a relationship with the client and family members



Establish the need for referral



Explain and explore the resources available



Decision of the client to accept or reject the referral.



Referral to the resource.



Facilitation



Levels of referral system.

Level-I = PHC → CHC → District Hospital



Level-2 = Regional Hospital



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Level 3 = Regional hospital



Level 4 = Central hospital

⑤

Records

→ Record is highly confidential, legal document by means of which the physical and other members of the team members communicate about the client/patient

→ Only in writing form

→ Student records, Staff records, Management records

→ Have more legal importance than Reports

Reports

→ It is a system of communication with the objective of constructing a picture of information necessary for safe and holistic patient care

→ In oral and written form.

→ Shift report, Census report, investigation report.

→ Have less legal importance than legally. But it is still valid.

② National vector borne disease control programme.

→ It was launched in 2003-2004.

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Kerala, India.



programmes on malaria, filaria and

→ The programme runs under the N.H.M.

→ Diseases like:

- Glaucoma
- Malaria
- Japanese encephalitis
- Kala azar
- Dengue fever
- Chikungunya

- all these come under NUBOLP

Strategies under NUBOLP

→ Disease management:

- Early detection of diseases
- Early treatment of diseases
- Free or concession on treatment facilities
- PHC, CHC health services

→ Integrated
veg Vector
management

- Anti-vectoral measures
- Vector control programmes / activities
- Surveillance

→ Supportive interventions:

Research coordination

monitoring and evaluation

public and



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⑥

National STD control programme.

- It is a programme established for the control of sexually transmitted diseases.
- Started in 1946
- The programme based on ~~health~~ health adapting behaviour of individuals with STD and to avoid social stigma among people.

Objectives:

- Reduce new STD cases
- Control HIV transmission
- Reduce mortality and morbidity due to STD
- Avoid social stigma towards STD.

Strategies:

- ① providing free condoms and other contraceptives to the sex workers

- ② National Aids control programme.

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- ③ Confidential ~~Notifying~~ Patients of identification, diagnosis and

Treatment modalities.

③ Community identification

~~It~~ include

- It consist of information about a region, community or area.
- It represents the identity, history, resources etc of a community.

~~It~~ helps

Advantages of community identification.

- 1) It helps to identify the health status and economic progression of the community.
- 2) Help in providing health care and the participation of the population
- 3) provide data about the resources in the community and to use that resources effectively
- 4) provide a geographical ~~for~~ boundaries of the community and its definite ~~for~~ boundaries



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