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Introduction

The National Vocational Education Qualification Framework (NVEQF) developed by the Ministry of Human Resource Development (MHRD), Government of India is a descriptive framework that provides a common reference for linking various qualifications. It is used for setting common principles and guidelines for a nationally recognized qualification system covering Schools, Vocational Education and Training Institutions, Technical Education Institutions, and Universities/Colleges.

The NVEQF organizes qualifications according to a series of levels of knowledge and skills. These levels are defined in terms of learning outcomes i.e., the competencies (knowledge, skills and attitude) which the learners must possess regardless of whether they were acquired through formal, non-formal or informal education and training system. Qualifications are made up of occupational standards for specific areas of learning units or unit of competency. Units of competency are the specification of knowledge and skill and the application of that knowledge and skill to the standard of performance expected in the workplace.

The Unit of competency or National Occupation Standards comprising generic and technical competencies an employee should possess is laid down by the Sector Skill Council of the respective economic or social sector. Competency is defined in terms of what a person is required to do (performance), under what conditions it is done (conditions) and how well it is to be done (standards). It can be broadly categorized into foundational, practical and reflexive competencies.

Generic competencies are considered essential for a person to participate effectively in the workforce, whereas technical competencies are an individual's knowledge and expertise in the specific group task and its processes and its rules and regulations. An executive order F.No.1-4/2011-VE dated 3 Sept., 2012 on the various aspects of NVEQF has been issued by the MHRD. For more details on the NVEQF, please visit the website of MHRD at [www: mhrd.gov.in](http://www.mhrd.gov.in).

The term “**curriculum**” (plural: *curricula or curriculums*) is derived from the Latin word for “*race course*”, referring to the course of deeds and experiences through which children grow to become mature adults. A competency based curriculum describes what learners must “know” and “be able to do” by the end of a program or study. It identifies the competencies and sub-competencies each learner is expected to master. It states clearly the criteria and conditions by which performance will be assessed. It also defines the learning activities that will lead to the learner to mastery of the targeted learning outcome.

The **competency based curriculum** is broken down into coherent parts known as **Units**. Each unit is further broken down into knowledge and skills on the basis of which evidence is to be provided by the learner and the evaluation is to be done by the teacher or trainer.

About the Sector

Healthcare sector in India has been growing rapidly over the years and is estimated to reach US\$ 280 billion by 2020. Consequently, the sector is also experiencing an incremental demand for human resources across verticals; from doctors, nurses to allied health professionals and technicians. As per the recent PHFI report, India has a shortfall of 6 million Allied Health Professionals in the country. India is far behind global standards in terms of availability of doctors per 1000 people (India 0.6; US 2.56 or UK 2.3), Nurses (India 0.8; US 9.37 or UK 12.12), Midwives (India 0.47; UK 0.63) and Lab Technicians (India 0.02; US 2.15)

To meet the growing human resource challenges, the National Skill Development Corporation and the Confederation of Indian Industry have constituted the Healthcare Sector Skill Council (HSSC). The Council is expected to promote a vibrant vocational education system in healthcare in the country by setting up occupational standards, affiliating training institutes, assessing competency of trainees and issuing certificates. The Council aims to facilitate skilling of 4.8 million people over the next 10 years in allied health and paramedics space.

One of the job roles in the healthcare sector is the Personal Care Assistant/General Duty Assistant. They work under the direction and supervision of registered nurses and other medical staff. Personal Care Assistant have a great deal of contact with patients and provide personal care such as bathing, feeding and dressing. They also perform support functions such as transporting patients, taking vital signs, making beds, helping patients become ambulatory and answering patient calls. They might also be called upon to set up equipment such as X-ray machines and overhead irrigation bottles. Personal Care Assistant are often responsible for observing and reporting how patients respond to the care that is being given.

The various functions of a PCA/GDA is given below

- Assist Nurses in looking after the patients;
- Transport the patients to the various areas of the Hospitals as or when asked;
- Perform everyday jobs and carry messages;
- Clean and dusts beds doors windows and other furniture;
- Render first aid to the patients when required;
- Prepare dead bodies, arrange their transportations to the mortuary and assist in terminal disinfections.

Objectives of the Course

There is an increased need in the health care setting for qualified assistants to the under-staffed and over-worked nurses in all health care settings. As health care continues to change, the demand for qualified assistants and nurses has also increased. Consequently the demands and the responsibilities become greater for the nursing assistant assigned to each nurse. To bridge the gap in formal training and health care services, it's proposed to conduct vocational education and training programs in schools to prepare Patient Care Assistants/General Duty Assistants.

Upon completion of this course, you will be able to:

- Demonstrate techniques to maintain the personal hygiene needs of a patient;
- Demonstrate the ability to perform clinical skills essential in providing basic healthcare services;
- Demonstrate the knowledge of safety, usage of protective devices and precautions to be taken while usage of oxygen;
- Demonstrate professional behaviour, personal qualities and characteristics of a Patient Care Assistant;
- Demonstrate the knowledge of Immunization schedule and National Immunization programmes;
- Demonstrate the knowledge of identification of bio medical waste and its management;
- Demonstrate the knowledge of emergency medical response and other actions in the event of medical emergencies;
- Demonstrate effective communication skills for a Patient Care Assistant.

Competency Based Curriculum

Sector: Healthcare

Course Structure: This course (vocational qualification package) is a planned sequence of instructions consisting of the following 10 modules called as Units.

Patient Care Assistant/General Duty Assistant NVEQ Level 1				
S.No.	Unit Code	Unit Title	No. of Notional Learning Hours	Pre-requisite Unit, if any
1	HSS101	Healthcare Delivery Systems	20	Nil
2	HSS102	Role of Patient Care Assistant	25	Nil
3	HSS103	Personal Hygiene and Hygiene Standards	05	Nil
4	HSS104	Primary Healthcare and Emergency Medical Response	20	Nil
5	HSS105	Immunization	10	Nil
6	HSS106	Communication at Workplace	20	Nil
Total			100	

Successful completion of 100 hours of theory sessions and 100 hrs of practical activities and on-the-job learning is to be done for full qualification.

Classroom Activities: Classroom activities are an integral part of this program and interactive lecture sessions, followed by discussions should be conducted by trained teachers. Teachers should make effective use of a variety of instructional aids, such as Videos, Color Slides, Charts, Diagrams, Models, Exhibits, Handouts, Recorded Compact Discs, etc. to transmit knowledge in projective and interactive mode including

Practical Activities: Activities that provide practical experience in clinical set up would include hands on training on mannequins, simulated clinical set up, case based problems, role play, games, etc. on various clinical incidents and practical exercises in skill lab. Equipment and supplies should be provided to enhance hands-on experiences for students. Trained personnel should teach specialized techniques. A training plan signed by teacher that reflects equipment, skills and tasks should be prepared for training of the students in the organization/industry.

On-the-Job Training: On-the-job training (OJT) occurs whenever more experienced employee or supervisor teaches less experienced person on how to do one or more tasks of a job. The training utilizes actual equipment and materials. OJT should be undertaken in a structured manner with a training plan under the supervision of an experienced trainer or supervisor. A training plan that reflects tasks to be performed and competencies to be imparted should be prepared and signed by the student, teacher, and supervisor at the workplace for training of the students in the organization/industry. The trainer should break down all the steps of the job and train the students as per the training plan. In a structured OJT, the following steps should be followed:

- Step 1: The Instructor or the trainer tell, show, demonstrate, and explain. The trainer gives an overview of the task while explaining the constructional details and use of the tools, equipment, materials, etc. in performing the tasks.
- Step 2: The Instructor or the trainer demonstrates each step in detail, actually doing the steps of the task and explaining each step, one at a time, while the trainee watches. The steps may not necessarily be demonstrated in the sequence of actual operation, as sometimes it is better that simple tasks are demonstrated first to build confidence. Showing finished products at each appropriate step will help the learner understand what is required as outcome. While demonstrating, the trainer explains why each step is done in the way it is done.
- Step 3: It involves direct trainee participation. The trainer monitors the progress on a checklist of competencies and offers feedback and pointers where and when needed.
- Step 4: The trainee practices with clearly defined targets for performance standards.

Certification: Upon successful completion of this course the State Education Board and the Healthcare Sector Skill Council will provide a certificate to the student verifying the competencies acquired by the candidate. For more details about SSC visit the website of Healthcare Sector Skill Council at <http://www.healthcare-ssc.in/>

UNIT CODE: HSS101 NQ2013	Unit Title : HEALTHCARE DELIVERY SYSTEMS			
Duration: 20 hours				
	Learning Outcome	Knowledge Evaluation	Performance Evaluation	Teaching and Training Method
Location: Classroom/ Hospital/Clinic	Understand healthcare delivery systems	<ul style="list-style-type: none"> Describe the different types of healthcare delivery systems Describe the role of Voluntary Health Sector 	<ul style="list-style-type: none"> Identify different types of healthcare delivery systems followed in India 	<p>Interactive Lecture: Healthcare Delivery Systems</p> <p>Activity: Visit a Hospital and Clinic and enlist all the services and the equipment used in the Hospital and Clinic.</p>
	Identify the components and activities of Hospital	<ul style="list-style-type: none"> State the functions of a hospital in patient care Enlist the services provided by the hospital to patients 	<ul style="list-style-type: none"> Identify the various components of a Hospital System Identify the various equipment used in Hospital 	<p>Interactive Lecture: Role and Functions of Hospital</p> <p>Activity: Visit a Hospital to study the role and functions. Prepare report for the Student Portfolio.</p>
	Understand role and functions of Clinics	<ul style="list-style-type: none"> Describe the role and functions of a clinic Describe the preventative care provided at the Doctor's Clinic. Prepare a chart for basic preventative care. 	<ul style="list-style-type: none"> Enlist the requirements for patient safety at Doctor's clinic 	<p>Interactive Lecture: Preventative Care and Maintenance</p> <p>Activity: Visit to two Clinic or Doctor's Office and observe the available preventative care being administered in those clinic and prepare a</p>

				report highlighting the services provided in the two Clinics
	Describe the functions of rehabilitation centre	<ul style="list-style-type: none"> Describe the role of rehabilitation facility in patient recovery. Differentiate between services provided at various Rehabilitation/Convalescent Centre 	<ul style="list-style-type: none"> Identify the facilities at the rehabilitation centre 	<p>Interactive Lecture: Role and Functions of Rehabilitation Centre</p> <p>Activity: Visit a doctor's office and clinic and enlist all the services and equipment</p>
	Describe the treatment and the services provided at the Long Term Care Facilities	<ul style="list-style-type: none"> Describe the role of Long Term Care Facilities in patient care. Enlist the facilities/ treatment provided by Long Term Care Facilities. 	<ul style="list-style-type: none"> Identify the equipment and materials that are used at Long Term Care Facility. 	<p>Interactive Lecture: Long Term Care Facility</p> <p>Activity: Visit to Old Day Care Facility/Centre to study the services and materials used.</p>
	Demonstrate the knowledge of Hospice Care	<ul style="list-style-type: none"> Describe the facilities available at Hospital/Home for Hospice Care 	<ul style="list-style-type: none"> Assess the need for hospice in treatment of patients Identify the facilities extended by the Hospital for Hospice Care Identify the services provided as part of the Hospice Care 	<p>Interactive Lecture: Hospice Care</p> <p>Activity: Visit a doctor's office/ clinic in your neighborhood and enlist all the services provided there and the equipment required for Hospice Care.</p>

UNIT CODE: HSS102 NQ2013	Unit Title : ROLE OF PATIENT CARE ASSISTANT			
Duration: 25 hours				
Location: Classroom/Hospital/ Clinic	Learning Outcome	Knowledge Evaluation	Performance Evaluation	Teaching and Training Method
	Identify the role and functions of Patient Care Assistant	<ul style="list-style-type: none"> Describe the essential duties and responsibilities of Patient Care Assistant 	<ul style="list-style-type: none"> Demonstrate the knowledge of maintaining patient safety 	<p>Interactive Lecture: Role and Functions of Patient Care Assistant</p> <p>Activity: Volunteer at a Primary Health Center, Nursing Home and community Health Center.</p>
	Prepare a Daily Care Plan of Patient	<ul style="list-style-type: none"> Describe various activities of patient's daily care routine including bathing, feeding, excreta disposal, transfer of patients, medication, etc. 	<ul style="list-style-type: none"> Prepare a daily care plan for patients. 	<p>Interactive Lecture: Daily Care Plan of Patients</p> <p>Activity: Role play</p> <p>Provide different situations to the students and then tell them to identify and apply the most suitable safety practice that should be followed in that given situation.</p>

	Identify basic components required for Patient Comfort	<ul style="list-style-type: none"> Describe basic components required for patients comfort 	<ul style="list-style-type: none"> Identify and list various elements that can help in providing comfort to patients. 	<p>Interactive Lecture: Daily Care Plan of Patients</p> <p>Activity: Role Play</p> <p>Provide different situations to the students and then tell them to the students and then tell them to Identify and apply the most suitable safety practice that should be followed in that given situation.</p>
	Understand Patient's Safety	<ul style="list-style-type: none"> Describe the various elements of patient's safety 	<ul style="list-style-type: none"> Identify patient's environment and its components 	<p>Interactive Lecture: Facility for Patients and Safety aspects in Hospital.</p> <p>Activity: Visit to a Hospital to study the environment and safety of patients.</p>
	Provide for the patient's daily care	<ul style="list-style-type: none"> Report any evident changes and appearance Provide care needed by the patient 	<ul style="list-style-type: none"> Prepare patient checklist and compare with standard measurements Demonstrate care needed by the patient 	<p>Interactive Lecture: Care of Patients</p> <p>Activity: Preparation of check list for health parameters as per their understanding and tell them to compare with standard checklist. Discussion: Ethical practices in Hospitals</p>

	Identify the qualities of a good Patient Care Assistant	<ul style="list-style-type: none"> Describe the good qualities of Patient Care Assistant 	<ul style="list-style-type: none"> List the do's and don'ts in healthcare setup Demonstrate the knowledge of medical ethics 	
	Identify biomedical wastes and disposal procedure	<ul style="list-style-type: none"> Describe the characteristics of various types of biomedical wastes 	<ul style="list-style-type: none"> Demonstrate the knowledge of biomedical wastes Identify the colour code for disposal of biomedical waste 	<p>Interactive Lecture: Biomedical Waste</p> <p>Activity: Visit to Hospital to study biomedical waste management.</p>

UNIT CODE: HSS103 NQ2013	Unit Title: PERSONAL HYGIENE AND HYGIENE STANDARDS			
	Duration: 05 hours			
	Learning Outcome	Knowledge Evaluation	Performance Evaluation	Teaching and Training Method
Location: Classroom and Organizations	Demonstrate good hygiene practice	<ul style="list-style-type: none"> Describe grooming routines to be followed for personal hygiene Describe the importance of personal hygiene 	<ul style="list-style-type: none"> Practice good personal health and hygiene. Enlist the hygiene routine to be followed to ensure good health Demonstrate hand washing Demonstrate trimming of nails. 	<p>Interactive Lecture: Personal Hygiene</p> <p>Activity: Demonstrate hand washing Demonstrate trimming of nails.</p>

	Identify factors affecting good health	<ul style="list-style-type: none"> Describe the factors that affect health and prevent disease 	<ul style="list-style-type: none"> Demonstrate the knowledge of maintaining routine exercise and good health Prepare a plan for maintaining good physical health 	<p>Interactive Lecture: Good Physical Health and Physical Exercises</p> <p>Activity: Preparation of checklist of health parameters. Perform various physical activities and explain their advantages and limitations.</p>
	Perform hand washing	<ul style="list-style-type: none"> Describe the method of hand washing Describe the importance of practicing good hand hygiene 	<ul style="list-style-type: none"> Demonstrate hand washing and hygiene practices 	<p>Interactive Lecture: Hand washing and hygiene</p> <p>Activity: Demonstration of hand washing procedure. Discussion on hygiene practices followed at the Hospital.</p>
	Demonstrate personal grooming	<ul style="list-style-type: none"> Describe the importance of good appearance and grooming in life and work place. 	<ul style="list-style-type: none"> Demonstrate good grooming habits as per norms of healthcare industry. 	<p>Interactive Lecture: How to prepare and follow daily personal grooming plan?</p> <p>Activity: Hand-on practice sessions on grooming and other practices related to personal care and hygiene.</p>

UNIT CODE: HSS104 NQ2013	Unit Title: PRIMARY HEALTHCARE AND MEDICAL EMERGENCY RESPONSE			
	Duration: 20 hours			
	Learning Outcome	Knowledge Evaluation	Performance Evaluation	Teaching and Training Method
Location: Classroom, Public Places, Police Station, Forensic Laboratory	Identify components of Primary Healthcare	Describe the importance of primary healthcare Describe the various indicators of the Millennium Development Goals (MDGs) related to health	<ul style="list-style-type: none"> Identify the need of Primary Healthcare in a given scenario Enlist the essential components of Primary Healthcare Enlist the various indicators of the Millennium Development Goals (MDGs) related to health 	Interactive Lecture: Primary Healthcare and Millennium Development Goals (MDGs) Activity: Volunteer at mother and infant care camps. Enlisting indicators of the Millennium Development Goals (MDGs) related to health
	Demonstrate chain of survival	Describe the various medical emergency situations	<ul style="list-style-type: none"> Perform early recognition and call for help Demonstrate the knowledge of responding to a medical emergency 	Interactive Lecture: First Aid and Emergency Response Activity: Demonstration of Basic First Aid Practices.

UNIT CODE: HSS105 NQ2013	Unit Title: IMMUNIZATION			
Duration: 10 hours				
Location: Classroom, Industry, Organization, Hospital.	Learning Outcome	Knowledge Evaluation	Performance Evaluation	Teaching and Training Method
	Differentiate between various types of immunity	<ul style="list-style-type: none"> • Explain the meaning of Immunity • Differentiate between innate and adoptive immunity • Differentiate between passive and active immunity 	<ul style="list-style-type: none"> • Differentiate between Bacteria and Virus • Prepare a sample Immunization Schedule Chart 	Interactive Lecture: Immunization Activity: Prepare Immunization schedule for baby born on 12 June, 2013 Visit to Primary Healthcare and Immunization camp and study the immunization process.
	Prepare immunization schedule chart	<ul style="list-style-type: none"> • Describe the importance of immunization • Describe the side effects of immunization • Describe the various aspects of immunization schedule chart 	<ul style="list-style-type: none"> • Prepare a Immunization calendar for an infant based on date of birth. 	Interactive Lecture: Immunization Calendar Activity: Discussion on the process of immunization, its advantages and limitations.
	Identify the key components of Universal Immunization Programme	<ul style="list-style-type: none"> • Describe the key components of a Universal Immunization Programme 	<ul style="list-style-type: none"> • Identify the key components of a Universal Immunization Programme • Enlist the diseases covered under UIP 	Interactive Lecture: Universal Immunization Programme Activity: Enlisting of diseases covered under Universal Immunization Programme.

	Identify the key components of Pulse Immunization Programme	<ul style="list-style-type: none"> Describe the key components of a Pulse Immunization Programme 	<ul style="list-style-type: none"> Identify the key components of a Pulse Immunization Programme 	<p>Interactive Lecture: Pulse Immunization Programme</p> <p>Activity: Enlisting of diseases covered under Pulse Immunization Programme.</p>
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UNIT CODE: HSS106 NQ2013					Unit Title: COMMUNICATION AT WORKPLACE				
					Duration: 20 hours				
		Learning Outcome		Knowledge Evaluation		Performance Evaluation		Teaching and Training Method	
Classroom	Identify elements of Communication		<ul style="list-style-type: none"> Describe different elements of communication Explain how to provide effective feedback 	<ul style="list-style-type: none"> Identify elements of communication Describe the knowledge of effective communication 	<p>Interactive Lecture: Verbal and Non-verbal Communication</p> <p>Elements of Communication and Communication Cycle</p> <p>Activity: Drawing a Communication Cycle Role Play</p>				
	Demonstrate effective communication skills		<ul style="list-style-type: none"> Describe the factors affecting effective communication - listening, managing stress, emotional awareness, etc. Describe static and dynamic features of verbal communication Describe the various factors acts as barriers in communication. 	<ul style="list-style-type: none"> Speak with clarity, emphatic tone, etc. maintaining rhythm Demonstrate the knowledge of communicating effectively in different scenario of conversations between patient and Patient Care Assistant. 	<p>Interactive Lecture: Factors affecting Effective Communication</p> <p>Activity: Role play on communicating effectively in different scenario of conversations between patient and Patient Care Assistant.</p>				

ASSESSMENT GUIDE

Assessment is a process used for determining an individual's progress or level of mastery/competence in an occupational area. It may be formative (continuous) and/or summative (final). It is a process of collecting evidence and making judgement about the extent to which a person demonstrates the knowledge and skills set out in the standards or learning outcomes of a unit of competency. Assessment should be done on the basis of information or evidence about the individual's ability against clearly stated objectives or standards. A diversity of assessment methods is required to achieve the multiple purposes and to satisfy the requirements of competency based assessment. Appropriate evidence is to be collected from activities that can be clearly related to the Units of Competency. It should cover all the elements and performance criteria/indicators in the competency standards. Student's achievements should be assessed by using the following methods of assessment.

S.No.	Method of Assessments	Weightage (Max. marks)	Evaluator
1.	Written test	30	Teacher
2.	Practical test	30	Certified Assessor #
3.	Oral test/viva voce	10	Teacher/External Examiner
4.	Portfolio	10	Teacher
5.	Project	10	Teacher/Trainer
6.	Direct Observation	10	Teacher/Trainer
Total		100	

Assessors will be certified by the State Education Board.

- Written test:** It allows candidates to demonstrate that they have the knowledge and understanding of a given topic.
- Practical test:** It allows candidates to demonstrate application of skills in simulated or real work conditions against competency standards (skill and academic standards).
- Oral test/viva voce:** It allows candidates to demonstrate communication skills and content knowledge. Audio or video recording can be done at the time of oral test or viva voce.
- Portfolio:** It is a compilation of documents that supports the candidate's claim of competence that was acquired from prior learning and experience. Documents (including photo's, newspaper articles, reports, etc.) of practical experience in the workplace or the community and photographs of the products prepared by the candidates related to the units of competency should be included in the portfolio.

5. **Project:** Projects (individual or group projects) are a great way to assess the practice skills on a deadline, but these should be given on the basis of the capability of the individual to perform the tasks or activities involved in the project. Projects should be discussed in the class and the teacher should periodically monitor the progress of the project and provide feedback for improvement and innovation.
6. **Direct Observation** - Direct observation requires a considerable degree of commitment from the observer and those being observed. Employability skills evaluation listed below in the table should be evaluated through direct observation by the teacher/trainer and appropriate records should be maintained for transparency in evaluation.

Employability Skill Area	S.No.	Competencies and Performance Standards	Competent	Not Yet Competent
Communication	1.	Questions appropriately		
	2.	Writes clearly and legibly		
	3.	Demonstrates good listening and responding skills		
	4.	Informs about the absence and reasons of absence		
Responsibility	5.	Organizes work		
	6.	Manages time effectively and efficiently		
	7.	Complete assignments timely		
	8.	Displays care for tools and equipment		
	9.	Accepts responsibility pleasantly		
	10.	Exhibits patience		
	11.	Demonstrates pride in work		
Interpersonal relationship	12.	Displays friendly and cooperative attitude		
	13.	Demonstrates tactfulness in difficult situations		
	14.	Accepts constructive criticism		
	15.	Exhibits positive attitude		
Health and Safety	16.	Practices good personal hygiene regularly		
	17.	Maintains good personal health		
	18.	Dresses well and in appropriate manner		
Innovation and Creativity	19.	Give reasons and make judgements objectively		
	20.	Share ideas and thoughts with others		

1. Competent = 0.5 marks; Not yet competent = 0

LIST OF TOOLS, EQUIPMENT AND MATERIALS

The list given below is suggestive and an exhaustive list should be prepared by the teacher. Only basic tools, equipment and accessories should be procured by the Institution so that the routine tasks can be performed by the students regularly for practice and acquiring adequate practical experience.

1. Advanced Male and Female Catheterization Kit
2. Air Cushion
3. Airway Mannequin
4. Ambu Bag with Mask (Adult)
5. Artery Forceps
6. Auto loading Stretcher made of aluminum alloy
7. Back Rest
8. Bath Tub
9. Bed Pan
10. Bed Sheet, Blanket, Pillow with Pillow Cover
11. Bed Side Locker
12. Birthing Simulator
13. Call bell
14. Cardiac Table
15. Cervical Color Set of Large Medium and Small
16. CPR Mannequin
17. Crash card
18. Crutch
19. Cupboard
20. Dissecting Forceps
21. Doctors Table
22. Draw Sheet
23. Electronic BP Monitoring Machine
24. Enamel Basin
25. Fire Extinguisher 5 KG ABC type
26. Foot Step
27. Full Body Mannequin - Basic
28. Goggles
29. Gown
30. ICU Bed with mattress
31. IV Stand
32. Kidney Tray
33. Male Multi Veno Intravenous Arm
34. Malleable Splint set of Large Medium and Small
35. Measuring Glass
36. Nail Cutter
37. Nail Filer
38. Oral care Set
39. Oxygen Cylinder with Connector, Key, Face Mask and tubing
40. Patient Examination Table
41. Patient remote bell
42. Pocket Mask
43. Rubber Sheet (2 x 2 meters)
44. Sand Bag
45. Scissor
46. Scoop Stretcher
47. Simulation Equipment - Mannequins
48. Spine Board
49. Spoon
50. Steel Basin 1 Set (3 Large, 3 Medium, 3 Small)
51. Steel Bowl
52. Steel Glass
53. Steel Jug
54. Steel Plate
55. Steel Tray 1 set (2 Large, 2 Medium and 3 small)
56. Sterilizer
57. Stethoscope
58. Stop Watch
59. Suction Apparatus
60. Syringe Destroyer and Needle Burner
61. Thermometer
62. Towel

63. Urinal Set (1 Male + 1 Female)
 64. Walker
 65. Weighing Machine

66. Wheel Chair
 67. Wound care Model Anatomical

TEACHER'S QUALIFICATIONS

Qualification, competencies and other requirements for Graduate Teacher on contractual basis are as follows:

S.No.	Qualification	Minimum Competencies	Age Limit
1.	Healthcare Instructor - B.Sc. Nursing & Midwifery (4 years) or 3 ½ years Diploma in GNM with one year experience	<ul style="list-style-type: none"> Effective communication skills (oral and written) Basic computing skills. Technical competencies (e.g., Should be able to perform and train the patient related skills 	18-37 years (as on Jan. 01 (year) Age relaxation to be provided as per Govt. rules.
2.	Healthcare Assistant 10+2 vocational course in Medical lab Technician, or 10+2 with science followed by certification/Diploma in MLT.	<ul style="list-style-type: none"> Technical competencies (e.g., Should be able to perform and train the patient related skills Should demonstrate skills and maintain lab 	18-37 years (as on Jan. 01 (year) Age relaxation to be provided as per Govt. rules.

CAREER PATH PATIENT CARE ASSISTANT/GENERAL DUTY ASSISTANT

Sector	Allied Health and Paramedics		
Sub-sector	Non-Direct Care	Diagnostic Services	Curative Services
Occupation	General Duty Assistant	Radiology Technician	Dialysis Technician
Leadership level	Housekeeping Supervisor	Supervisor	Dialysis in-charge
Middle Management level	GDA Supervisor	Senior Radiology Technologist	Senior Dialysis Technician
Entry Level	GDA - OT/ Radiology/ ICU	Radiology Technologist	
	General Duty Assistant	Radiology Technician*	Dialysis Technician*

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TEACHERS HANDBOOK

HSS101 - NQ2014

Healthcare Delivery Systems



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PREFACE

The Teacher's Handbook on "Healthcare Delivery Systems" is a part of the qualification package developed by the Healthcare Sector Skill Council (HSSC) for the National Skills Qualifications Framework (NSQF) of "General Duty Assistant/Patient Care Assistant". The National Vocational Education Qualification Framework (NVEQF), now subsumed in NSQF, is an initiative of the Ministry of Human Resource Development (MHRD), Government of India to set common principles and guidelines for a nationally recognized qualification system covering Schools, Vocational Education and Training Institutions, Technical Education Institutions, Colleges and Universities. It is envisaged that the NVEQF will promote transparency of qualifications, cross-sectoral learning, student-centred learning and facilitate learner's mobility between different qualifications, thus encouraging lifelong learning.

The National Curriculum Framework, 2005, recommends that children's life at school must be linked to their life outside the school. This principle makes a departure from the legacy of bookish learning which continues to shape our system and causes a gap between the school, home, community and the workplace. Experiential learning, which is a cyclical process involving observation, reflection and action, should be an integral part of the teaching-learning process. Attempt by the students to solve problems, guided by the teachers or instructors, would enable them to explore and discover new knowledge and develop problem solving skills. A range of pedagogies, including interactive lecture, role plays, case based studies, assignments, projects and on-the-job activities that provide students with generic, technical and professional knowledge and skills should be adopted by the teachers and instructors to foster student-centred learning.

The success of this effort of integrating knowledge and skills depends on the steps that the teachers will take to encourage children to reflect their own learning and to pursue imaginative and on-the-job activities and questions. Participation of learners in skill development exercises and inculcation of values and creativity is possible if children are involved as participants in learning, and not as receiver of information. These aims imply considerable change in school routines and mode of functioning. Flexibility in the daily time-table would be a necessity to maintain the rigour in implementing the activities and the required number of teaching days will have to be increased for teaching and training.

The suggestions by the teachers and other stakeholders in education and training will be of great value to us in bringing about qualitative improvement in the teacher's handbook.

ACKNOWLEDGEMENTS

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GENERAL INSTRUCTIONS FOR TEACHERS

- Read the Teacher's Handbook carefully before teaching or conducting the training.
- Follow the session plan strictly
- Familiarize yourself thoroughly with the relevant knowledge and skills to be transacted.
- Ensure all materials/aids/equipment required for teaching and training is available.
- Introduce the skill by explaining the purpose.
- Demonstrate the skill to the participants, explaining each step in detail.
- Invite the students to ask questions.
- Ask the students to practice the skill themselves and make observation while they perform the task.
- Provide the students with constructive feedback.
- Discuss in class, the problems faced by the students in performing the task.
- Summarize the key learning.
- Ensure key learning is captured and performance standards are met at the end of each session.
- Regularly check student's workbook to ensure all exercises are being completed on time.
- Ensure that all participants complete the required assessments given in the student workbook.
- Always encourage participants. Never discourage them from getting actively engaged in discussions, question-answer sessions and task-oriented activities.

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Session1: Understand Healthcare Delivery System

Relevant Knowledge

A number of factors like food, housing, clothing, hygiene, sanitation, lifestyle, pollution, climate, etc. can influence health of an individual and population. Healthcare includes all the services provided to a person/ population by various agencies related to health and related services. Healthcare services are the services designed to provide health based needs of people/ community/ population, through various resources available. These are delivered by healthcare system that includes the management of health sector and its organizational structure. The healthcare services should be comprehensive and should be preventive, curative and rehabilitative.

Healthcare Systems

Provision of healthcare in India is a state subject. Healthcare in India is delivered by institutions owned by state government, local bodies and the central government. The center is mainly responsible for developing and monitoring national standards and regulations, linking the states with funding agencies, and sponsoring numerous schemes for effective implementation. The majority of healthcare services in India are provided by the private sector. The government and the private sector are helping in making healthcare accessible in all areas of India; both rural and urban.

The healthcare system is composed of different parts designed to work together to make healthcare accessible to everyone. It consists of hospitals, dispensaries, laboratories and health department for the common objective of maintaining good health for the community. The various features of a healthcare system are:

- It has a structure, a set of goals, input, transformation process, output and feedback;
- It is a continuous process and is composed of sub-systems;
- It is an open system, where a number of external factors influence its functioning.

A number of healthcare delivery models have been developed for the delivery of healthcare services. The healthcare system/models in India can be categorized under the following sectors or programme:

1. Public Health Sector: It includes the following:

a) Primary Healthcare

- Village level Accredited Social Health Activist
- Village level ANM (Auxiliary Nurse Midwife)
- Sub centers
- Primary Health Centre

b) Hospitals/ Health Centers

- Community Health Centers
- Rural Hospital
- District Hospital/ health centers
- Specialty Hospitals
- Teaching Hospitals

c) Health Insurance Schemes

- Universal Health Insurance programs
- Employee State Insurance Scheme
- Central Govt. Health Scheme
- Various Schemes of contributory third party payment mechanism E.G Yashaswini Scheme, Arogya Badrata
- Employee Health Insurance Program sponsored by employer and provided by General Insurance Companies
- Health Insurance Program (Medi-claim)

d) Other Agencies

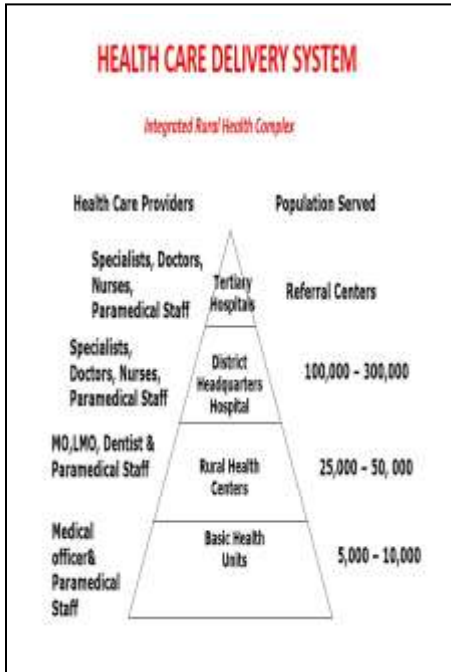
- Defense Services
- Railways
- Public Sector Companies
- Private Companies providing healthcare to their employees through their network

2. Private Sector: It includes the following:

- a) Private Hospitals, Polyclinics, Nursing homes and Dispensaries
- b) General practitioners and clinics

3. Systems of Medicine

- a) Allopathy - System of medicine that utilizes the synthetic and semisynthetic chemicals as medicines.
- b) Ayurveda - a system of medicine which utilizes herbs as medicine
- c) Unani - Tibbs is the science of which we learn the various states of body
- d) Homeopathy - Treating disease with remedies prescribed in minute doses.
- e) Naturopathy - system of men building in harmony with constructive principles of nature.
- f) Sidha - Means achievement and siddhars were saintly persons who achieved results in medicines.



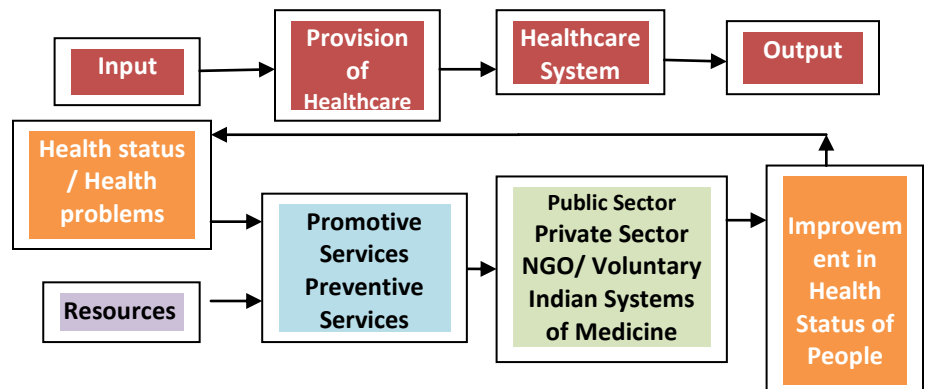
4. Voluntary Health Sector and Non-government Organizations

The voluntary health sector can be broadly classified as follows:

- **Campaign Groups:** These groups are working on specific health issues, such as a rational drug policy and amniocentesis, among others
- **Government Voluntary Organization:** These are voluntary organizations which play the role of implementing government programs like Family Planning and Integrated Child Development Services.
- **Health Care for Special Groups of People:** This includes education, rehabilitation and care of the handicapped.
- **Health Researchers and Activists:** The efforts of these groups are usually directed towards writing occasional papers, organizing meetings on conceptual aspects of health care and critiquing government policy through their journals.
- **Health Work Sponsored by Rotary Clubs, Lions Clubs and Chambers of Commerce:** They usually concentrate on eye camps - conducting cataract operations in the rural areas on a large scale with the help of various specialists, etc.
- **Integrated Development Programs:** In these programs, health is a part of integrated development activities. Consequently, their emphasis on health care may not be as systematic or as effective as that of the previous group.
- **Specialized Community Health Programs:** They include income generating schemes for the poorer communities so that they can meet their basic nutritional needs.

5. National Health Programs

The simple model of healthcare delivery system with input/output can be represented as below, is generally followed by Indian government and private systems provider.



Session Plan 1

1. **SESSION TOPIC:** Healthcare Delivery System
2. **OBJECTIVE:** To develop student's knowledge, skill & abilities regarding healthcare delivery systems
3. **MATERIALS/EQUIPMENT REQUIRED:** Charts, Sketch Pens, Computer, Open Source Software for Slide Presentation, LCD Projector.
4. **PREPARATIONS:**
 - Arrange all the materials well in advance
5. **TEACHING/TRAINING METHODOLOGY:**

T1 : Interactive Lecture

DURATION: 01 HOUR

PROCESS

1. Prepare the points for the lecture.
2. Introduce the topic.
3. Make an opening by telling students the purpose of the lecture or presentation.
4. Introduce the topic in the class and provide relevant knowledge to the students. Topics may include but not limited to the following:
 - (a) Different types of healthcare delivery systems
 - (b) Role of voluntary in healthcare sector organisations
5. Relate the topic to the real situation and ask questions.
6. Provide specific examples.
7. Involve students by giving them the opportunity to ask questions related to the topic.
8. Clarify any questions students may have.
9. Summarize the topic and emphasize on the key points.

T2 : Practical Session

DURATION: 02 HOURS

This practice session will enable students to understand the practical aspect of the topic. Ask them to perform the following exercise:

1. Prepare a chart on healthcare team's role in healthcare delivery system
2. Prepare a chart depicting the various functions of a hospital.
3. Prepare a chart on different providers of healthcare delivery system.

Checklist for Assessment Activity

Use the following checklist to check whether students could meet all the requirements for assessment:

Part A

1. Differentiate between maintenance care and preventive care
2. Differentiate between medical and psychosocial needs of a person

Part B

Students could answer the following questions:

1. What is healthcare delivery system?
2. Why is it necessary to adopt different models of healthcare system?
3. What is the role of voluntary organizations in health sector?

Part C

Performance Standards

Students should be able to demonstrate the generic, technical, professional and organizational knowledge and skills in order to perform to the required standards. The performance standards may include, but not limited to:

Performance standards	Yes	No
Demonstrate the knowledge of various functions of healthcare system		
Identify various healthcare delivery models and their components		

Session 2 : Identify the Components and Activities of Hospitals

Relevant Knowledge

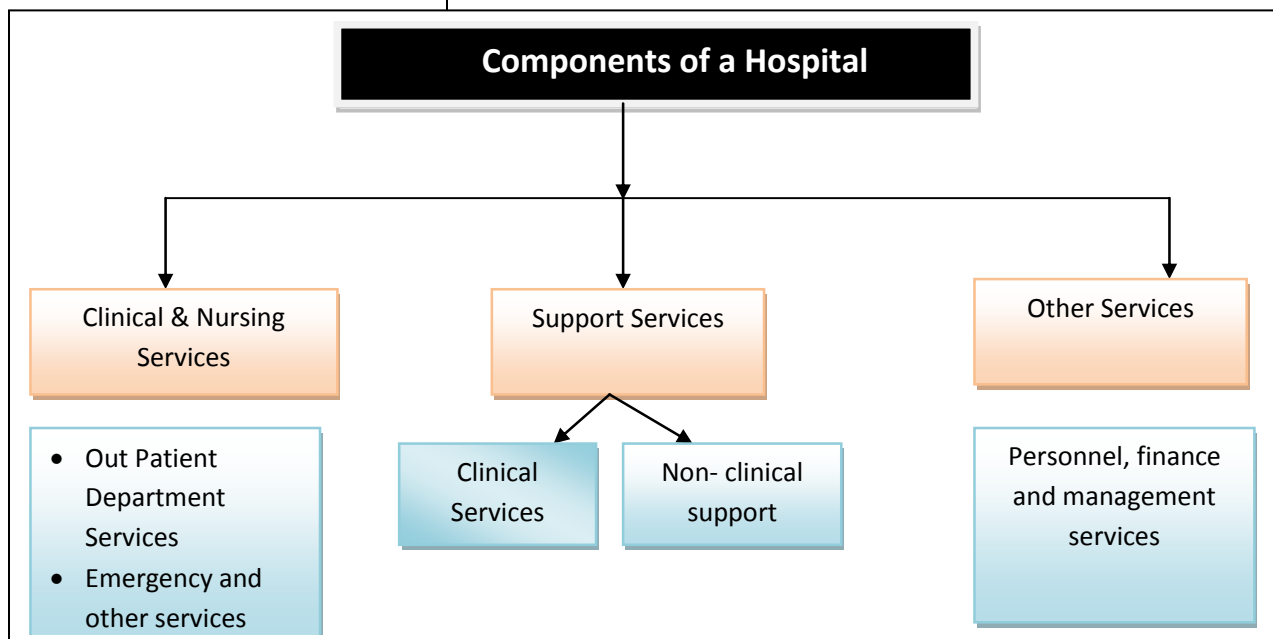
The term Hospital is derived from the Latin Word *Hospes* meaning host, which is the root word for English words like hotel, hostel and hospitality. The place where a guest is received was called *hospitium* or *hospitale*. Thus, taking it further a hospital is an institution for healthcare. Hospitals are an important and integral part of our healthcare delivery system. In general terms, hospitals provide acute care (treatment for illnesses which come on suddenly and are usually of short duration) and either general or specialized care (children's, cancer, psychiatric, Acquired Immune Deficiency Syndrome (AIDS)).

Meaning of Hospital

According to World Health Organisation (WHO), a hospital is defined as an integral part of social and medical organization, the function of which is to provide for the population a complete healthcare, both preventive and curative. The outpatient services of the hospital reach out to the family and its home environment. The hospital is also a centre for the training of health workers and bio-social research.

Hospital Set up

A hospital is an open system with various components that are integrated by common purpose of achieving a set of objectives. The various system and subsystems of a hospital can be schematically represented as follows:



The performance of all these services is dependent on the cooperation and coordination of various components within the system. The individual sub-systems have their independent goals for providing best patient care. It can be inferred that hospitals are highly complex, social, economic and scientific organization whose function is to provide comprehensive healthcare.

Functions of Hospital

The purpose of healthcare services is to effectively meet the total health needs of community. The hospitals play a major role in maintaining and restoring the health of the community. The main functions of the hospitals can be listed as follows:

- Restorative Functions
- Preventive Functions
- Training and Research in health and medicine

The above functions can be further described as below:

1. Restorative Functions

The various restorative functions of a hospital include:

- Diagnostic activity: It includes the inpatient services involving medical, surgical and other specialties and specific diagnostic procedures.
- Curative activities: It includes treatment of all ailments/diseases.
- Rehabilitative activities: Those activities include physical, mental and social rehabilitation.
- Emergency services: It includes emergency services required for dealing with accidents, natural disasters, epidemics, etc.

2. Preventive Functions

The hospitals also carry out various preventive functions which include the following:

- Supervision of normal pregnancies and childbirth
- Supervision of normal growth and development of children
- Control of communicable diseases
- Prevention of prolonged illness
- Provision of health education services
- Occupational health services
- Preventive health check up

3. Training and Research Activities

The training activities of the hospitals generally refers to the training of medical, paramedical and other support staff (Clinical/Non-clinical) required and working in the facility. The training is generally provided to:

- Medical undergraduates
- Nurses and Midwives
- Specialists and post graduates
- Medical social workers
- Paramedical staff

The research activities carried out by the hospitals are generally for the enhancement of medical technology and services in the following areas:

- Physical, psychological and social aspects of health and diseases
- Clinical medicine
- Hospital practices and administration.

Just give it a thought.....

Even though most of the Indian population still lives in villages/ rural areas but there are more hospitals in urban areas. Why? Give reasons.

Session Plan 2

1. **SESSION TOPIC:** Components and Activities of Hospitals
2. **OBJECTIVE:** To develop student's knowledge, skill & abilities regarding components and activities of hospitals
3. **MATERIALS/EQUIPMENT REQUIRED:** Charts, Sketch Pens, Rulers, Computer, Open Source Software for Slide Presentation, LCD Projector and lab for demonstration.
4. **PREPARATIONS:**
 - o Arrange all the materials well in advance
5. **TEACHING/TRAINING METHODOLOGY:**

T1 : Interactive Lecture

DURATION: 01 HOUR

PROCESS

1. Prepare the points for the lecture.
2. Introduce the topic.
3. Make an opening by telling students the purpose of the lecture or presentation.
4. Introduce the topic in the class and provide relevant knowledge to the students. Topics may include but not limited to the following:
 - (a) Components of a hospital
 - (b) Functions of a hospital
 - (c) Services provided by the hospital to patients.
 - (d) Equipment used in hospital
5. Relate the topic to the real situation and ask questions.
6. Provide specific examples.
7. Involve students by giving them the opportunity to ask questions related to the topic.
8. Clarify any questions students may have.
9. Summarize the topic and emphasize on the key points.

T2 : Practical Session

DURATION: 02 HOURS

This practice session will enable students to understand the practical aspect of the topic. Ask them to perform the following exercise: -

1. Make a list of services provided by a hospital.
2. Prepare a chart showing various activities performed by a hospital.
3. Enlist various equipment used in hospital.

Checklist for Assessment Activity

Use the following checklist to check whether students could meet all the requirements for assessment.

Part A

1. Describe the various components of hospital system.
2. Enlist the various functions of a hospital

Part B

Students could answer the following questions:

1. What is hospital?
2. What are various functions of a hospital?
3. What are various components of a hospital?

Part C

Performance Standards

Students should be able to demonstrate the generic, technical, professional and organizational knowledge and skills in order to perform to the required standards. The performance standards may include, but not limited to:

Performance standards	Yes	No
Demonstrate the knowledge of various components and functions of a hospital system		
Identify the various equipment used in a hospital		

Session 3: Understand Role and Functions of Clinic

Relevant Knowledge

A clinic (or an **outpatient clinic** or an **ambulatory care clinic**) is a healthcare facility that primarily provides maintenance or preventative care to the outpatients. The word clinic is derived from the Greek word *klinein* meaning to slope, lean or recline. Hence *kline* is a couch or bed, *linikos* is sloping or reclining and Latin is *clinicus*. An early use of the word clinic was referred to the person 'one who receives baptism on a sick bed'.

Clinics can be privately operated or publicly managed and funded, and typically cover the primary healthcare needs of populations in local communities, in contrast to larger hospitals which offer specialised treatments and admit inpatients for overnight stays.

Role and the functions of a clinic

The function of clinics will differ from place to place. For instance, a local general practice run by a single general practitioner will provide primary healthcare, and will usually be run as a for-profit business by the owner whereas a government specialist clinic may provide subsidised and specialised healthcare to the patients. They are advantageous to hospitals because they can provide immediate medical attention to patients who are suffering from illness.

Some clinics function as a place for people with injuries or illnesses to come and be seen by nurse or other health worker. In these clinics, the injury or illness may not be serious enough to warrant a visit to an emergency room, but the person can be moved to one if required. They sometimes have access to diagnostic equipment such as X-ray machines and other diagnostic facilities. Doctors at such clinics can often refer patients to specialists if required.

Types of clinics

There are many different types of clinics providing outpatient services. Such clinics may be public (government funded) or private medical practices.

- A free clinic provides free or low-cost healthcare for it is generally provided by the State or Central government.
- A **general out-patient clinic** is a clinic offering a community general diagnoses or treatments without an overnight stay.
- A polyclinic is a place where a wide range of healthcare services including diagnostics can be obtained without need of an overnight stay.

- A **specialist clinic** is a clinic providing advanced diagnostic or treatment services for specific diseases or parts of the body. This type of clinic contrasts with general out-patient clinics, which deal with general health conditions and disease categories.
 - A sexual health clinic deals with sexual health related problems, such as prevention and treatment of sexually transmitted infections.
 - A fertility clinic aims to help women and couples to become pregnant.
- An ambulatory clinic offers outpatient guidance and counselling for various diseases and procedures that can be carried out in specialised hospitals or clinics

Session Plan 3

1. **SESSION TOPIC:** Role and Functions of Clinic
2. **OBJECTIVE:** To develop student's knowledge, skill & abilities regarding the role and functions of clinic
3. **MATERIALS/EQUIPMENT REQUIRED:** Charts, Sketch Pens, Rulers, Computer, Open Source Software for Slide Presentation, LCD Projector
4. **PREPARATIONS:**
 - Arrange all the materials well in advance
5. **TEACHING/TRAINING METHODOLOGY:**

T1 : Interactive Lecture

DURATION: 01 HOUR

PROCESS

1. Prepare the points for the lecture.
2. Introduce the topic.
3. Make an opening by telling students the purpose of the lecture or presentation.
4. Introduce the topic in the class and provide relevant knowledge to the students. Topics may include but not limited to the following:
 - (a) Role and functions of a clinic
 - (b) Preventive care provided at the Doctor's clinic
 - (c) Different types of clinic
5. Relate the topic to the real situation and ask questions.
6. Provide specific examples.
7. Involve students by giving them the opportunity to ask questions related to the topic.
8. Clarify any questions students may have.
9. Summarize the topic and emphasize on the key points.

T2 : Practical Session

DURATION: 02 HOURS

This practice session will enable students to understand the practical aspect of the topic. Ask the students to visit a nearby Clinic and perform the following:

- a. Find out available preventive care being administered in clinic.
- b. Are there any retail clinics operating in India? If yes, name them and enlist the services provided by them.
- c. Discuss the advantages of a clinic over hospital
- d. Prepare a report of highlighting the services provided in the clinics.

Checklist for Assessment Activity

Use the following checklist to check whether students could meet all the requirements for assessment.

Part A

1. Differentiate between a clinic and a hospital.
2. Discuss the role of a clinic in community health.

Part B

Students could answer the following questions:

1. What is clinic?
2. What are the roles and functions of a clinic?

Part C

Performance Standards

Students should be able to demonstrate the generic, technical, professional and organizational knowledge and skills in order to perform up to the required standards. The performance standards may include, but not limited to:

Performance standards	Yes	No
Describe the role of clinics in community health		
Identify different types of clinics		
Describe functions of a clinic		

Session 4: Identify various Rehabilitation Care Facilities

Relevant Knowledge

Rehabilitation /Convalescent care facilities help in restoring a person back to normal position and to get a useful place in society. As such, a rehabilitation center is a location in which rehabilitation can occur. People get displaced from society for various reasons. Some may experience an accident or illness that temporarily makes them unable to function normally; others may have an addiction that handicaps them. A rehabilitation center provides a support system to help restore people to their place in society.

Functions of a Rehabilitation Center

The function of a rehabilitation center is to provide the means and space to help in the recovery process. This process varies depending on the rehabilitation that is needed. Rehabilitation centers use a combination of therapy, small groups, individual sessions and highly structured living. The function of a rehabilitation center is to both increase the quality of life and to help the patient integrate back into the community. These Programs provides 24-hour care to people who require specific medical and therapeutic services in a supportive environment. The program will help in rebuilding strength, endurance and functioning before returning home.

Rehabilitation centre/ Convalescent care provide the care needed when required, it includes:

- Medical and therapeutic support;
- A specialized care plan to help regain strength and independence of the individual in need and
- Guidance to the family and caregivers needed to support the individual in need.

Depending on a persons need, a specialized care team plan is led by doctors and nurses with support from professionals such as physiotherapists, occupational therapists, dietitians and social workers develop a plan to help in rehabilitation.

Rehabilitation centers are categorized into four types:

1. Occupational
2. Physical
3. Addiction
4. Psychosocial

- 1. Occupational Rehabilitation**

Occupational rehabilitation centers are often found in clinics and hospitals. These rehabilitation centers focus on helping their clients regain skills needed to function. For example, an occupational therapist may work with a patient who has had a severe spinal cord injury and help regain the use of her arms or legs. An occupational rehabilitation center can help the patient in talking, writing, dressing herself and eating without assistance. The occupational therapist uses consistent rehabilitation exercises that help retrain the body.

- 2. Physical Rehabilitation**

Physical rehabilitation centers are similar to occupational rehabilitation centers, except they focus more on using physical exercises to help patients regain motor skills. Physical therapy (also called as physio-therapy) rehabilitation centers specialize in helping rehabilitate patients who have accident-related injuries or who have lost a limb, they also help rehabilitate those who have spinal, muscular or bone problems due to degenerative diseases.

- 3. Addiction Rehabilitation**

Rehabilitation centers also work with those who have addiction problems. Addictions rehabilitation centers provide both in-patient and out-patient programs. Rehabilitation centers are an important part of treating those addicted to drugs and alcohol. However, rehabilitation centers can also treat eating disorders and other addictions, such as gambling, etc.

- 4. Psych-social Rehabilitation**

Psych-social rehabilitation centers focus less on physical rehabilitation and more on the rehabilitation of the mind. Psych-social rehabilitation centers specialize in the treatment and rehabilitation of psychiatric disorders such as major depression, bi-polar disorder, and schizophrenia. Psych-social rehabilitation was implemented as an alternative to long-term institutionalization. It works to help those suffering from psychiatric disorders stabilize themselves through therapy and medication. Patients also learn skills to cope with their disorder while living in society.

Session Plan 4

1. **SESSION TOPIC:**
Rehabilitation Care Facilities
2. **OBJECTIVE:** To develop student's knowledge, skill & abilities regarding the various rehabilitation care facilities
3. **MATERIALS/EQUIPMENT REQUIRED:** Charts, Sketch Pens, Rulers, Computer, Open Source Software for Slide Presentation, LCD Projector
4. **PREPARATIONS:**
 - Arrange all the materials well in advance
5. **TEACHING/TRAINING METHODOLOGY:**

T1 : Interactive Lecture

DURATION: 01 HOUR

PROCESS

1. Prepare the points for the lecture.
2. Introduce the topic.
3. Make an opening by telling students the purpose of the lecture or presentation.
4. Introduce the topic in the class and provide relevant knowledge to the students. Topics may include but not limited to the following:
 - (a) Purpose of rehabilitation
 - (b) Functions of rehabilitation centre
 - (c) Services provided at various rehabilitation/ convalescent centre
5. Relate the topic to the real situation and ask questions.
6. Provide specific examples.
7. Involve students by giving them the opportunity to ask questions related to the topic.
8. Clarify any questions students may have.
9. Summarize the topic and emphasize on the key points.

T2 : Practical Session

DURATION: 02 HOURS

This practice session will enable students to understand the practical aspect of the topic. Ask them to perform the following exercise:

1. Visit a Rehabilitation Center in a hospital and study the various practices adopted for rehabilitating patients.
2. Based on the study, devise a small plan for persons recovering from leg injury.
3. Write the benefits of rehabilitation center.

Checklist for Assessment Activity

Use the following checklist to check whether students could meet all the requirements for assessment:

Part A

1. Differentiate between a clinic and a rehabilitation center.
2. Enlist various types of rehabilitation center and their purpose.

Part B

Students could answer the following questions:

1. What is a rehabilitation center?
2. What are the functions of a rehabilitation center?
3. What are various facilities available at rehabilitation centre?

Part C

Performance Standards

Students should be able to demonstrate the generic, technical, professional and organizational knowledge and skills in order to perform to the required standards. The performance standards may include, but not limited to:

Performance standards	Yes	No
Demonstrate the knowledge of the functions and activities of rehabilitation center		
Identify the facilities at the rehabilitation centre		

Session 5: Identify Long Term Care Facilities

Relevant Knowledge

Long Term Care (LTC) is a variety of services which help meet both the medical and non-medical needs of people with a chronic illness or disability who cannot care for themselves for long period of time.

Generally, the LTC provides the non-skilled care, such as assisting with normal daily tasks like dressing, bathing, and using the bathroom. Essentially, it involves providing a level of medical care that requires the expertise of skilled practitioners to address the often multiple chronic conditions associated with older populations. Long-term care can be provided at home, in assisted living facilities or in nursing homes. Long-term care may be needed by people of any age, although it is a more commonly needed for senior citizens.

Definition

Long Term Care facility that provides rehabilitative, restorative, and/or ongoing skilled nursing care to patients or residents, who are in need of assistance with the activities of daily living. Long-term care facilities include nursing homes, rehabilitation facilities, inpatient behavioral health facilities, and long-term chronic care hospitals.

Need for Long Term Care

Life expectancy is going up in most countries, implying that more and more people are living longer and entering an age when they may need care in their daily activities. In today's world 70 percent of all older people now live in low or middle-income countries. Countries and healthcare systems need to find innovative and sustainable ways to cope with changing scenario.

This change is also being accompanied by changing social patterns, including nuclear families, different residential patterns and increased female labour participation in work force. These factors often contribute to an increased need for care.

In many countries, the largest percentages of older persons needing LTC services still rely on informal home care, or services provided by unpaid caregivers who are usually non-professional family members, friends or other volunteers.

Types of Long Term Care

Long-term care can be provided **formally or informally**. Facilities that offer formal Long Term Care services typically provide living accommodation for people who require on-site delivery of around-the-clock supervised care, including professional health services, personal care and services such as meals and housekeeping. These facilities may be called as nursing home, personal care facility, residential continuing care facility, etc. Long-term care provided formally in the home, also known as home healthcare, can also include a wide range of clinical services (e.g. nursing, drug therapy, physical therapy) and other activities such as physical construction according to the need of the patient.(e.g. renovating bathrooms and kitchens so that its easier for people to work). These services are usually ordered by a physician or other professional. Informal long-term home care is care and support provided by family members, friends and other unpaid volunteers. It is estimated that 90% of all home care is provided informally by a loved one.

Session Plan 5

1. **SESSION TOPIC:** Long Term Care facilities
2. **OBJECTIVE:** To develop student's knowledge, skill & abilities regarding the long term care
3. **MATERIALS/EQUIPMENT REQUIRED:** Charts, Sketch Pens, Rulers, Computer, Open Source Software for Slide Presentation, LCD Projector
4. **PREPARATIONS:**
 - o Arrange all the materials well in advance
5. **TEACHING/TRAINING METHODOLOGY:**

T1 : Interactive Lecture

DURATION: 01 HOUR

PROCESS

1. Prepare the points for the lecture.
2. Introduce the topic.
3. Make an opening by telling students the purpose of the lecture or presentation.
4. Introduce the topic in the class and provide relevant knowledge to the students. Topics may include but not limited to the following:
 - (a) Meaning of long term care
 - (b) Need of long term care facility
 - (c) Treatment provided through long term care
5. Relate the topic to the real situation and ask questions.
6. Provide specific examples.
7. Involve students by giving them the opportunity to ask questions related to the topic.
8. Clarify any questions students may have.
9. Summarize the topic and emphasize on the key points.

T3 : Practical Session

DURATION: 02 HOURS

This practice session will enable the student to understand the practical aspect of this topic. Ask them to perform the following exercise: -

1. Visit an old age home. Write a detailed report about the routine followed and the assistance provided to the elders.
2. Suggest at least five ideas that will enhance the quality of long term care for those living at the center you visited.

Checklist for Assessment Activity

Use the following checklist to check whether students could meet all the requirements for assessment.

Part A

1. Different between types of Long term Care facilities
2. Differentiate between the role played by Long Term Care facility and a rehabilitation center.
3. Differentiate between sub-acute care and long term care services

Part B

Students could answer the following questions:

1. What is Long Term Care?
2. What are different services provided through Long Term Care facilities?

Part C

Performance Standards

Students should be able to demonstrate the generic, technical, professional and organizational knowledge and skills in order to perform to the required standards. The performance standards may include, but not limited to:

Performance standards	Yes	No
Enlist the Long Term Care facilities		
Identify the equipment and materials used for long term care		

Session 6: Identify various Hospice Care

Relevant Knowledge

Hospice care is a type and philosophy of care that focuses on the relieving and preventing the suffering of a terminally ill or seriously ill patient's pain and symptoms, and attending to their emotional needs.

The focus of hospice care is on palliation of the patient's pain and symptoms. These symptoms may be physical, emotional, or psychosocial in nature. Hospice care focuses on bringing comfort, self-respect, and peace to people in the final time of life. Patients' symptoms and pain are controlled, goals of care are discussed and emotional needs are supported. Hospice believes that the end of life is not a medical experience; it is a human experience that benefits from expert medical and holistic support that hospice offers.

Hospice care focuses on quality rather than length of life. It provides humane and compassionate care for people in the last phases of incurable disease so that they may live as fully and comfortably as possible. Hospice care treats the person rather than the disease, working to manage symptoms so that a person's last days may be spent with dignity and quality, surrounded by their loved ones. It's also family-centered - it includes the patient and the family in making decisions. Hospice care is used when you can no longer be helped by curative treatment, and you are expected to live about 6 months or less if the illness runs its usual course. Hospice gives you supportive or *palliative care*, which is treatment to help relieve disease-related symptoms, but not cure the disease. Its main purpose is to improve your quality of life.

Places where hospice care is provided

Hospice care is generally, designed to be available 24 hours a day, 7 days a week. It can be given at the patient's home, a hospital, nursing home, or private hospice facility. The doctor, guidance counselor helps in deciding which program is best for the patient and the family. Hospice can be provided at:

i. Home hospice care

Most home health agencies and independently owned hospice programs, offer home hospice services. A nurse, doctor, and other professional staff monitor the home hospice program but the main caregiver is usually a family member or friend who is responsible for around-the-clock supervision of the patient.

This person is with the patient most of the time and is trained by the nurse to provide much of the hands-on care.

Members of the hospice staff will visit regularly to check on the person, his/ her family, and caregivers to give needed guidance and services.

Care begins when a patient is admitted to the hospice program, which generally means that a hospice team member visits your home to learn about you and your needs. Return visits are scheduled so that the patient's needs are re-evaluated regularly. To provide further support on call nurse and counselors are available throughout the day.

ii. Hospital based hospices

Hospitals that treat seriously ill patients often have a hospice program. This allows patients and their families' easy access to support services and healthcare professionals. Some hospitals have a special hospice unit, while others use a hospice team of caregivers who visit patients with advanced disease on any nursing unit. In other hospitals, the staff on the patient's unit will act as the hospice team.

iii. Long Term Care facility based hospice

Many nursing homes and other long-term care facilities have small hospice units. They might have a specially trained nursing staff to care for hospice patients, or they might make arrangements with home health agencies or independent community-based hospices to provide care. This can be a good option for patients who want hospice care but don't have primary caregivers to take care of them at home.

Support facilities extended by Hospice Care

Various types of services are provided by the hospice care team, depending upon the need of the patient and the family. The following are the main services extended by the hospice care:

a) Pain and symptom control

The goal of pain and symptom control is to help patient to be comfortable while allowing staying in control and enjoying life. This means that discomfort, pain, and side effects are managed to make sure that the patient is free of pain and symptoms as much possible and alert enough to enjoy the people around you and make important decisions.

b) Home care and inpatient care

Although hospice care can be provided at home, a patient may be admitted to a hospital, extended-care facility, or a hospice inpatient facility. The hospice can arrange for inpatient care and will stay involved in patient care and guiding the family through the process. The patient can go back to in-home care when he and his family are ready.

c) Family conferences

Regularly scheduled family conferences, often led by the hospice nurse or social worker, keep family members informed about the condition of the patient and what to expect. Family conferences also gives everyone a chance to share feelings, talk about what to expect and what's needed, and learn about death and the process of dying. Family members can find great support and stress relief through family conferences. Daily conferences may also be held informally as the nurse or nursing assistant talks with the patient and care givers.

d) Bereavement care

Bereavement is the time of mourning after a loss. The hospice care team works with surviving loved ones to help them through the grieving process. A trained volunteer or professional counselor provides support to survivors through visits, phone calls, and/or other contact, as well as through support groups. The hospice team can refer family members and care giving friends to other medical or professional care, if needed.

Session Plan 6

1. **SESSION TOPIC:** Hospice Care
2. **OBJECTIVE:** To develop student's knowledge, skill & abilities regarding hospice care
3. **MATERIALS/EQUIPMENT REQUIRED:** Charts, Sketch Pens, Rulers, Computer, Open Source Software for Slide Presentation, LCD Projector
4. **PREPARATIONS:**
 - Arrange all the materials well in advance
5. **TEACHING/TRAINING METHODOLOGY:**

T1 : Interactive Lecture

DURATION: 01 HOUR

PROCESS

1. Prepare the points for the lecture.
2. Introduce the topic.
3. Make an opening by telling students the purpose of the lecture or presentation.
4. Introduce the topic in the class and provide relevant knowledge to the students. Topics may include but not limited to the following:
 - (a) Hospice care
 - (b) Scope of hospice care
 - (c) Facilities available at Hospital/Home for hospice care
5. Relate the topic to the real situation and ask questions.
6. Provide specific examples.
7. Involve students by giving them the opportunity to ask questions related to the topic.
8. Clarify any questions students may have.
9. Summarize the topic and emphasize on the key points.

T2 : Brain Storming Session

DURATION: 01 HOUR

Organize a brain storming session on advantages and disadvantages of hospice care.

T3 : Practical Session

DURATION: 02 HOURS

This practice session will enable students to understand the practical aspect of the topic. Ask them to perform following exercise

1. Write in 100 words about hospice care, its importance.
2. Visit a Hospital/Clinic and enlist all the services provided and the equipment used for hospice care.

Checklist for Assessment Activity

Use the following checklist to check whether students could meet all the requirements for assessment.

Part A

1. Enlist various types of services offered by hospice care.
2. Describe the role of hospice care for terminally ill patient.

Part B

Students could answer the following questions:

1. What is hospice?
2. What are the types of hospice care extended to the patients and their family?
3. What are the facilities and services extended by hospitals for hospice care?

Part C

Performance Standards

Students should be able to demonstrate the generic, technical, professional and organizational knowledge and skills in order to perform to the required standards. The performance standards may include, but not limited to:

Performance standards	Yes	No
Demonstrate the knowledge of services related to physical, emotional, social and spiritual needs of a patient extended by hospice care.		

Glossary

Ancillary Services	Supplementary services which may use laboratory, radiology, physical therapy, and inhalation therapy that are provided in conjunction with medical or hospital care.
Gatekeeper	A primary care physician or his/her staff who is responsible for determining when and what services a patient can access or receive reimbursement.
Health Care Provider	Health care professionals and institutions, including hospitals, clinics, laboratories, physicians, therapists, home health agencies, chiropractors, etc.
Hospital	A health care facility that has a governing body, an organized medical and professional staff, and inpatient facilities and provides medical, nursing, and related services for injured patients.
Informed Consent	It refers to the requirement that a patient or resident be apprised of the nature, risks, and alternatives of a medical procedure or treatment before the physician or other health care professional begins any such course.
Nursing Assistant	An individual who gives basic nursing care under the supervision of a registered nurse or a licensed practical nurse; also called nurse's aide, nursing attendants, health care assistant and orderly.

TEACHERS HANDBOOK

HSS102 - NQ2014

Role of Patient Care Assistant



पं.सु.श.केन्द्रीय व्यावसायिक शिक्षा संस्थान,श्यामला हिल्स, भोपाल
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PREFACE

The Teacher’s Handbook on “**Role of Patient Care Assistant**” is a part of the qualification package developed by the Healthcare Sector Skill Council (HSSC) for the National Skills Qualifications Framework (NSQF) of “General Duty Assistant/Patient Care Assistant”. The National Vocational Education Qualification Framework (NVEQF) now subsumed in NSQF is an initiative of the Ministry of Human Resource Development (MHRD), Government of India to set common principles and guidelines for a nationally recognized qualification system covering Schools, Vocational Education and Training Institutions, Technical Education Institutions, Colleges and Universities. It is envisaged that the NVEQF will promote transparency of qualifications, cross-sectoral learning, student-centred learning and facilitate learner’s mobility between different qualifications, thus encouraging lifelong learning.

The National Curriculum Framework, 2005, recommends that children’s life at school must be linked to their life outside the school. This principle makes a departure from the legacy of bookish learning which continues to shape our system and causes a gap between the school, home, community and the workplace. Experiential learning, which is a cyclical process involving observation, reflection and action, should be an integral part of the teaching-learning process. Attempt by the students to solve problems, guided by the teachers or instructors, would enable them to explore and discover new knowledge and develop problem solving skills. A range of pedagogies, including interactive lecture, role plays, case based studies, assignments, projects and on-the-job activities that provide students with generic, technical and professional knowledge and skills should be adopted by the teachers and instructors to foster student-centred learning.

The success of this effort of integrating knowledge and skills depends on the steps that the teachers will take to encourage children to reflect their own learning and to pursue imaginative and on-the-job activities and questions. Participation of learners in skill development exercises and inculcation of values and creativity is possible if children are involved as participants in learning, and not as receiver of information. These aims imply considerable change in school routines and mode of functioning. Flexibility in the daily time-table would be a necessity to maintain the rigour in implementing the activities and the required number of teaching days will have to be increased for teaching and training.

The suggestions by the teachers and other stakeholders in education and training will be of great value to us in bringing about qualitative improvement in the teacher’s handbook.

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GENERAL INSTRUCTIONS FOR TEACHERS

- Read the Teacher's Handbook carefully before teaching or conducting the training.
- Follow the session plan strictly
- Familiarize yourself thoroughly with the relevant knowledge and skills to be transacted.
- Ensure all materials/aids/equipment required for teaching and training is available.
- Introduce the skill by explaining the purpose.
- Demonstrate the skill to the participants, explaining each step in detail.
- Invite the students to ask questions.
- Ask the students to practice the skill themselves and make observation while they perform the task.
- Provide the students with constructive feedback.
- Discuss in class, the problems faced by the students in performing the task.
- Summarize the key learning.
- Ensure key learning is captured and performance standards are met at the end of each session.
- Regularly check student's workbook to ensure all exercises are being completed on time.
- Ensure that all participants complete the required assessments given in the student workbook.
- Always encourage participants. Never discourage them from getting actively engaged in discussions, question-answer sessions and task-oriented activities.

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Session1: Identify Role of Patient Care Assistant

Relevant Knowledge

Patient Care Assistants (PCA) provides nursing and technical care to patients under the supervision of nurses in a hospital or nursing care facility. Patient Care Assistants might spend more time with patients than other healthcare providers in a hospital. PCAs must be empathetic and have good communication and nursing skills to care for patients in a hospital.

Essential Duties and Responsibilities:

The essential duties of a PCA include the following:

- 1. Assists professional healthcare staff with performing physical examinations and patient procedures, which may include measuring and recording vital signs and measurement of input and output.**
 - a. Patient data, such as vital signs and measurement of intake and output are taken and recorded according to the policy and procedure of the Hospital.
 - b. Changes and abnormal findings in patient's data are communicated to the registered nurse and other members of the healthcare team in a timely manner.
 - c. Patient is assisted with personal hygiene.
 - d. Patient is given assistance with ADLs (Activities of Daily Living), exercise and ambulation as directed by therapists and other members of the healthcare team.
 - e. Personal care and patient related services are provided in the patient's home as needed per guidelines set forth by the Home Health Agency.
- 2. Maintains patient safety**
 - a. Patient's environment including but not limited to the patient's room, exam room or treatment area is kept neat and clean.
 - b. Meal preparation and light housekeeping duties may be necessary in the home setting to maintain a safe environment.
 - c. Equipment maintenance and safety checks are completed according to policy and procedure.
 - d. Incidents are reported promptly to appropriate parties using the Health System's quality reporting process.
- 3. Performs administrative support functions.**
 - a. Medical record duties, including file maintenance and recordkeeping, are completed when necessary.

- b. Supply inventory and ordering are completed according to guidelines.
- c. Duties, including scheduling diagnostic procedures, meeting and greeting patients, or delivering specific supplies and pharmaceuticals are performed efficiently.

4. Maintain necessary skills and competencies

- a. Competency in the use of new equipment (i.e., lifting and moving patients) is achieved and maintained.
- b. Strengths and opportunities for professional development are identified and goals for self improvement are set and documented appropriately.
- c. Identified goals for professional development are met through a variety of educational fora.
- d. The education and development of others is fostered by sharing information learned through individual professional development.
- e. A positive environment conducive to professional development of coworkers is demonstrated on an ongoing basis, including but not limited to teaching, orienting, role modeling and team participation.
- f. Annual mandatory training activities and regulatory in-service hours requirements are completed within established timeframe.

5. Communicates appropriately using good interpersonal skills

- a. Positive, professional demeanor is projected through verbal and non-verbal communication.
- b. Information for patients and staff is delivered in a manner that is supportive, timely and understandable.
- c. Interpersonal conflicts are resolved using appropriate methods and organizational resources, including but not limited to Employee Relations Services and Faculty Employee Assistance Program.
- d. Diverse perspectives are acknowledged; language and behaviors are modeled that build inclusiveness in the work environment.
- e. Ideas and suggestions are clearly communicated.
- f. Clarification of communication is requested when appropriate.

2. Serves, manages and supports internal and external customers

- a. Privacy is maintained at all times for patient and employee information.

- b. Actions are initiated to meet or exceed customer/co-workers expectations in delivering service by implementing the I Make the Difference philosophy (Ownership begins with me; Greet customers by making eye contact and smiling; Provide positive, professional and prompt responses, e.g. helping visitors find their way; Close every interaction with - Is there anything else I can do for you?).
- c. Appropriate resources throughout the Organization are used consistently to meet customer needs.
- d. Relationships with staff in other work areas are fostered to meet internal and external customer needs.
- e. Positive working relationships with peers, management and customers are maintained at all times.
- f. Organizational Mission and Values of Respect, Integrity, Stewardship and Excellence are evident in behaviors.

3. Participates in performance improvement activities

- a. Participation in performance improvement activities and initiatives is on-going.
- b. Initiative is demonstrated to proactively diagnose and resolve problems.
- c. Change is met with positive and supportive behavior.

4. Participates as a team member and is accountable for own work responsibilities.

- a. Time off is scheduled to avoid disrupting workflow.
- b. Help is offered to others to solve problems and complete tasks to facilitate communication and positive team dynamics.
- c. Productive work habits are consistently displayed.
- d. Accountability for actions and decisions is demonstrated in daily work.
- e. Feedback is solicited and accepted in a positive manner.
- f. Constructive input is offered to support the work unit.

Session Plan 1

1. **SESSION TOPIC:** Role of Patient Care Assistant/ General Duty Assistant
2. **OBJECTIVE:** To develop student's knowledge regarding role and functions of Patient Care Assistant
3. **MATERIALS/EQUIPMENT REQUIRED:** Charts, Sketch Pens, Rulers, Computer, Open Source Software for Slide Presentation, LCD Projector.
4. **PREPARATIONS:**
 - o Arrange all the materials well in advance
5. **TEACHING/TRAINING METHODOLOGY:**

T1 : Interactive Lecture

DURATION: 02 HOURS

PROCESS

1. Prepare the points for the lecture.
2. Introduce the topic.
3. Make an opening by telling students the purpose of the lecture or presentation.
4. Introduce the topic in the class and provide relevant knowledge to the students. Topics may include but not limited to:
 - (a) Duties of Patient Care Assistant
 - (b) Responsibilities of Patient Care Assistant
 - (c) Maintaining patient's safety
5. Relate the topic to the real situation and ask questions.
6. Provide specific examples.
7. Involve students by giving them the opportunity to ask questions related to the topic.
8. Clarify any questions students may have.
9. Summarize the topic and emphasize on the key points.

T2 : Practical Session

DURATION: 02 HOURS

This practice session will enable students to understand the practical aspect of the topic. Ask them to perform the following exercise:

1. Ask the students to list the various functions of a Patient Care Assistant.
2. Presentation by students on 'Role of Patient Care Assistant'.
3. Volunteer at a Primary Health Centre/nursing home/community health centre and perform the duties under the supervision of the Incharge.

Checklist for Assessment Activity

Use the following checklist to check whether students could meet all the requirements for assessment.

Part A

1. Describe the duties of Patient Care Assistant.

Part B

Students could answer the following questions:

1. What are the duties and responsibilities of Patient Care Assistant?
2. How to maintain patient's safety?

Part C**Performance Standards**

Students should be able to demonstrate the generic, technical, professional and organizational knowledge and skills in order to perform to the required standards. The performance standards may include, but not limited to:

Performance standards	Yes	No
Relate the abilities and strengths of self with the job role of Patient Care Assistant		
Enlist the various roles and functions of Patient Care Assistant		
Demonstrate the knowledge of maintaining patient safety		

Session 2 : Identify various Activity of Patients Daily Care

Relevant Knowledge

Activities of daily living (ADLs) is a term used in healthcare to refer to daily self-care activities within an individual's place of residence, in outdoor environments, or both. Health professionals routinely refer to the ability or inability to perform ADLs as a measurement of the functional status of a person, particularly in regards to people with disabilities and the elderly. Younger children often require help from adults to perform ADLs, as they have not yet developed the skills necessary to perform them independently.

ADLs are defined as "the things we normally do such as feeding ourselves, bathing, dressing, grooming, work, homemaking, and leisure". While basic categories of ADLs have been suggested, what specifically constitutes a particular ADL in a particular environment for a particular person may vary.

Patient Care Assistance Daily activity in the hospital

Patients need help with various activities because they may not remember or they may not be in that position to do them, they may have movement disorders and poor coordination and they may have lost interest in doing things, or may not understand why something needs to be done. They may not be able to understand instructions when someone tries to help them.

1. Bathing and showering (washing the body)
2. Bowel and bladder management (recognizing the need to relieve oneself)
3. Dressing
4. Eating (including chewing and swallowing)
5. Feeding (setting up food and bringing it to the mouth)
6. Functional mobility (moving from one place to another while performing activities)
7. Personal device care
8. Personal hygiene and grooming (including washing hair)
9. Toilet hygiene (completing the act of relieving oneself)

Daily Care Plan of Patients according to their various needs

To a patient, every task could be a source of stress if it seems beyond their ability. An average day, therefore, is a series of stressful tasks, and it is no wonder they get frustrated and tired.

One very helpful way of reducing their stress is establishing a regular routine for the day—doing the same things at the same time every day. This routine can be fine-tuned to ensure that the patient seems comfortable with it. Necessary tasks are all fitted into this routine so that the patient’s day is regular and predictable, and the patient can get used to it. They need less effort to get through the day as they sort of know what to expect. They get a greater sense of comfort, and also feel more in control of their lives. The daily routine should only be disrupted if it is very necessary.

In addition to a daily routine, the environment around the patient needs to be relaxed and friendly. Also, the patient should have access to whatever is needed to perform activities easily. There should be enough things to keep the patient oriented about where he/ she is, and what the time is. Also, depending on the patient’s likes and dislikes, various other means of keeping the patient comfortable and relaxed should be adopted. This could include pictures of happy days, or incense, or music, if these are helpful to the patient.

Often, caregivers do not spend enough time making the environment comfortable because they are already having enough work and problems handling care. But even a few appropriate adjustments to the home can drastically improve the patient’s emotional state, and consequently, the patient’s ability to understand and do things. All of us work better when we are relaxed and happy and surrounded by things we like. So do the patients.

When thinking of how to do something, we shouldn’t think only of how to get the task accomplished, but also whether we can make it more pleasant for ourselves and the patient. That will change the activity from a chore to something we may enjoy.

Helping Tips

These are some of the tips that a Patient Care Assistant can use for specific activities in healthcare:

Bathing

1. Patients often misjudge the temperature of the water, and may end up bathing with very hot or very cold water if not helped.
2. A bathroom can be very unsafe for a patient if left alone, so stay with the patient. Patients may feel embarrassed or angry at the presence of a caregiver.

Handing them the soap and then turning the face away may give them back their sense of privacy.

3. A thin towel can be used to cover the torso/ private parts while the caregiver soaps the rest of the body.
4. A bath stool may be needed so that the patient sits down comfortably for the bath. Grab rails near the bath stool may also be needed.
5. Be careful to dry in the folds, such as under the breast. Also, dry areas like between the toes.
6. If bathing is tiring and difficult, reduce frequency to what is indicated by the weather and the needs of personal hygiene. Or give partial baths. A daily full bath may not be needed.
7. Use the bath time to check the patient for injuries and sores.

Dental care

1. You may need to help the patient brush properly.
2. Denture cleaning will probably have to be done by the caregiver.
3. You may also, in later stages, have to assist the patient put in and remove the dentures; dentures should fit well, or the patient will get sores in the mouth.

Grooming

1. Patients may cut themselves while shaving with an ordinary razor, and therefore switch to twin blade or electric razors. Caregivers may need to take this activity after sometime.
2. Combing hair is another activity the caregiver may need to take over.
3. Nail cutting and filing require fine coordination, and will need to be taken over.
4. Even if the patients are unable to use face creams and groom themselves, they like to look neat and presentable, and the caregiver needs to take over these tasks as the patient's inability makes them too difficult to be done independently.

Dressing

1. Too many clothes in the wardrobe may be confusing for the patient. Reduce the choices by removing extra clothes. Retain only a few comfortable, loose clothes

2. Clothing may need to be simplified as coordination reduces.
3. When laying out the clothes for the patient to wear, lay them out in the sequence in which they have to be worn.
4. Make sure clothes are not too long, so that patients do not trip.
5. Switch to clothes without zippers or elaborate buttoning.
6. Instead of pajamas/ salwars with strings, use them with elastic so that they can be just pulled on or taken off.
7. Use shoes with velcro straps instead of shoes with laces.
8. Replace sari with nightgown.

Toileting

1. Incontinence occurs for many reasons, some of which are that the patient is not able to reach the bathroom in time, or forgets where the bathroom is. Use signage to point the way, have nightlights, have grab rails that the patient can use while reaching the bathroom, and have clothing that can be taken off easily.
2. Timed visits to the bathroom often reduce accidents.
3. Watch out for signs of constipation and dehydration (note colour of urine) and change diet and water intake accordingly.
4. If the patient shows signs of pain while passing urine or during bowel movements, consult with the doctor.
5. Be ready for accidents, and set up the house for quick cleaning after such accidents.
6. Persons who have been used to different styles of toilets in their childhood may forget what a commode is for, and may need to be reminded.
7. Grab rails or toilet seats with rails may make the experience of sitting on the toilet seat less frightening for the patient.
8. Watch the patient to ensure proper wiping, and proper washing of hands.
9. For visits outside, diapers may be a good option. Even patients, who could be tense about finding a suitable bathroom outside, may easily agree to using diapers for outside visits (such as to the doctor). Patients will need assistance in wearing and removing diapers.

Eating

1. Patients may forget to eat if family members have gone out and left the food on the table for them. Someone may need to ensure that the patients eat.

2. Eating becomes messier over time, and patients who used to use a spoon may switch to eating with hand. They may have problems handling larger pieces, and food may need to be cut down in smaller sizes they can handle.
3. Patients may not mix food while eating. They may eat all the daal/ sambhar first, and the curds, and then try to eat the rice without anything mixed. They may finish off the vegetable or curry, and then be left with the roti and nothing to eat with it. They may even eat the pickles separately. This is because they find it a problem to handle multiple items.
4. Caregivers may need to mix food and give it to them, or to make combined dishes like pulao, khichdi, bisi bele bath, and curd rice.
5. Denture fitment becomes bad. The patient may lose more teeth, but not be mobile or alert enough to get a new denture.
6. Chewing becomes a problem over time, and food may need to be made softer, and finally, liquidised in a mixie.
7. Consult doctors about diet supplements like calcium and vitamins, and also whether the patient needs to take a serving or so of a balanced-diet food like Ensure.

Drinking water

1. Sometimes, patients, in order to avoid repeated trips to the bathroom, reduce their water intake.
2. They may also forget to drink water.
3. Caregivers need to make sure that patients are drinking enough water.
4. Doctors may also ask patients to include electrolyte drinks in the daily routine, if the patient is showing an electrolyte imbalance.

Taking medication

In the beginning, patients may find it problematic to keep track of their medicines. Using small labeled boxes for the medicines can help. However, more care needs to be taken to ensure that patients continue taking their medicines as prescribed. Forgetting to take medication is a common problem. Patients cannot be depended on to take their medication as required. They may forget to do so. Even if reminded, they may not believe they need to take the medication (they may say things like, but I don't have high BP). If caregivers insist, patients sometimes hide the medicine away under the mattress or pretend to swallow it and

then spit it out. It is good to be alert on this, and if necessary, supervise the patient to ensure that the medicines are taken as prescribed. In later stages, as swallowing becomes difficult, doctors should be asked to switch prescriptions to medicines that can be crushed and given, or for syrups.

Exercise

1. Some amount of daily exercise is desirable. Walking is a good exercise. Over time, patients become unsteady, and grab rails may need to be installed at strategic places.
2. Range of motion exercises will keep the patient flexible and mobile longer.

Session Plan 2

1. **SESSION TOPIC:** Patient's Daily Care
2. **OBJECTIVE:** To develop student's knowledge skills and abilities regarding activities to be performed for daily care of patients
3. **MATERIALS/EQUIPMENT REQUIRED:** Charts, Sketch Pens, Rulers, Computer, Open Source Software for Slide Presentation, LCD Projector
4. **PREPARATIONS:**
 - Arrange all the materials well in advance
5. **TEACHING/TRAINING METHODOLOGY:**

T1 : Interactive Lecture

DURATION: 02 HOURS

PROCESS

1. Prepare the points for the lecture.
2. Introduce the topic.
3. Make an opening by telling students the purpose of the lecture or presentation.
4. Introduce the topic in the class and provide relevant knowledge to the students. Topics may include but not limited to the following:
 - (a) Role of Patient Care Assistant in daily care of patient
 - (b) Daily care plan of patient
5. Relate the topic to the real situation and ask questions.
6. Provide specific examples.
7. Involve students by giving them the opportunity to ask questions related to the topic.
8. Clarify any questions students may have.
9. Summarize the topic and emphasize on the key points.

T2 : Practical Session

DURATION: 02 HOURS

This practice session will enable students to understand the practical aspect of the topic. Ask them to perform the following exercise:

1. Prepare a daily care plan for patient.
2. Demonstrate daily care procedures
3. Apply the most suitable safety practice that should be followed in a given situation.

Checklist for Assessment Activity

Use the following checklist to check whether students could meet all the requirements for assessment.

Part A

1. Describe the various activities performed by the Patient Care Assistant.
2. Describe the various needs of a patient
3. Describe the various safety practices that should be followed in daily care

Part B

Students could answer the following questions:

1. What is the role of Patient Care Assistant in daily care of patients?

Part C

Performance Standards

Students should be able to demonstrate the generic, technical, professional and organizational knowledge and skills in order to perform to the required standards. The performance standards may include, but not limited to:

Performance standards	Yes	No
Prepare a daily care plan for patient		
Perform the various daily care practices		

Session 3: Identify Basic Components Required for Patient Comfort

Relevant Knowledge

Besides being aesthetically pleasing, the human environment must provide light, air, and thermal comfort. In addition, proper acoustics and hygiene are important. Comfort is best defined as the absence of discomfort. People feel uncomfortable when they are too hot or too cold, or when the air is odorous and stale. Positive comfort conditions are those that do not distract by causing unpleasant sensations of temperature, drafts, humidity, or other aspects of the environment. Ideally, in a properly conditioned space, people should not be aware of equipment noise, heat, or air motion. The feeling of comfort—or, more accurately, discomfort—is based on a network of sense organs: the eyes, ears, nose, tactile sensors, heat sensors, and brain. Thermal comfort is that state of mind that is satisfied with the thermal environment; it is thus the condition of minimal stimulation of the skin's heat sensors and of the heat-sensing portion of the brain.

The environmental conditions conducive to thermal comfort are not absolute, but rather vary with the individual's metabolism, the nature of the activity engaged in, and the body's ability to adjust to a wider or narrower range of ambient. For comfort and efficiency, the human body requires a fairly narrow range of environmental conditions compared with the full scope of those found in nature. The factors that affect humans pleasantly or adversely include:

- (i) Temperature of surrounding air
- (ii) Radiant temperatures of surrounding surfaces
- (iii) Humidity of air
- (iv) Air motion
- (v) Odour
- (vi) Dust
- (vii) Aesthetics
- (viii) Acoustics
- (ix) Lighting
- (x) Room hygiene
- (xi) Sound
- (xii) Bed comfort

Session Plan 3

1. **SESSION TOPIC:** Patient's Comfort
2. **OBJECTIVE:** To develop student's knowledge, skills and abilities for basic components required for patients comfort
3. **MATERIALS/EQUIPMENT REQUIRED:** Charts, Sketch Pens, Rulers, Computer, Open Source Software for Slide Presentation, LCD Projector.
4. **PREPARATIONS:**
 - Arrange all the materials well in advance
5. **TEACHING/TRAINING METHODOLOGY:**

T1 : Interactive Lecture

DURATION: 02 HOURS

PROCESS

1. Prepare the points for the lecture.
2. Introduce the topic.
3. Make an opening by telling students the purpose of the lecture or presentation.
4. Introduce the topic in the class and provide relevant knowledge to the students. Topics may include but not limited to the following:
 - (a) Comfort requirements of patients
 - (b) Importance of patient's comfort
 - (c) Components of patient's comfort
5. Relate the topic to the real situation and ask questions.
6. Provide specific examples.
7. Involve students by giving them the opportunity to ask questions related to the topic.
8. Clarify any questions students may have.
9. Summarize the topic and emphasize on the key points.

T2 : Practical Session

DURATION: 02 HOURS

This practice session will enable students to understand the practical aspect of the topic. Ask them to perform the following exercise:

1. List various components that need to be considered in providing comfort to patients.
2. Perform various activities for demonstrating the tasks to be performed for taking care of patient's comfort

Checklist for Assessment Activity

Use the following checklist to check whether students could meet all the requirements for assessment.

Part A

1. Differentiate between the various comfort requirements of a patient.

Part B

Students could answer the following questions:

1. What are the various elements that need to be considered to provide comfort to the patient?

Part C

Performance Standards

Students should be able to demonstrate the generic, technical, professional and organizational knowledge and skills in order to perform to the required standards. The performance standards may include, but not limited to:

Performance standards	Yes	No
List factors that affect patient's comfort		
Demonstrate the knowledge of various aspects that need to be considered while taking care of patient's comfort		

Session 4: Understand Patient's Safety

Relevant Knowledge

The environment of a patient is vital to assist in the recovery process. As such, the environment must be maintained so that it contributes to and not be a detriment to healing. The patient's environment consists of the setting around him, equipment, furniture, as well as people. The patient's environment should have the following characteristics:

1. Environment should be conducive to rest.
2. Environment should be well lighted to ensure safety
3. Environment should be free from noise and extraneous activity
4. Environment should be well ventilated
5. Environment should be predictable

Environment as conducive to rest

When a person is sick, he requires plenty of rest among other things as part of his therapy. It should allow the patient to regain his resources so that he restores his health. Many factors should be considered to make this possible, such as scheduling procedures promptly. In addition, assisting the patient in their activities of daily living should be as close to the personal routines the patient has at home. For example, some patients prefer to have their baths in the morning, while others prefer them in the evening. Schedule for visitation should be adhered to so that the patient can focus on physical rest.

Environment should be well-lighted

Since many elderly individuals are usually hospitalized, their needs must be kept in mind. Accidents may be prevented when corridors and rooms have good lighting. Good lighting includes the avoidance of glares which can distract the patient's vision.

Environment should be free from noise and extraneous activity

Noise pollutes. If a hospital environment is noisy, it detracts from the healing that rest provides. Personnel should control their voices when talking and avoid the use of telephones and other personal electronic equipment in patient care areas. Trolleys, carts, stretchers, and wheelchairs should not be noisy so as to distract the patient.

Environment should be well ventilated

Maintaining good ventilation can be achieved in air-conditioned as well as non-air-conditioned rooms. The patient care assistant should ensure that good ventilation is achieved by not allowing crowds of people to visit at the same time, as well as to maintain a good air circulation by opening or closing windows or doors as needed.

Environment should be predictable

As part of the admission procedure, patients and their families are oriented to the room. Since patients are in unfamiliar surroundings, consistency in the placement of personal effects, equipment and furniture should be maintained. They should know where the urinal or bedpan is or where they can obtain water and their personal effects. The patient care assistant should always return these equipment or furniture to their original placements so as not to confuse the patient. In addition, routines should be followed closely as much as possible, such as the schedule for meals, as well as visitation.

Patient's environment and its components

Typical equipment/accessories in the patient's room

1. Bedside table
2. Overhead table
3. Sink
4. Bed
5. Mattress
6. IV pole
7. Soap dispenser towel dispenser
8. Glove container
9. Sharp and needle trash
10. Trash for different biomedical waste
11. Supplies in the patient's room
12. Gloves
13. Soap
14. Towels

Nursing Unit or Ward

A nursery unit / ward typically comprises the following

1. Nursing station
2. Medication room
3. Examining room
4. Treatment room
5. Procedure room

6. Clean utility room
7. Dirty utility room
8. Kitchen

Traffic Patterns in Patient Rooms and Hallways

Another aspect of creating a safe environment in the hospital is adhering to traffic patterns. It includes the following:

1. Elevators used for transporting carts, drugs and equipment should not be accessible to non-hospital personnel;
2. Delivery carts should never be left unattended in hallways. They should always be parked away from access pathways as well as away from patient rooms;
3. Walk following the rules of street traffic. Keep left;
4. Use the stairways instead of the elevator when going up one floor or when going down two floors;
5. Ensure that hallway hazards, such as a wet floor, are marked with appropriate warning signs or notices.

Proper functioning of equipment and patient room accessories

Equipment and accessories in patient rooms are designed to either contribute to the therapeutic regimen of a patient or to assist the patient in maintaining activities of daily living. As such, equipment and accessories should be functional at all times. It should be part of the ward activity for personnel to check these at regular intervals as part of a preventive maintenance program. Rooms should be checked before a patient is admitted to the make sure that equipment are in working order. Defective equipment should be tagged and sent to the appropriate department for repair. In addition, all equipment should have a regular schedule of being calibrated, tested, and updated as recommended by the manufacturer. Remember that prevention is better than repair. Do not wait for an equipment to fail while it is used on a patient.

Session Plan 4

1. **SESSION TOPIC:** Patient's Safety
2. **OBJECTIVE:** To develop student's knowledge, skills and abilities for taking care of patients safety
3. **MATERIALS/EQUIPMENT REQUIRED:** Charts, Sketch Pens, Rulers, Computer, Open Source Software for Slide Presentation, LCD Projector
4. **PREPARATIONS:**
 - o Arrange all the materials well in advance
5. **TEACHING/TRAINING METHODOLOGY:**

T1 : Interactive Lecture

DURATION: 02 HOURS

PROCESS

1. Prepare the points for the lecture.
2. Introduce the topic.
3. Make an opening by telling students the purpose of the lecture or presentation.
4. Introduce the topic in the class and provide relevant knowledge to the students. Topics may include but not limited to the following:
 - (a) Role of environment in patient care
 - (b) Different aspects of environment in patient care and safety
 - (c) Elements of patient's safety
5. Relate the topic to the real situation and ask questions.
6. Provide specific examples.
7. Involve students by giving them the opportunity to ask questions related to the topic.
8. Clarify any questions students may have.
9. Summarize the topic and emphasize on the key points.

T2 : Practical Session

DURATION: 03 HOURS

This practice session will enable students to understand the practical aspect of the topic. Ask them to perform the following exercise: -

1. List patient's safety components.
2. Visit a private and a government-run hospital and observe their set-up of patient rooms. Observe the similarities and differences and prepare a report?
3. Make a list of what you would like to have in your room if you were sick and compare them to those that you observed in a patient's room during your hospital visit. Discuss why hospitals should include the items in your wish-list.

T3: Debate

Organise a debate on the following:

- Should visitors be allowed to visit patients anytime?

Checklist for Assessment Activity

Use the following checklist to check whether students could meet all the requirements for assessment:

Part A

1. Differentiate between the various components of patient's environment.

Part B

Students could answer the following questions:

1. Why is it important to provide a well-lighted environment in the patient's room?
2. Why entry of visitor's should be controlled?
3. Why patient's room should be well-ventilated?

Part C

Performance Standards

Students should be able to demonstrate the generic, technical, professional and organizational knowledge and skills in order to perform up to the required standards. The performance standards may include, but not limited to:

Performance standards	Yes	No
List the equipment and accessories of patient's room.		
Identify different aspects of environment in hospital		

Session 5: Identify Qualities of a Good Patient Care Assistant

Relevant Knowledge

Patient Care Assistant (PCA) works in a range of health care settings and makes a valuable contribution in all areas of health care. They work under the supervision of nurse in the hospital. As per to the institutional guideline, the PCA has to have a good code of ethical conduct.

Medical Ethics

Some of the **important medical ethics** they should follow which are listed below as per Indian Medical standards:

1. **Informed consent:** Tell the truth and make sure that the patient understands it properly when they are obtaining the patient's consent to a procedure or treatment.
2. **Confidentiality:** The PCA should consider the details about his patients as purely personal between him and the patient. Except for professional reasons the details should not be discussed with others or in public.
3. **Communication:** Clear communication between the PCA and the patient is very important for successful treatment. Any doubt that the patient has should be dealt with care and cleared at once in simple language which h/she understands.
4. **Control:** Is the ability to purposefully direct, or suppress, change.
5. **Cultural concerns:** To be sensitive to the cultural practices of the client in any given circumstance e.g.: Breast feeding practice.
6. **Communication with family members of the patient:** we should understand the anxiety of the relatives of the patients and make aware of the medical condition of the patient.
7. **Business related issues** Health care providers should not entertain unethical practices in the hospital.
8. **Telling the truth; about illness, about medication side effects, etc:** Telling the truth implies respect for autonomy - if a patient is lied to, they can't make a reasoned and informed choice, because they don't have the information they need to do so.
9. **Follow the guidelines of the hospital:** This helps prevent nosocomial (hospital induced) infections.
10. **Accountability:** As a professional, you are personally accountable for actions and omissions in your practice and must always be able to justify your decisions, you must always act lawfully, whether those laws relate to your professional practice or personal life.

Qualities of a Patient Care Assistant

1. Empathy

1. To be able to identify with and understand another person's feelings, situation and motives
2. Must have a sincere interest in working with people;
3. Must care about others and be able to communicate and work with them;
4. Understanding needs and learning effective communications is one way to develop empathy.

2. Honesty

1. Truthfulness and integrity;
2. Others must be able to trust you at all times;
3. Must be willing to admit mistakes so they can be corrected.

3. Dependability

1. Must accept the responsibility that your position requires;
2. Must be prompt in reporting to work and maintain good attendance record;
3. Must perform assigned tasks on time and accurately.

4. Willingness to learn

1. Must be willing to learn and adapt to changes;
2. Changes occur because of research, new inventions and many other factors;
3. Changes can mean learning new techniques or procedures;
4. At times, additional education may be required to remain competent.

5. Patience

1. Must be tolerant and understanding;
2. Must learn to control your temper and "count to ten";
3. Learn to deal with frustration and overcome obstacles.

6. Acceptance of criticism

1. Must be willing to accept criticism and learn from it;
2. Patients, employers, co-workers and others may criticize you;
3. Some criticism will be constructive and allow you to improve your work.

7. Enthusiasm

1. Must enjoy work and display a positive attitude
2. Enthusiasm is contagious
3. Helps you do your best
4. Encourages others to do the same

5. Concentrate on positive points and negative points will not seem to be quite so important

8. Self-motivation

1. Ability to begin or to follow through with a task
2. Should be able to determine things that need to be done and do them without constant direction

9. Tact

1. Ability to say or do the kindest or most fitting thing in a difficult situation
2. All individuals have a right to their own feelings and these feelings should not be judged as right or wrong
3. Shows consideration of the feelings of others
4. Requires constant practice

10. Competence

1. Qualified and capable of performing a task
2. Follow instructions
3. Use approved procedures
4. Strive for accuracy in all you do
5. Know your limits and ask for help or guidance if necessary

11. Responsibility

1. Being willing to be held accountable for your actions
2. Others can rely on you and know you will meet your obligations

12. Discretion

1. In any health care career you have access to confidential information
2. Information should not be told to anyone without proper authorization
3. Patient is entitled to confidential care
4. Be discrete and make sure patient's rights are not violated

13. Team player

1. Learn to work well with others
2. Each member of a health care team will have different responsibilities, but each member must do his or her part to provide the patient with quality care
3. By working together, a team can accomplish goals much faster than an individual

14. Personal Appearance

1. Important to present a healthy appearance and a health hygiene that inspires confidence and a positive self-image
2. Should wear uniform as per to the place of employment
3. Wear the name badge with a photo identification as per to the norms of place of employment.

List of do's and don'ts for a Patient Care Assistant in Health Care Facility

DO's

1. **DO** answer directly to the preceptor and instructor with regards to all facets of the rotation.
2. **DO** communicate to the best of your ability with the patient
3. **DO** follow laws and regulations that govern *Health Information Patient Privacy Act* (HIPPA) in the appropriate manner and seek clarification, when needed, from the preceptor regarding any professional, legal, or ethical issues.
4. **DO** master the routine and site-specific procedures of each rotation quickly so you can focus on competencies and skills specific to the rotation.
5. **DO** complete the various tasks assigned by the preceptor during each rotation (i.e., outline by the instructor).
6. **DO** complete every assignment given to ensure you pass the program successfully and receive a passing grade!
7. **DO** request to be placed somewhere new, not in a facility where you have already worked!
8. **DO** report to the assigned externship/internship site **ON TIME!**
9. **DO** make up hours in case of illness and emergency at the site originally assigned
10. **DO** follow facility protocol and procedures to make up any missed hours

DON'TS

1. **DON'T** act without the authority of the preceptor, in regards to advising patients, health professionals or other professional activities.
2. **DON'T** accept or receive pay, either directly or indirectly, from the patient
3. **DON'T** request to be placed with someone you are related to.
4. **DON'T** request changes to your externship once rotation assignments are made.
5. **DON'T** “withdraw” from your rotation after the rotation has started.

Session Plan 5

1. **SESSION TOPIC:** Qualities of a Good Patient Care Assistant
2. **OBJECTIVE:** To develop student's knowledge, skills and abilities to understand good qualities of patient care assistant
3. **MATERIALS/EQUIPMENT REQUIRED:** Charts, Sketch Pens, Rulers, Computer, Open Source Software for Slide Presentation, LCD Projector
4. **PREPARATIONS:**
 - o Arrange all the materials well in advance
5. **TEACHING/TRAINING METHODOLOGY:**

T1 : Interactive Lecture

DURATION: 02 HOURS

PROCESS

1. Prepare the points for the lecture.
2. Introduce the topic.
3. Make an opening by telling students the purpose of the lecture or presentation.
4. Introduce the topic in the class and provide relevant knowledge to the students. Topics may include but not limited to the following:
 - (a) Qualities of a good Patient Care Assistant.
 - (b) Key activities to be performed by a Patient Care Assistant to provide quality service.
 - (c) Do's and Don'ts of Patient Care Assistant
 - (d) Medical ethics
5. Relate the topic to the real situation and ask questions.
6. Provide specific examples.
7. Involve students by giving them the opportunity to ask questions related to the topic.
8. Clarify any questions students may have.
9. Summarize the topic and emphasize on the key points.

T2 : Practical Session

DURATION: 02 HOURS

This practice session will enable students to understand the practical aspect of the topic. Ask them to perform the following exercise: -

1. Visit a hospital and observe the services provided by the Patient Care Assistant. Prepare a report.
2. Prepare a checklist of activities and benchmarks that a PCA should follow to demonstrate good qualities

T3 : Group Discussion

Conduct a group discussion on 'Ethical Practices in Hospitals'.

Checklist for Assessment Activity

Use the following checklist to check whether students could meet all the requirements for assessment.

Part A

1. Differentiate between the DO'S and DON'T'S of a Patient Care Assistant

Part B

Students could answer the following questions:

1. What are the good qualities of Patient Care Assistant?
2. What are the DO'S and DON'T'S of a Patient Care Assistant in a healthcare set up?

Part C**Performance Standards**

Students should be able to demonstrate the generic, technical, professional and organizational knowledge and skills in order to perform to the required standards. The performance standards may include, but not limited to:

Performance standards	Yes	No
Demonstrate good personal grooming		
Demonstrate responsible behavior		
Demonstrate the willingness to learn		
Demonstrate the ability to communicate clearly		
Demonstrate the knowledge of qualities of good Patient Care Assistant		

Session 6: Identify various Biomedical Waste and its Management

Relevant Knowledge

Hospitals, clinics, and medical teaching facilities dispose off waste products that have a potential risk to people, animals, and the environment. “Any waste which is generated during the diagnosis, treatment, or immunization of human beings or animals or in research activities pertaining thereto or in the production or testing of biological” are considered biomedical waste according to the Biomedical waste Management and Handling Rules 1998 of India. When these waste products are not disposed of properly, it may result in transmission of diseases to humans. Patient Care Assistants, like other Health Care Workers must know what biomedical waste is and how to dispose them off in the appropriate containers. By having waste classified, it becomes easier to process the waste so that it is decontaminated following existing guidelines. In addition, proper classification and disposal of biological waste protects healthcare workers and others in the community from accidental exposure to infectious or hazardous materials.

Segregation of Biomedical Waste at Source

As soon as a waste product is identified, it must be disposed of properly according to the classification of that waste. For example, if you used a glove contaminated with a body fluid, such as blood, it must be disposed in the right container immediately. By disposing and segregating the waste at its source, it will limit the potential exposure to individuals involved in waste management.

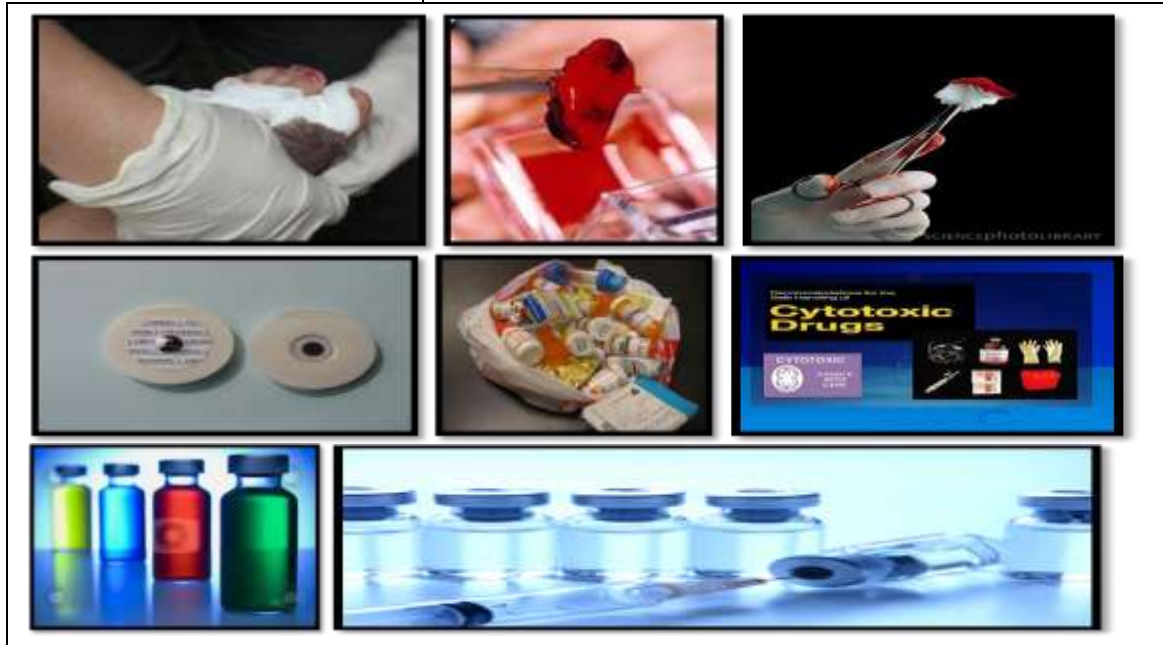
Color coding and type of containers for disposal of bio-medical waste

BLACK BAG : Black bags are used for disposing off paper waste, uninfected plastic waste, gloves, wrappers, masks, empty ointment tubes and caps.



YELLOW BAGS: Yellow bags are used for disposing off the following items:

1. Items contaminated with blood.
2. Cotton containing body fluids.
3. Blood stained tissues.
4. Dressings, soiled plaster cast.
5. Discarded medicines.
6. Cytotoxic drugs.
7. Electro Cardio Gram (ECG) electrodes



BLUE BAGS: Blue bags are used for disposing off the following items:

1. All unbroken glasses and vials
2. Empty uninfected bottles (Betadine, micro-shield bottles)

RED BAGS: Red bags are used for collecting and disposing the following:

1. Infected plastic waste
2. Catheters
3. Gloves
4. Syringes, IV sets
5. Blood bags
6. Urobags
7. NG tube
8. Vacutainers
9. ET tubes
10. Ventilator
11. Circuits

12. Oxygen mask
13. Three-way extension tubes
14. Blood glucose strips

Label for Transport of Bio-Medical Waste Containers/Bags

After segregation of biomedical waste, they will need to be transported according to established rules to the appropriate disposal facility. Some of these wastes will be burned (incinerated), micro waved, autoclaved, buried, or as specified by policy or legislation. These policies will also specify the method in which the waste will be transported. Manual handling of the biomedical waste is minimized by the use of available technology. Safeguards are also in place to minimize scavengers from accessing the biomedical waste. For transport of the waste, rules specify that the label contain the biomedical waste, a signature from the doctor or nurse, and the destination of the waste. The following illustrations indicate the universal symbol for bio-hazardous wastes.



Session Plan 6

1. **SESSION TOPIC:** Biomedical Waste Management
2. **OBJECTIVE:** To develop student's knowledge, skills and abilities for biomedical waste management
3. **MATERIALS/EQUIPMENT REQUIRED:** Charts, Sketch Pens, Rulers, Computer, Open Source Software for Slide Presentation, LCD Projector.
4. **PREPARATIONS:**
 - o Arrange all the materials well in advance
5. **TEACHING/TRAINING METHODOLOGY:**

T1 : Interactive Lecture

DURATION: 02 HOURS

PROCESS

1. Prepare the points for the lecture.
2. Introduce the topic.
3. Make an opening by telling students the purpose of the lecture or presentation.
4. Introduce the topic in the class and provide relevant knowledge to the students. Topics may include but not limited to the following:
 - (a) Importance of Biomedical Waste Management.
 - (b) Colour coding methods used in segregation of Biomedical Waste Management.
 - (c) Characteristics of various types of biomedical wastes
5. Relate the topic to the real situation and ask questions.
6. Provide specific examples.
7. Involve students by giving them the opportunity to ask questions related to the topic.
8. Clarify any questions students may have.
9. Summarize the topic and emphasize on the key points.

T2 : Practical Session

DURATION: 02 HOURS

This practice session will enable students to understand the practical aspect of the topic. Ask them to perform the following exercise:

1. Collect copy of policies and protocols for bio-medical waste management from the healthcare providers.
2. Visit hospital to study biomedical waste management.

Checklist for Assessment Activity

Use the following checklist to check whether students could meet all the requirements for assessment.

Part A

1. Describe biomedical waste management.
2. Describe the various colour code for disposing biomedical waste.

Part B

Students could answer the following questions:

1. Why do we segregate and dispose off biomedical waste in bags with different colours?

2. What are the different types of biomedical waste?

Part C

Performance Standards

Students should be able to demonstrate the generic, technical, professional and organizational knowledge and skills in order to perform to the required standards. The performance standards may include, but not limited to:

Performance standards	Yes	No
List the colours for various type of biomedical waste		
Demonstrate the knowledge of the process followed for managing biomedical wastes		

Glossary

Activities of Daily Living	An index or scale which measures a patient's degree of independence in bathing, dressing, using the toilet, eating, and moving from one place to another.
Acute Care	Medical treatment rendered to individuals whose illnesses or health problems are of a short-term or episodic nature
Administrative Control	A method of controlling employee exposures by job rotation, work assignment, or training in specific work practices designed to reduce the exposure.
Ambulatory Health Care	A type of health care service provided without the patient being admitted. It is also called outpatient care .
Anesthetic Agent	Drug used to reduce or abolish the sensation of pain, e.g. halothane and isoflurane.
Antibiotic	A substance produced by or derived from certain fungi, bacteria, and other organisms.
Antineoplastic Drugs	Drugs used in the treatment of cancer and other tumors.
Biological Safety Cabinets	Primary containment devices used by workers when handling moderate and high risk organisms.
Bloodborne Pathogens	Blood borne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
Custodial Care -	Basic care provided on a 24 hour basis that meets an individual's basic physical needs; simple assistance or total care may be needed.
Depression	A condition of mental disturbance, typically with lack of energy and difficulty in maintaining concentration or interest in life.
Disorder	A lack of order or regular arrangement or confusion.
Emergency	A serious, unexpected, and often dangerous situation requiring immediate action
Ergonomy	The applied science of equipment design, as for the workplace, intended to maximize productivity by reducing operator fatigue and discomfort.
Extended Care Facility	A facility in which patients are care for after hospitalization.
First Aid	It is an immediate and temporary care given to a victim of an accident or sudden illness before the services of a physician is obtained.
Harassment	A feeling of intense annoyance caused by being tormented
Hazard	Anything that might cause harm to a person.
Home Care	Services provided by health professional's in an individual's place of residence on a per-visit or hour basis to patients or clinics who have or are at risk of an injury, illness, or disabling conditions or who are terminally ill and require short-term or

	long-term interventions by health care professionals.
Hospice	A health care facility or program for individuals dying from terminal illnesses.
Long Term Care	A set of health care, personal care and social services required by persons who have lost, or never acquired, some degree of functional capacity in an institution or at home on a long-term basis.
Managed Care	An organized system of health care that encourages providers to deliver the most appropriate care in the most effective manner. Managed care plans are also known as HMOs or coordinated health plans.
Nursing Home	Nursing Home includes a wide range of institutions which provides various levels of maintenance and personal or nursing care to people who are unable to care for themselves and who have health problems which range from minimal to very serious.
Other Potentially Infectious Materials	Other Potentially Infectious Materials means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
Safer Needle Devices or Sharps with engineered sharps injury protections	Safer Needle Devices or Sharps with engineered sharps injury protections means a non needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.
Safety	The condition of being protected from or unlikely to cause danger, risk, or injury.
Sharps	Sharps contaminated Sharps means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
Volunteer	A person agreeing to provide service outside the scope of his/her employer and/or employed position, without additional or specific compensation for the voluntary commitment.
Vulnerability	The likelihood of an organization being affected by a hazard, and its susceptibility to the impact and consequences (injury, death, and damage) of the hazard.
Warning	Dissemination of notification message signaling imminent hazard which may include advice on protective measures.
Waste Anesthetic Gases	Waste Anesthetic Gases are those gases that are inadvertently released into the workplace and/or can no longer be used. They include all fugitive anesthetic gases and vapors that are released into anesthetizing and recovery locations, from equipment used in administering anesthetics under normal operating conditions, as well as those gases that leak from the anesthetic gas scavenging system, or are exhaled by the patient into the workplace environment.

TEACHERS HANDBOOK

HSS103 - NQ2014

Personal Hygiene and Hygiene Standards



पं.सु.श.केन्द्रीय व्यावसायिक शिक्षा संस्थान, श्यामला हिल्स, भोपाल
PSS Central Institute of Vocational Education, Shyamla Hills, Bhopal

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PREFACE

The Teacher's Handbook on "Personal Hygiene and Hygiene standards" is a part of the qualification package developed by the Healthcare Sector Skill Council (HSSC) for the National Skills Qualifications Framework (NSQF) of "General Duty Assistant/Patient Care Assistant". The National Vocational Education Qualification Framework (NVEQF) now subsumed in NSQF is an initiative of the Ministry of Human Resource Development (MHRD), Government of India to set common principles and guidelines for a nationally recognized qualification system covering Schools, Vocational Education and Training Institutions, Technical Education Institutions, Colleges and Universities. It is envisaged that the NVEQF will promote transparency of qualifications, cross-sectoral learning, student-centred learning and facilitate learner's mobility between different qualifications, thus encouraging lifelong learning.

The National Curriculum Framework, 2005, recommends that children's life at school must be linked to their life outside the school. This principle makes a departure from the legacy of bookish learning which continues to shape our system and causes a gap between the school, home, community and the workplace. Experiential learning, which is a cyclical process involving observation, reflection and action, should be an integral part of the teaching-learning process. Attempt by the students to solve problems, guided by the teachers or instructors, would enable them to explore and discover new knowledge and develop problem solving skills. A range of pedagogies, including interactive lecture, role plays, case based studies, assignments, projects and on-the-job activities that provide students with generic, technical and professional knowledge and skills should be adopted by the teachers and instructors to foster student-centred learning.

The success of this effort of integrating knowledge and skills depends on the steps that the teachers will take to encourage children to reflect their own learning and to pursue imaginative and on-the-job activities and questions. Participation of learners in skill development exercises and inculcation of values and creativity is possible if children are involved as participants in learning, and not as receiver of information. These aims imply considerable change in school routines and mode of functioning. Flexibility in the daily time-table would be a necessity to maintain the rigour in implementing the activities and the required number of teaching days will have to be increased for teaching and training.

The suggestions by the teachers and other stakeholders in education and training will be of great value to us in bringing about qualitative improvement in the teacher's handbook.

ACKNOWLEDGEMENTS

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GENERAL INSTRUCTIONS FOR TEACHERS

- Read the Teacher's Handbook carefully before teaching or conducting the training.
- Follow the session plan strictly
- Familiarize yourself thoroughly with the relevant knowledge and skills to be transacted.
- Ensure all materials/aids/equipment required for teaching and training is available.
- Introduce the skill by explaining the purpose.
- Demonstrate the skill to the participants, explaining each step in detail.
- Invite the students to ask questions.
- Ask the students to practice the skill themselves and make observation while they perform the task.
- Provide the students with constructive feedback.
- Discuss in class, the problems faced by the students in performing the task.
- Summarize the key learning.
- Ensure key learning is captured and performance standards are met at the end of each session.
- Regularly check student's workbook to ensure all exercises are being completed on time.
- Ensure that all participants complete the required assessments given in the student workbook.
- Always encourage participants. Never discourage them from getting actively engaged in discussions, question-answer sessions and task-oriented activities.

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Session1: Demonstrate Good Hygiene Practice

Relevant Knowledge

Hygiene is a set of practices performed for the preservation of health. Some regular hygienic practices may be considered good habits by a society while the neglect of hygiene can be considered disgusting, disrespectful or even threatening. Sanitation on the other hand involves the hygienic disposal and treatment by the civic authority of potentially unhealthy human waste, such as sewerage and drainage

Personal Hygiene

Personal hygiene is the first step to good grooming and good health. Elementary cleanliness is common knowledge. Neglect causes problems that you may not even be aware of. Many people with bad breath are blissfully unaware of it. Some problems may not be your fault at all, but improving standards of hygiene will control these conditions. Dandruff is a case in point. More often than you know, good looks are the result of careful and continuous grooming.

Every external part of the body demands a basic amount of attention on a regular basis. Here are some grooming routines and some complaints associated with neglect.

Grooming Routines

- Hair
- Skin
- Teeth
- Hands
- Nails
- Feet
- Menstrual Hygiene
- Dressing and Undressing
- Bathing
- Shaving

Hair - It is your crowning glory. Hair growth, distribution and pattern can indicate general health status. Changes in hair color or condition can be caused by hormones or nutrients deficiencies to the hair follicles.

Wash your hair at least once a week using soap or mild shampoo. Avoid shampoos with borax or alkalis. Rinse well. This is more important than working up a head load of lather.

Dry your hair after a wash. Brush your hair three to four times a day with a soft bristled brush or a wide toothed comb. Wash your brush and comb every time you wash your hair. Good hair hygiene is essential to prevent lice pediculosis.

Oil the scalp, once a week, preferably an hour before hair wash. There are no completely safe or permanent hair dyes as of now. It is better to avoid dyes, a balanced diet will also help for growth of hair.

Skin

The skin is an active organ. The skin protects secretion, excretion, and regulates temperature. In Hindu culture baths were, apart from daily ablutions, mandatory as part of observing pollution for various reasons and occasions. But ritual bathing, or a dip, is quite different from the daily bath personal hygiene demands.

Soap and water are essential for keeping the skin clean. A good bath once or twice a day is recommended, especially in tropical countries like India. Those who are involved in active sports or work out to a sweat would do well to take a bath after the activity.

A mild soap will do the job adequately. Germicidal or antiseptic soaps are not essential for the daily bath. You can use a bath sponge for scrubbing. Back brushes and heel scrubbers are available. But do not use abrasive material.

The genitals and the anus need to be cleaned well because of the natural secretions of these areas, in unhygienic conditions, can cause irritation and infection. It is very important to wash the genital area/ perineal area after voiding especially in female. Always wash from front to back to prevent infection.

Wash off well after apply soap. Drying with a clean towel is important. Avoid sharing soaps and towels. Change into clean undergarments after bath. Around middle age the skin tends to go dry a bit. A moisturising oil or cream can be used. It is better to use this at night, because if you go out in the sun or commute on dusty roads when the skin is wet, dust sticks to it and oils may also give you a tan.

Teeth

Have you heard of the sixty-second battery operated wonder brush? It has been analyzed that it takes only that long to give your teeth a good brush. You have to hold the brush to your teeth and say cheese (and then perhaps S-A-U-C-E for the brush to get a good scrub inside!). Well, whether it is a neem twig or battery brush, you cannot give brushing a miss.

Brush teeth twice a day and rinse well after every meal and to floss once daily to remove plaque. Brushing before going to bed is important (Especially recommended for people with a sweet tooth). For normal teeth this is adequate.

While brushing, pay attention to the fact that you are getting rid of the food particles stuck in between the teeth and in the crevices of the flatter teeth at the back, the molars and pre molars. Brush down on the upper teeth and brush up on the lower teeth. Use a circular motion. Pay attention to the tongue and the inner surface of teeth as well.

A tooth brush should have a straight handle and small enough to reach all the areas of the mouth. The brush should have resilient bristles. It should be rinsed well and left to dry after use. There are no perfect toothpastes or powders. Use one without harsh abrasives or strong antiseptics. It is recommended to visit a dentist regularly every 6 months for check up.

Hands

The world around us swarms with micro-organisms. Some bacteria are found on our bodies. In countries where food is eaten and prepared with bare hands extra attention has to be paid to the cleanliness of hands. Besides, a permanent layer of dust reduces the sensitivity of the hands.

Wash hands thoroughly with soap and water before and after every meal and after visiting the toilet. Soaping and rinsing should cover the areas between fingers, nails and back of the hand. Hands should be dried with a clean towel after wash. The towel at the wash stand has to be washed and changed every day.

While cooking, especially when packing lunches, you can prevent food from spoilage and minimize contamination by keeping your hands clean. While handling food avoid scratching, or touching the ears, nose, mouth or other body orifices. If you need use a handkerchief or tissue, wash your hands after that. Keep your nails short.

Nail Polish users should see that it does not chip off into the food.

Nails

It takes five months for nails to replace themselves. Grow nails only if you can keep them clean. A healthy body ensures healthy nails. Brittle or discolored nails show up deficiencies or disease conditions.

Do not keep your nails painted continuously. It causes the keratin, of which nails are made, to split. Pamper your hands and nails once every three weeks with a manicure. This requires soaking your hands in warm water for ten minutes, massaging of hands, thorough cleaning and shaping of nails. Trimming of nails at regular interval is must.

Feet

Give your feet a good scrub with a sponge, pumice stone or foot scrubber that is not made of very abrasive material when having a bath. Dry after bath between toes. Keep toenails clipped.

In many Indian households it is mandatory to wash feet as you enter the house. This is fine, but make sure that your skin does not become dry due to washing too often.

Those who use shoes constantly need to slip them off now and then. This airs the socks a bit and makes them less smelly. Wear cotton socks. Wear a clean pair every day. Powder your feet before wearing socks. Many people have sweaty feet, and socks and shoes can get quite smelly. If possible do not wear the same pair of shoes every day. Keep at least one more pair and use it alternatively. Go for a pedicure once in three weeks.

Give importance to wearing comfort in the choice of footwear. For those who go barefoot indoors, door mats must be cleaned or changed frequently. Extra foot care is required for diabetics. Sleeper should be worn, avoid bare feet outside.

Menstrual Hygiene

No woman feels completely comfortable when she has her period. If it is not pre menstrual tension or stomach cramps it is the problem of dealing with the menstrual flow. Technology offers sanitary pads, tampons or menstrual cups or caps to deal with the flow. The user has to decide what suits her best. Absorbent pads may be noticeable in form fitting clothes. They cause some soreness on the inner thighs.

Some women prefer tampon to external pads. A plug of absorbent cotton or gauze is inserted inside. But these should not be left unchanged beyond six hours. Some brands state that tampons left unchanged for more than 12-18 hours increases the possibility of toxic shock. It is not clear what causes toxic shock. But there seems to be a link between tampons and Toxic Shock Syndrome (TSS). Approximately 1% of all menstruating women carry the bacteria in question (*Staphylococcus aureus*) in their vagina. Absorbent tampons provide the medium for them to grow and spread infection. It is marked by high fever, severe vomiting and diarrhoea. The cases can be mild to fatal.

The menstrual cup (or cap), is inserted within and collects the flow and can be emptied, cleaned and re used.

Whatever the preference, washing is important. There need be no taboo about bath on these days. Some people have the problem of odour during menstruation. Cleanliness and change of pad/tampon as often as is necessary reduces this problem. It is not advisable to use perfumed pads or tampons. In fact, using powder in the genital area is not recommended.

Health education and hygiene education

Health education plays an important role in the community hygiene. To prevent illness and have positive health attitude, correct and complete knowledge of health is necessary. Health is cleanliness and cleanliness is one of the main defenses against diseases, whether contagious or self-generated. In this lesson we have discussed the meaning of health and hygiene, so that the aim of good health can be achieved through sanitary habits and healthy way of living.

Hygiene promotion follows the same approach as health promotion, in that it is concerned not only with the transmission of information, but with understanding and promoting the capacities of people to improve their own health, chiefly through their ability to:

- make best use of prevailing environmental-health conditions and existing services and facilities;
- act to improve environmental-health conditions; and
- make behavioural changes to reduce certain environmental risks at the household level.

Hygiene promotion follows the same approach as health promotion, in that it is concerned not only with the transmission of information, but with understanding and promoting the capacities of people to improve their own health, chiefly through their ability to: make best use of prevailing environmental-health conditions and existing services and facilities; act to improve environmental-health conditions; and make behavioral changes to reduce certain environmental risks at the household level. Hygiene promotion is concerned with achieving improvements in health through the joint efforts of individuals, families and communities on one hand, and external agencies, health authorities, etc. on the other. It is a process in which environmental-health conditions and hygiene-related behaviours are assessed, and changes in conditions, services and behaviours are achieved. A key feature of hygiene promotion is that it depends for its success on the careful analysis of people's constraints, opportunities and strengths in any situation, to seek solutions to hygiene problems that are realistic and appropriate to people's desires and ways of living. Recent work on hygiene promotion in development and emergency situations has underlined the advantages of hygiene promotion over the more traditional and narrower approach of hygiene education and health education. Hygiene promotion and hygiene education are used broadly to include aspects of health, such as avoiding exposure to all types of hazards, as well as aspects more narrowly defined as relating to hygiene, such as the control of communicable diseases in an emergency.

Importance of Personal Hygiene

Maintaining personal hygiene is necessary for many reasons; these can be personal, social, for health reasons, psychological or simply as a way of life. Essentially keeping a good standard of hygiene helps to prevent the development and spread of infections, illnesses and bad odours.

Personal Reasons

Many people, women in particular, are very conscious of their hygiene needs and practices. This can be a result of being taught of the importance from an early age, from being picked-on at school for head lice or similar, or as a way of making themselves more attractive to the opposite sex.

Self-esteem, confidence and motivation can all be altered by our body image, often reflected on our ability to care for ourselves and keep good hygiene practices.

A bright white smile with clean and healthy teeth can endear people to us, whereas brown, unhealthy teeth can cause embarrassment and can alter our sense of well-being. Healthy hair, skin and nails are signs of a good well-balanced diet and can give us confidence in everyday life.

Social Reasons

Most people hate to be talked about, especially in a negative manner. By ensuring that our body is clean and well presented, we are more assured of projecting a positive body image that reflects our personalities. Children should be taught the importance of hygiene and how to achieve good hygiene very early to keep themselves and others healthy and to reduce the risk of being bullied at school.

Health Reasons

If a person is due to go into hospital, sometimes that person becomes very aware of their hygiene. The thought of being vulnerable and exposed to strangers can cause the person to become very strict on their hygiene needs. If you have cut yourself, the wound should be cleaned and dressed suitably, this can help reduced the risk of infection and pain. Conditions such as head lice, athlete's foot etc. should be treated immediately to prevent further infections and spread to others. Hand washing cannot be emphasised enough as this simple action can prevent a plethora of illnesses and disorders developing. Many people 'forget' to wash their hands after using the toilet or before handling foods; this deed can cause a great deal of illness and even death.

Psychological Issues

By being well presented, clean and tidy, people can feel more confident, especially in social situations. Many job interviews and such like are highly dependent of hygiene as many decisions are made by first impressions within the first few minutes of meeting; these decisions are often made sub-consciously. Our chances of succeeding either in work or social settings, or even with the opposite sex can be altered by our maintenance of hygiene.

Maintaining hygiene practices not only help to reduce the risks of ill health, but equally important that how we and others perceive ourselves and can influence our levels of confidence and self-esteem which can affect many aspects of our lives.

Session Plan 1

1. **SESSION TOPIC:** Good Hygiene practices
2. **OBJECTIVE:** To develop student's knowledge, skills and abilities for personal hygiene
3. **MATERIALS/EQUIPMENT REQUIRED:** Charts, Sketch Pens, Rulers, Computer, Open Source Software for Slide Presentation, LCD Projector, Lab
4. **PREPARATIONS:**
 - o Arrange all the materials well in advance
5. **TEACHING/TRAINING METHODOLOGY:**

T1 : Interactive Lecture

DURATION: 30 MINUTES

PROCESS

1. Prepare the points for the lecture.
2. Introduce the topic.
3. Make an opening by telling students the purpose of the lecture or presentation.
4. Introduce the topic in the class and provide relevant knowledge to the students. Topics may include but not limited to:
 - (a) Importance of personal hygiene.
 - (b) Grooming practices to be followed for personal hygiene.
5. Make a slide presentation on personal hygiene education and health education and explain the same to the students.
6. Relate the topic to the real situation and ask questions.
7. Provide specific examples.
8. Involve students by giving them the opportunity to ask questions related to the topic.
9. Clarify any questions students may have.
10. Summarize the topic and emphasize on the key points.

T2 : Activity

DURATION: 30 MINUTES

1. Prepare a chart of routine to be followed to ensure good health and hygiene.
2. Demonstrate hand washing.
3. Demonstrate trimming of nails.

Checklist for Assessment Activity

Use the following checklist to check whether students could meet all the requirements for assessment:

Part A

1. Differentiate between health and hygiene
2. Differentiate between hygiene and sanitation

Part B

Students could answer the following questions:

1. What is Hygiene?

2. What are the hygiene routines to be followed to ensure good health?

Part C

Performance Standards

Students should be able to demonstrate the generic, technical, professional and organizational knowledge and skills in order to perform to the required standards. The performance standards may include, but not limited to:

Performance standards	Yes	No
Demonstrate hand washing		
Demonstrate trimming of nails		
Demonstrate grooming practices		

Session 2 : Identify Factors Effecting Good Health

Relevant Knowledge

Good health is not only about not being ill, it is about being happy and feeling whole from a physical, mental and spiritual point of view. Health is the level of functional or metabolic efficiency of a living organism. In humans, it is the general condition of a person's mind and body, usually meaning to be free from illness, injury or pain.

- Health care involves promoting health and preventing disease
- Health care worker should have a healthy appearance
- 5 Factors for good health
 - Diet
 - Rest
 - Exercise
 - Good posture
 - Avoid use of tobacco and drugs
- Diet
 - One factor of good health
 - Eat well-balanced meals with nutritious foods
 - Provide body with materials for optimum health
 - Food from each of the five major food groups should be eaten daily (milk; meat, fish and poultry; vegetables; fruits; and bread, cereals, rice and pasta)
- Rest
 - Need adequate rest and sleep
 - Provides energy and ability to deal with stress
 - Amount of sleep required varies from individual to individual
- Exercise
 - Maintains circulation and improves muscle tone
 - Helps mental attitude
 - Contributes to more restful sleep
 - Chose form that is best suited to your needs
 - Obtain some type of exercise daily
- Good posture
 - Prevents fatigue and puts less stress on muscles
 - Stand straight with muscles pulled in, shoulders relaxed and weight balanced equally on both feet
- Avoid use of tobacco and drugs
 - Use of tobacco, alcohol and drugs, seriously affects good health
 - Tobacco affects function of heart, circulatory system, lungs and digestive system
 - Smoke offensive to many individuals

- Many facilities are “smoke-free” environments
- Alcohol and drugs also affect good health
 - Impairs mental function
 - Decreases ability to make decisions
 - Affects many body system - especially in teens because the brain and nervous system is not fully formed
 - Use of substances can result in loss of a job
 - Avoiding use prevents damage to body systems

Maintaining a Successful Routine Exercise

1. Begin with a visit to your physician.

Tell your doctor if you’re about to start a new exercise routine, especially if you’ve been inactive. He or she will recommend that you have a physical examination to avoid unwanted surprises with your health and ensure you can exercise safely.

2. Make good health your goal.

Although having a smaller waistline or fitting into a smaller size has appeal, remember that your overall health is what matters most. Vow to not make excuses, commit yourself to a lifestyle change, and start new habits that will improve your health and outlook.

3. Start slowly and gradually build your fitness.

A gradual approach to fitness will help ensure that you maintain your routine and prevent injuries.

4. Eat for energy.

Be sure that your overall diet is well balanced to give you the energy you need throughout the day and during your workout. Since eating just before you exercise can lead to cramping, consume an easily digestible food such as a banana at least an hour before you work out.

5. Keep a written log of your exercise schedule and set goals.

In addition to being a good reminder of what you’ve done at each workout, a written log will give you a chance to work toward a goal and see what you’ve accomplished as you progress through the weeks and months.

6. Exercise at the same time each day.

Establishing a routine often makes it easier to stick with an exercise program.

7. Exercise with a friend whenever possible.

Walking or running with a friend will give you the chance to visit as well as ward off boredom. Many exercisers suggest their workout flies by when they have a partner.

8. Vary your route if you walk or run.

Check out new neighborhoods, tracks, and parks. Changing the scenery can add interest to your routine and help prevent boredom.

9. Warm up, work out, and cool down with each exercise session.

Starting slowly and gradually increasing the intensity of your workout is a good way to prevent injuries.

10. Include music in your routine.

Music is a good distraction from the monotony of exercise. Use faster tunes to boost the intensity of your work out and calmer music to help you cool down.

11. Consider safety.

Choose routes with little traffic for jogging and walking. If you exercise outside, schedule your workout during the day. When exercising at dawn, dusk, or at night, wear bright colors and reflectors so that you can be easily spotted.

12. Have inclement weather alternatives in place.

Purchase exercise videos and useful indoor equipment and arrange a place to workout at home when necessary. Keep schedules for your local indoor pool and gym handy.

13. Vary your exercise.

Try yoga or tai chi for stretching and balance; brisk walking, running, jogging, and Spinning for endurance; and weight training to build strength. Cross training or combining a variety of exercises in your weekly routine is the best way to boost your metabolism and ensure overall strength and fitness. Make a point of adding extra activities in your day such as taking the stairs instead of the elevator and walking

instead of driving to lunch. Remember that all your activity counts!

14. Dress appropriately for your activity.

Layer clothes in winter for warmth and comfort. Wear fast-drying fabrics such as polyester blends that wick away moisture and help keep you warm. Be sure your shoes fit well and are made for the activity you've chosen.

15. Focus on a pleasant memory, thought, fantasy, or activity while you work out.

Some exercisers find inspiration in positive self talk as they work out.

16. Have a positive outlook about weather.

Exercising outside in light rain, on cloudy days, and even cold, windy days can invigorate you and make you feel more in touch with the elements.

17. Get plenty of sleep.

Sleep is essential for getting a good work out. If you haven't had enough sleep, either take a rest day or modify your work out so that it's less vigorous.

18. Drink at least 2 litres of water per day.

Remember that your body is 70 percent water. If you haven't had enough to drink, your workout is likely to fall short of your expectations.

19. Listen to your body.

If you're tired or beginning to get a cold, take a break. Your body needs time to rest and repair.

20. For added physical activity and sociability, take a dance class.

Dancing provides a terrific aerobic workout and burns up to 300 calories an hour. Remember that increased physical activity of any kind will help keep you healthy.

21. Don't let anything come between you and your fitness routine.

Since exercise is one of the most important things you can do to maintain good physical and mental health, be sure to include it in your daily routine no matter what scheduling complications you encounter. Make exercise as essential as bathing, brushing your teeth, eating, and sleeping.

22. Eat a healthy diet.

A healthy, low-fat diet that is combined with regular exercise can help guard against obesity, diabetes, high blood pressure, insomnia, depression, anxiety, osteoporosis, cancer, and heart disease.

23. Reward yourself!

Take a hot bubble bath, get a massage, or get a new outfit to celebrate your hard work.

Session Plan 2

1. **SESSION TOPIC:** Factors affecting Good Health
2. **OBJECTIVE:** To develop student's knowledge, skills and abilities for maintaining good health.
3. **MATERIALS/EQUIPMENT REQUIRED:** Charts, Sketch Pens, Rulers, Computer, Open Source Software for Slide Presentation, LCD Projector.
4. **PREPARATIONS:**
 - o Arrange all the materials well in advance
5. **TEACHING/TRAINING METHODOLOGY:**

T1 : Interactive Lecture

DURATION: 30 MINUTES

PROCESS

1. Prepare the points for the lecture.
2. Introduce the topic.
3. Make an opening by telling students the purpose of the lecture or presentation.
4. Introduce the topic in the class and provide relevant knowledge to the students. Topics may include but not limited to:
 - (a) Factors affecting health
 - (b) Maintaining good health
 - (c) Preparing a plan for maintaining good physical health.
5. Make a slide presentation on good health and explain the same to the students about routine exercise.
6. Relate the topic to the real situation and ask questions.
7. Provide specific examples.
8. Involve students by giving them the opportunity to ask questions related to the topic.
9. Clarify any questions students may have.
10. Summarize the topic and emphasize on the key points.

T2: Activity

DURATION: 30 MINUTES

1. Demonstrate physical exercises such as stretching, etc.
2. Organise a quiz on health and hygiene
3. Conduct oral examinations on specific topics related to health and hygiene

Checklist for Assessment Activity

Use the following checklist to check whether students could meet all the requirements for assessment.

Part A

1. Differentiate between various factors that affect good health

Part B

Students could answer the following questions:

1. How to maintain good physical health?
2. What is importance of routine exercises in maintaining good health?

Part C

Performance Standards

Students should be able to demonstrate the generic, technical, professional and organizational knowledge and skills in order to perform up to the required standards. The performance standards may include, but not limited to:

Performance standards	Yes	No
Prepare a plan for maintaining good physical health		
Demonstrate the knowledge of maintaining good health		

Session 3: Identify Importance of Hand Washing

Relevant Knowledge

Hand washing or hand hygiene is the act of cleaning one's hands with or without the use of water or another liquid, or with the use of soap, for the purpose of removing soil, dirt, and/or microorganisms.

Medical hand hygiene pertains to the hygiene practices related to the administration of medicine and medical care that prevents or minimizes disease and the spreading of disease. The main medical purpose of washing hands is to cleanse the hands of pathogens (including bacteria or viruses) and chemicals which can cause personal harm or disease. This is especially important for people who handle food or work in the medical field, but it is also an important practice for the general public. People can become infected with respiratory illnesses such as influenza or the common cold, for example, if they don't wash their hands before touching their eyes, nose, or mouth. Indeed, the Centers for Disease Control and Prevention (CDC) has stated: "It is well documented that one of the most important measures for preventing the spread of pathogens is effective hand washing." As a general rule, hand washing protects people poorly or not at all from droplet- and airborne diseases, such as measles, chickenpox, influenza, and tuberculosis. It protects best against diseases transmitted through fecal-oral routes (such as many forms of stomach flu) and direct physical contact (such as impetigo).

In addition to hand washing with soap and water, the use of alcohol gels is another form of killing some kinds of pathogens and healthful bacteria, but their effectiveness is disputed, and may lead to antibiotic-resistant bacterial strains.

Symbolic hand washing, using water only to wash hands, is a part of ritual hand washing featured in many religions, including Bahá'í Faith, Hinduism, and tevilah and netilat yadayim in Judaism. Similar to these are the practices of Lavabo in Christianity, Wudu in Islam and Misogi in Shintō.

Washing hands properly after using the toilet, changing nappies, handling animals and before and after handling food helps prevent the spread of various forms of gastroenteritis, some of which can cause serious health problems. Use soap and warm running water and wash hands for at least 10 seconds. Liquid soap is best.

Why is hand hygiene important?

The hands normally have a "resident" population of microorganisms. Other microorganisms (germs) are picked up during every-day activities, and these are termed "transient" organisms.

We all carry millions of germs on our hands, most are harmless, but some cause colds, flu, skin infections or diarrhoea.

When we forget to wash our hands, we can spread these germs to other people. We can also infect ourselves by touching our eyes, mouths or open cuts.

Hand washing should remove these transient organisms before they are transferred to surfaces, another patient or to a susceptible area on the same patient.

Why is hand hygiene important in health care?

People receiving health care may be more vulnerable to infection from germs carried on their hands or from other people's hand. Germs that naturally live on the skin and normally cause few problems may be more serious when brought into a healthcare environment.

These germs are often passed from one person to another by physical contact so it's important that patients, visitors, health care workers, nursing staff and doctors cut the risk of spreading infections by regularly cleaning their hands.

Instructions to health care staff:

All health care staff should perform hand washing or use an alcohol gel or rub:

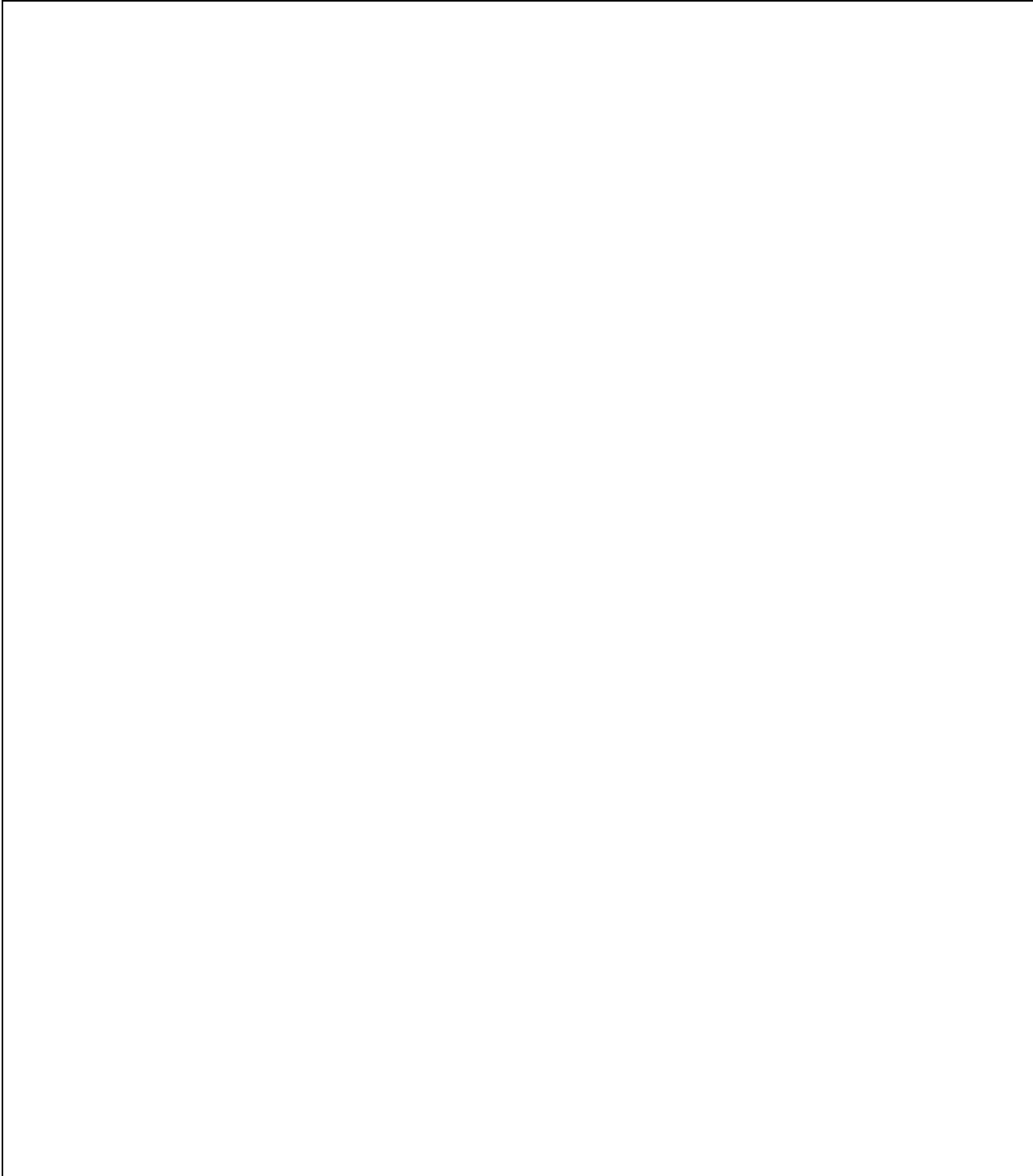
- Before and after direct patient contact.
- After helping a patient to use the toilet, bathroom or commode.
- After any contaminating procedure
- Before putting on and after taking off gloves

Advice for patients

Please wash your hands:

- Whenever you can see your hands are dirty
- Before eating
- After going to the toilet

You may wash them with liquid soap and warm-water or use one of the hand gels available. If you have wound dressings, stitches, catheters or an intravenous line, try not to touch them any more than absolutely necessary. You could spread germs to other parts of the body.



Methods of Hand Washing: Medical Hand Washing

Session Plan 3

1. **SESSION TOPIC:** Importance of Hand Washing
2. **OBJECTIVE:** To develop student's knowledge, skills and abilities for Hand hygiene.
3. **MATERIALS/EQUIPMENT REQUIRED:** Charts, Sketch Pens, Rulers, Computer, Open Source Software for Slide Presentation, LCD Projector and lab for demonstration
4. **PREPARATIONS:**
 - Arrange all the materials well in advance
5. **TEACHING/TRAINING METHODOLOGY:**

T1 : Interactive Lecture

DURATION: 30 Mins

PROCESS

1. Prepare the points for the lecture.
2. Introduce the topic.
3. Make an opening by telling students the purpose of the lecture or presentation.
4. Introduce the topic in the class and provide relevant knowledge to the students. Topics may include but not limited to:
 - (a) Importance of hand hygiene
 - (b) Methods of hand washing
5. Make a slide presentation on hand hygiene and show the methods of hand washing and explain the same to the students.
6. Relate the topic to the real situation and ask questions.
7. Provide specific examples.
8. Involve students by giving them the opportunity to ask questions related to the topic.
9. Clarify any questions students may have.
10. Summarize the topic and emphasize on the key points.

T2 : Demonstration

DURATION: 30 MINUTES

1. Demonstrate the methods of hand washing in the lab to the students followed by discussion on hand hygiene practices followed at hospital and home.

Checklist for Assessment Activity

Use the following checklist to check whether students could meet all the requirements for assessment.

Part A

1. Differentiate between communicable and non-communicable disease
2. Differentiate between disinfectant and sanitizer
3. Differentiate between sterilization and disinfection

Part B

Students could answer the following questions:

1. What is hand hygiene?

2. Why is it important to wash hands before and after meals?
3. Why is it important to wash hands after use of toilet?

Part C

Performance Standards

Students should be able to demonstrate the generic, technical, professional and organizational knowledge and skills in order to perform up to the required standards. The performance standards may include, but not limited to:

Performance standards	Yes	No
Perform hand washing as per standard procedure		

Session 4: Demonstrate Personal Grooming

Relevant Knowledge

Personal grooming (also called **titivating** and **preening**) is the art of cleaning, grooming, and maintaining parts of the body. It is a species-typical behavior.

Importance of Personal Grooming

Personal grooming is important for a positive self-image and every effort should be made to encourage and assist the resident to maintain a pleasing and attractive appearance

- ▶ It is the process of making yourself look neat and attractive.
- ▶ The things which you do to make yourself and your appearance tidy and pleasant.

Grooming is important for a positive self-image and to encourage and assist the resident to maintain a pleasing and attractive appearance

Basic grooming

- Groom your facial hair. Avoid the patchy beard, long black mustache hairs, or chin pube goatee. Pluck your uni-brow.
- Brush your teeth.
- Wash your hair.
- Take care of your skin.
- Trim your fingernails and toenails, and clean the dirt out from under them.
- Wear deodorant.
- Pay attention to little details like keeping your ears clean, or your nose hair trimmed, or not having a mole with a single distracting long hair growing out of it.
- Effective communication skills while speaking to the patient and their relatives
- Wear name badge and uniform

Basic dressing

Again, a list of stereotypical mistakes:

- Don't wear white socks with dark shoes and vice versa.
- Don't wear socks with sandals.
- Don't wear T-shirts that are too big and baggy, or too small and tight.
- Don't wear the same outfit two days or more in a row.

- Don't wear a similar, uninspired outfit every day (i.e., a dull black t-shirt with jeans.)
- Don't keep wearing your clothes after they've become ratty or faded.
- Don't wear clothes that are overly wrinkled.
- Don't keep wearing something if you've dirtied or stained it.

Basic Appearance

- Get your hairs looking good. Grow it out or cut it in a fashionable style. Good looking hair can be the cornerstone of an attractive appearance.
- If you have glasses, lens may have its own pros and cons like proper handling and hygiene. They're not as expensive or high-maintenance as you may think. At the very least, if you do wear glasses, make sure to get some frames that look good on you. Glasses suit some people, but just as many would be better off without them.
- If you don't have great teeth, see what you can do about that. Of course this isn't something anyone can do in five minutes.
- Get in shape, but don't think you absolutely have to get huge, shredded muscles. If someone is fit for their natural frame people subconsciously pick up on it and think they look better. Subtle differences in things like the size of your chest muscles, the width of your shoulders, or the V-shape in your torso show through. Don't think your only options are lifting weights or running on a treadmill either. There are tons of activities you can do that will make you fitter. Take up rock climbing, or kick boxing, or dancing, or Ultimate Frisbee. Pick something you enjoy doing and that isn't an unnecessary hassle to take part in. If you truly don't like doing something, or it's just a pain in ass to do it, you'll quit before long.

Session Plan 4

1. **SESSION TOPIC:** Personal Grooming
2. **OBJECTIVE:** To develop student's knowledge, skills and abilities for personal grooming and its importance in patient care
3. **MATERIALS/EQUIPMENT REQUIRED:** Charts, Sketch Pens, Rulers, Computer, Open Source Software for Slide Presentation, LCD Projector.
4. **PREPARATIONS:**
 - Arrange all the materials well in advance
5. **TEACHING/TRAINING METHODOLOGY:**

T1 : Interactive Lecture

DURATION: 30 Mins

PROCESS

1. Prepare the points for the lecture.
2. Introduce the topic.
3. Make an opening by telling students the purpose of the lecture or presentation.
4. Introduce the topic in the class and provide relevant knowledge to the students. Topics may include but not limited to:
 - (a) Importance of good appearance and grooming at workplace.
 - (b) Good Grooming habits as per norms of healthcare industry.
5. Make a slide presentation on personal grooming and its importance and explain the same to the students.
6. Relate the topic to the real situation and ask questions.
7. Provide specific examples.
8. Involve students by giving them the opportunity to ask questions related to the topic.
9. Clarify any questions students may have.
10. Summarize the topic and emphasize on the key points.

T2 : Video session

DURATION: 30 Mins

Show the video of personal grooming and arrange a practical session on personal grooming in daily life.

Checklist for Assessment Activity

Use the following checklist to check whether students could meet all the requirements for assessment.

Part A

1. Differentiate between good and bad grooming practices
2. Differentiate between good healthy habits and hygiene
3. Differentiate between safety rules and hygiene rules

Part B

Students could answer the following questions:

1. What is personal grooming?
2. What are the grooming habits adapted by healthcare industry?

Part C

Performance Standards

Students should be able to demonstrate the generic, technical, professional and organizational knowledge and skills in order to perform up to the required standards. The performance standards may include, but not limited to:

Performance standards	Yes	No
Demonstrate proper ways of caring for the sense organs, such as eyes, nose, ears, teeth, skin		
Demonstrate the knowledge of products and equipment that help in personal grooming and health		

TEACHERS HANDBOOK

HSS104 - NQ2014

Primary Healthcare and Emergency Medical Response



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PREFACE

The Teacher’s Handbook on “**Primary Healthcare and Emergency Medical Response**” is a part of the qualification package developed by the Healthcare Sector Skill Council (HSSC) for the National Skills Qualifications Framework (NSQF) of “General Duty Assistant/Patient Care Assistant”. The National Vocational Education Qualification Framework (NVEQF) now subsumed in NSQF is an initiative of the Ministry of Human Resource Development (MHRD), Government of India to set common principles and guidelines for a nationally recognized qualification system covering Schools, Vocational Education and Training Institutions, Technical Education Institutions, Colleges and Universities. It is envisaged that the NVEQF will promote transparency of qualifications, cross-sectoral learning, student-centred learning and facilitate learner’s mobility between different qualifications, thus encouraging lifelong learning.

The National Curriculum Framework, 2005, recommends that children’s life at school must be linked to their life outside the school. This principle makes a departure from the legacy of bookish learning which continues to shape our system and causes a gap between the school, home, community and the workplace. Experiential learning, which is a cyclical process involving observation, reflection and action, should be an integral part of the teaching-learning process. Attempt by the students to solve problems, guided by the teachers or instructors, would enable them to explore and discover new knowledge and develop problem solving skills. A range of pedagogies, including interactive lecture, role plays, case based studies, assignments, projects and on-the-job activities that provide students with generic, technical and professional knowledge and skills should be adopted by the teachers and instructors to foster student-centred learning.

The success of this effort of integrating knowledge and skills depends on the steps that the teachers will take to encourage children to reflect their own learning and to pursue imaginative and on-the-job activities and questions. Participation of learners in skill development exercises and inculcation of values and creativity is possible if children are involved as participants in learning, and not as receiver of information. These aims imply considerable change in school routines and mode of functioning. Flexibility in the daily time-table would be a necessity to maintain the rigour in implementing the activities and the required number of teaching days will have to be increased for teaching and training.

The suggestions by the teachers and other stakeholders in education and training will be of great value to us in bringing about qualitative improvement in the teacher’s handbook.

ACKNOWLEDGEMENTS

We place on record our sincerest gratitude to Shri Rajarshi Bhattacharya, I.A.S., Secretary (SE), Ministry of Human Resource Development (MHRD), Government of India, Smt. Radha Chauhan, I.A.S., Joint Secretary (SE), Department of School Education and Literacy, MHRD and Smt. Ankita Mishra Bundela, I.A.S., Deputy Secretary (VE), Department of School Education and Literacy, MHRD for the support and guidance. We take this opportunity of expressing our gratitude to MHRD for financial support to the project on development of curricula and courseware under National Skills Qualifications Framework (NSQF).

We would like to thank Professor Parvin Sinclair, Director, National Council of Educational Research and Training (NCERT) and Professor R. B. Shivagunde, Joint Director, PSS Central Institute of Vocational Education (PSSCIVE) for their guidance.

The contribution of Shri M.K. Mishra and Shri Satish.C.Pandey of MPCON Ltd., Bhopal as resource person and Dr. Sukhwant Singh, Dr. Jitendra Banweer, Dr. Richa Mishra, Dr. Ratan Lal Patidar, Dr. Sandhya Singh, Dr. Ashish Acharya, Mr. Ashok Pal, Ms Priyanka Acharya, Ms. Manisha Gupta and Ms Rashmi Mishra as experts in healthcare sector for developing the content of the courseware is duly acknowledged.

We gratefully acknowledge the contributions of Prof. P.V.P.Rao, Prof. (Mrs.) Karesh Prasad, Dr. (Mrs) Lilly Christopher, Mrs Susan Manoj and Dr. Kuldeep Virani in reviewing the content and providing suggestions for improvement.

We are grateful to Dr. Vinay Swarup Mehrotra, Professor and Head, Curriculum Development and Evaluation Centre (CDEC) and National Skills Qualifications (NSQF) Cell, PSSCIVE, Bhopal for coordinating the development of curricula, student workbooks and teachers' handbooks.

GENERAL INSTRUCTIONS FOR TEACHERS

- Read the Teacher's Handbook carefully before teaching or conducting the training.
- Follow the session plan strictly
- Familiarize yourself thoroughly with the relevant knowledge and skills to be transacted.
- Ensure all materials/aids/equipment required for teaching and training is available.
- Introduce the skill by explaining the purpose.
- Demonstrate the skill to the participants, explaining each step in detail.
- Invite the students to ask questions.
- Ask the students to practice the skill themselves and make observation while they perform the task.
- Provide the students with constructive feedback.
- Discuss in class, the problems faced by the students in performing the task.
- Summarize the key learning.
- Ensure key learning is captured and performance standards are met at the end of each session.
- Regularly check student's workbook to ensure all exercises are being completed on time.
- Ensure that all participants complete the required assessments given in the student workbook.
- Always encourage participants. Never discourage them from getting actively engaged in discussions, question-answer sessions and task-oriented activities.

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Session1: Essential Components of Primary Healthcare

Relevant Knowledge

Access to healthcare has been considered a greater challenge to other challenges including affordability and availability of quality healthcare. Medical treatment is not just providing treatment to sick patients but extends to well-being of the people in community and includes disease prevention and promoting good health, and lifestyle habits. There evolved a specific goals and objectives for maintaining health of an individual as well as community. To achieve these objectives appropriate systems need to be developed to measures taken to prevent diseases on one hand and promote good health on other side with provision for treatment of diseases on other side. Various studies indicated that significant population in India borrows money to meet their healthcare costs which are sudden and unexpected. A large population every year moves below poverty line in India and healthcare expenses being one of the major reasons. Thus the progress of the country depends on strong health system and preventive health. It is essential to develop good systems to include preventive health, have effective immunization, provide adequate understanding and care for maternal and child health, effective reimbursement or insurance mechanism to reimburse the costs of medical treatment, mechanism to manage epidemics and good emergency transport system to provide pre hospital care during emergencies.

Primary Health Care

Health is defined as “State of complete physical, mental and social wellbeing and not merely an absence of disease or infirmity.” Primary Health Care is medical care available to people at first level, it combines all the available medical facilities at the community for improving health status. Primary Health Care is defined as an essential healthcare based on scientific methods, universally accessible to the individuals and family in community at a cost which community and country can afford. It is the first level of contact of the individuals and integrates the family and the community with the national health system bringing healthcare as close as possible to where people live and work which includes awareness on preventive health, first level care at the community, immunization, alerts awareness and precautions in case of epidemics, referral of patients to appropriate care facility, supportive supervision and guidance and logistic support and supplies. Primary Health Care is conceived as an integral part of the country’s plan for socio economic development. In India Primary Health Care is delivered by individual doctors in private sector and infrastructure in public sector comprising of Village level Accredited Social Health Activist

(commonly known as ASHA), Village level ANM, Sub Centers and Primary Health Centers.

Millennium Development Goals

The eight Millennium Development Goals (MDGs) adopted by the United Nations in the year 2000 called for concerted action to improve global health and their indicators. All 189 United Nations member states and at least 23 international organizations have agreed to achieve these goals by the year 2015. Multiple indicators were identified to be arranged in patterns to compare health status of various areas, regions, states, countries. Efforts are made in the direction to better parameters, in last decade efforts are giving results. The goals are:

1. Eradicating extreme poverty and hunger,
2. Achieving universal primary education,
3. Promoting gender equality and empowering women,
4. Reducing child mortality rates,
5. Improving maternal health,
6. Combating HIV/AIDS, malaria, and other diseases,
7. Ensuring environmental sustainability, and
8. Developing a global partnership for development.

The various indicators of 5 goals of MDGs, directly related to health are given in the table below:

Goal 1. Eradicate extreme poverty and hunger	
Indicator 4.	Prevalence of underweight children under five years of age
Indicator 5.	Proportion of population below minimum level of dietary energy consumption
Goal 4. Reduce child mortality	
Indicator 13.	Under - five mortality rate
Indicator 14.	Infant mortality rate
Indicator 15.	Proportion of 1- year old Children immunized against measles
Goal 5. Improve maternal health	
Indicator 16.	Maternal Mortality ratio
Indicator 17.	Proportion of births attended by Skilled Health Personnel
Goal 6. Combat HIV/ AIDS, malaria and other diseases	
Indicator 18.	HIV prevalence among young people aged 15 to 24 years
Indicator 19.	Condom use rate of the contraceptive prevalence rate
Indicator 20.	Number of children orphaned by HIV/AIDS

Indicator 21.	Prevalence of death rates associated with malaria
Indicator 22.	Proportion of population in malaria-risk areas using effective malaria Prevention measures
Indicator 23.	Prevalence and death rates associated with tuberculosis
Indicator 24.	Proportion of tuberculosis cases detected and cured under Directly Observed Treatment Short Course - DOTS

Components of Primary Health Care

The essential components of Primary Healthcare are as follows:

- Education about prevailing health problems and methods of preventing and controlling them
- Promotion of food supply and proper nutrition
- Adequate supply of water and basic sanitation
- Maternal and Child Healthcare including family planning
- Immunization against infectious diseases
- Prevention and control of endemic diseases
- Appropriate treatment of common diseases and injuries
- Provision of essential drugs

Session Plan 1

1. **SESSION TOPIC:** Essential Components of Primary Healthcare
2. **OBJECTIVE:** To develop student's knowledge, skill & abilities regarding the primary healthcare
3. **MATERIALS/EQUIPMENT REQUIRED:** Charts, Sketch Pens, Rulers, Computer, Open Source Software for Slide Presentation, LCD Projector and lab for demonstration
4. **PREPARATIONS:**
 - Arrange all the materials well in advance
5. **TEACHING/TRAINING METHODOLOGY:**

T1 : Interactive Lecture

DURATION: 01 HOUR

PROCESS

1. Prepare the points for the lecture.
2. Introduce the topic.
3. Make an opening by telling students the purpose of the lecture or presentation.
4. Introduce the topic in the class and provide relevant knowledge to the students. Topics may include but not limited to the following:
 - a) Meaning of primary health care
 - b) Components of primary health care:
 - (i) Health education
 - (ii) Maternal and Child care
 - (iii) Mental health
 - (iv) Immunisation
 - (v) Safe water and Sanitation
 - (vi) Supply of essential drugs
 - (vii) Prevention of communicable diseases
 - (viii) Treatment of common diseases
 - (ix) Oral health
 - (x) Nutriion
5. Relate the topic to the real situation and ask questions.
6. Provide specific examples.
7. Involve students by giving them the opportunity to ask questions related to the topic.
8. Clarify any questions students may have.
9. Summarize the topic and emphasize on the key points.

T2 : Practical Session

DURATION: 05 HOURS

This practice session will enable the students to understand the practical aspect of this topic. Ask them to visit nearest primary health center and enlist all the services provided by the primary health center.

Checklist for Assessment Activity

Use the following checklist to check whether students could meet all the requirements for assessment.

Part A

1. Differentiate between preventive and curative services

Part B

Students could answer the following questions:

1. What are the essential components of Primary Healthcare?
2. What are the various methods used for promoting Primary Healthcare?
3. What schools can do to promote Primary Healthcare?

Part C

Performance Standards

Students should be able to demonstrate the generic, technical, professional and organizational knowledge and skills in order to perform up to the required standards. The performance standards may include, but not limited to:

Performance standards	Yes	No
Identify the components of Primary Health Care		
List the activities that are performed at family and community to promote Primary Healthcare		

Session 2: Demonstrate Chain of Survival

Relevant Knowledge

In our day-to-day life we come across many medical emergencies; in few medical emergencies we come across unconscious/unresponsive patients, or seriously ill patients who need attention and no immediate professional medical help is available. In such case every second counts. Under such circumstances, it is quite common that everyone attempts to help in their own way to rescue the victim. Instead if one, who is a qualified First Aider or Doctor takes lead and adopts a standard approach to respond, it would increase the chances of survival.

Emergency Medical Response

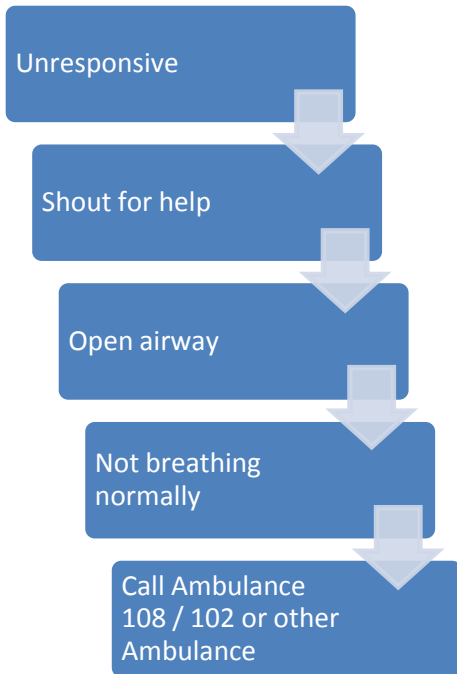
Medical Emergency is any medical condition which has a sudden onset, unexpected occurrence needs attention, may be a dangerous, may possess an immediate risk to person's life, limb, organ or long term health. Considering the emergency situation and availability of resources, the Emergency Medical Response varies. However a standardized approach with sequential steps, well reinforced in the society and healthcare provider, followed systematically helps in increasing chances of survival and faster recovery. Emergency Medical Response is standard medical response by a first responder or qualified medical professional based on his competency provided to emergency victim which would help in increasing the chances of survival.

Chain of Survival

In life threatening events in out of hospital scenarios, when one comes across an unconscious patient or seriously ill patients (appears to have dead) there are series of actions, if put into action would increase the chances of survival of the patient. These series of action are termed as "Chain of Survival" in various resuscitation guidelines.



Courtesy :<http://www.cardiaid.com/en/Home,1.html>



Step 1. Ensure Scene Safety - In emergency resuscitation the first principle is safety, unless you are safe, you can't provide help to others. Ensure the location is safe for yourself, the victim who is in emergency condition and also the bystanders around.

Step 2. Check for response from Victim - It is essential to understand if the victim is conscious and is able to respond. To check this gently shake his shoulder and ask him loudly "Are you O.K", "Can you hear me".

Step 3. Check for Response - If he responds, ensure he is in position in which you find him, ensure there is no further danger from surroundings, try to identify the cause and provide necessary help, seek for medical attention and try to transfer him to a medical facility as early as possible.

If he doesn't respond -

- Immediately shout for help
- Turn him onto his back
- Open Airway using head tilt and chin lift method
- Place your hand on his forehead and gently tilt his head back
- With your fingertips under the point of victim's chin, lift the chin to open the airway.
- Keeping the airway open

Look	-	Look for chest movement
Listen	-	at the victim's mouth for breath sounds
Feel for breathing	-	feel for air on your cheek

Identify if breathing is normal, not normal or absent

If breathing normally, turn him into appropriate position (side position with head dependent, with no pressure on the chest) ensuring the position is stable. Also ensure that there is no obstruction to breathing. Seek help, Call for Ambulance, Call National Ambulance Service Telephone Numbers i.e. 108 or 102 or any other ambulance service available.

Continue to assess breathing, check if breathing is normal. **If the breathing is not normal** or absent, alert the ambulance service, attempt to bring an Automated External Defibrillator (AED) if available, and attempt Cardio Pulmonary Resuscitation (CPR). (CPR method would be taught to the student in subsequent NVEQF levels).

The simple model of Emergency Medical Response can be represented as below, further it is followed by CPR which would be taught in subsequent levels.

Session Plan 2

1. **SESSION TOPIC:**
Demonstrate Chain of Survival
2. **OBJECTIVE:** To develop student's knowledge regarding chain of survival and practice the guidelines of chain of survival.
3. **MATERIALS/EQUIPMENT REQUIRED:** Charts, Sketch Pens, Rulers, Computer, Open Source Software for Slide Presentation, LCD Projector
4. **PREPARATIONS:**
 - Arrange all the materials well in advance
5. **TEACHING/TRAINING METHODOLOGY:**

T1 : Interactive Lecture

DURATION: 04 HOURS

PROCESS

1. Prepare the points for the lecture.
2. Introduce the topic.
3. Make an opening by telling students the purpose of the lecture or presentation.
4. Introduce the topic in the class and provide relevant knowledge to the students. Topics may include but not limited to the following:
 - (a) Emergency medical services.
 - (b) What is Chain of Survival?
 - Early access
 - Early CPR
 - Early defibrillation
 - Early advanced care life support
5. Make a slide presentation on good health and explain the same to the students about routine exercise.
6. Relate the topic to the real situation and ask questions.
7. Provide specific examples.
8. Involve students by giving them the opportunity to ask questions related to the topic.
9. Clarify any questions students may have.
10. Summarize the topic and emphasize on the key points.

T2: Activity

DURATION: 03 HOURS

- a. Demonstrate the steps of chain of survival.
- b. Demonstrate the basic First Aid practices.

T3: Role Play Session

DURATION: 03 HOURS

This practice session enable the student to understand the practical aspect of this topic. Ask students to perform **Role Play** on the scenario given below and ask to demonstrate the chain of survival:

An unconscious patient is lying at a bus stand. People are standing around him. Imagine, you are a trained "First Aider" and you have to respond to the situation.

Checklist for Assessment Activity

Use the following checklist to check whether your students could meet all the requirements for assessment.

Part A

1. Differentiate between Medical Emergency and Emergency Medical Response.

Part B

Students could answer the following questions:

1. What is chain of survival?
2. What are basic first aid practices?

Part C

Performance Standards

Students should be able to demonstrate the generic, technical, professional and organizational knowledge and skills order to perform up to the required standards. The performance standards may include, but not limited to:

Performance standards	Yes	No
Identify the key elements in the pediatric chain of survival		
Demonstrate the knowledge of role of community healthcare providers and individuals in chain of survival		
Demonstrate the knowledge of important interventions in reducing the risk of injury		

Glossary

Code Blue	A hospital's emergency call for professionals to respond to a person in cardiac arrest
Triage	Classification of ill or injured persons by severity of conditions, most commonly occurs in emergency room.

TEACHERS HANDBOOK

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Immunization



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PREFACE

The Teacher’s Handbook on “Immunization” is a part of the qualification package developed by the Healthcare Sector Skill Council (HSSC) for the National Skills Qualifications Framework (NSQF) of “General Duty Assistant/Patient Care Assistant”. The National Vocational Education Qualification Framework (NVEQF) now subsumed in NSQF is an initiative of the Ministry of Human Resource Development (MHRD), Government of India to set common principles and guidelines for a nationally recognized qualification system covering Schools, Vocational Education and Training Institutions, Technical Education Institutions, Colleges and Universities. It is envisaged that the NVEQF will promote transparency of qualifications, cross-sectoral learning, student-centred learning and facilitate learner’s mobility between different qualifications, thus encouraging lifelong learning.

The National Curriculum Framework, 2005, recommends that children’s life at school must be linked to their life outside the school. This principle makes a departure from the legacy of bookish learning which continues to shape our system and causes a gap between the school, home, community and the workplace. Experiential learning, which is a cyclical process involving observation, reflection and action, should be an integral part of the teaching-learning process. Attempt by the students to solve problems, guided by the teachers or instructors, would enable them to explore and discover new knowledge and develop problem solving skills. A range of pedagogies, including interactive lecture, role plays, case based studies, assignments, projects and on-the-job activities that provide students with generic, technical and professional knowledge and skills should be adopted by the teachers and instructors to foster student-centred learning.

The success of this effort of integrating knowledge and skills depends on the steps that the teachers will take to encourage children to reflect their own learning and to pursue imaginative and on-the-job activities and questions. Participation of learners in skill development exercises and inculcation of values and creativity is possible if children are involved as participants in learning, and not as receiver of information. These aims imply considerable change in school routines and mode of functioning. Flexibility in the daily time-table would be a necessity to maintain the rigour in implementing the activities and the required number of teaching days will have to be increased for teaching and training.

The suggestions by the teachers and other stakeholders in education and training will be of great value to us in bringing about qualitative improvement in the teacher’s handbook.

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GENERAL INSTRUCTIONS FOR TEACHERS

- Read the Teacher's Handbook carefully before teaching or conducting the training.
- Follow the session plan strictly
- Familiarize yourself thoroughly with the relevant knowledge and skills to be transacted.
- Ensure all materials/aids/equipment required for teaching and training is available.
- Introduce the skill by explaining the purpose.
- Demonstrate the skill to the participants, explaining each step in detail.
- Invite the students to ask questions.
- Ask the students to practice the skill themselves and make observation while they perform the task.
- Provide the students with constructive feedback.
- Discuss in class, the problems faced by the students in performing the task.
- Summarize the key learning.
- Ensure key learning is captured and performance standards are met at the end of each session.
- Regularly check student's workbook to ensure all exercises are being completed on time.
- Ensure that all participants complete the required assessments given in the student workbook.
- Always encourage participants. Never discourage them from getting actively engaged in discussions, question-answer sessions and task-oriented activities.

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Session1: Differentiate between various types of Immunity

Relevant Knowledge

The immune system is your body's way of helping to protect you from infection. When your body is infected by viruses, bacteria or other infectious organisms (e.g. a fungus or parasite), it undergoes a process of fighting the infection and then healing itself.

As a result of this, the next time your body encounters the same organism, you will be 'immune' to this infection. This means that you are less likely to get the same disease again, or if you do, the infection will be less severe. This is the principle behind vaccination.

How does immunity work?

Whenever your body encounters a foreign organism, like bacteria or a virus, a complicated set of responses are set in motion. Your body has two sets of defensive mechanisms, one called 'innate immunity' and another called 'adaptive immunity'.

Innate immunity describes your body's barriers to infection that are in-built (or innate). This includes:

- your skin
- the acid in your stomach
- saliva
- tears
- mucus in your mouth and nose
- cells in your blood stream that can destroy bacteria.

All of these systems are extremely important as a first line of defence to prevent you from becoming infected, and for getting rid of the infections that you do get.

These innate systems do not change with multiple exposures to the same infection; there is no 'learned' response no matter how many times your body is exposed to the same organism

Adaptive immunity

Your body's more complicated second line of defence is called adaptive immunity. By **adapting** to fight infections from particular bacteria or viruses, your body can become immune to infections caused by the same organism in the future. This adaptation by your body to prevent infection is the basis of immunization.

Certain types of blood cells can learn from exposure to an infection. This means that the next time they encounter that infection they can remember it and mount a faster and stronger response.

For example:

- **Antibodies** are made by the body in response to an infecting organism. They can recognise specific types of viruses or bacteria. They work by attaching themselves to the organism, and preventing them from infecting your body.
- **Macrophages** are specialized blood cells that can directly attack and destroy an infecting organism, digesting them so they can't produce disease.

Vaccines trigger the adaptive immune system – by stimulating the body to make antibodies – so that it can prepare for a potential infection in the future.

Passive immunity is acquired through transfer of antibodies or activated T-cells from an immune host, and is short lived—usually lasting only a few months—whereas **active immunity** is induced in the host itself by antigen and lasts much longer, sometimes lifelong. The diagram below summarizes these divisions of immunity

***Virus-**A virus is a small infectious agent that replicates only inside the living cells of other organisms. Viruses can infect all types of life forms, from animals and plants to bacteria and archaea.

***Bacteria-**Bacteria are microorganisms too small to see with the naked eye that exists in virtually all environments in the world. They exist in dirt, water, caves and hot springs, organic materials like fallen trees and dead animals, and inside the bodies of virtually every living animal on earth.

Session Plan 1

1. **SESSION TOPIC:** Differentiate between various types of Immunity
2. **OBJECTIVE:** To develop student's knowledge, skills and abilities for Immunity
3. **MATERIALS/EQUIPMENT REQUIRED:** Charts, Sketch Pens, Rulers, Computer, Open Source Software for Slide Presentation, LCD Projector
4. **PREPARATIONS:**
 - o Arrange all the materials well in advance
5. **TEACHING/TRAINING METHODOLOGY:**

T1 : Interactive Lecture

DURATION: 01 HOUR

PROCESS

1. Prepare the points for the lecture.
2. Introduce the topic.
3. Make an opening by telling students the purpose of the lecture or presentation.
4. Introduce the topic in the class and provide relevant knowledge to the students. Topics may include but not limited to the following:
 - a) Meaning of immunity.
 - b) Types of immunity.
 - c) Virus and Bacteria.
5. Relate the topic to the real situation and ask questions.
6. Provide specific examples.
7. Involve students by giving them the opportunity to ask questions related to the topic.
8. Clarify any questions students may have.
9. Summarize the topic and emphasize on the key points.

T2 : Practical Session

DURATION: 02 HOURS

This practice session will enable students to understand the practical aspect of the topic. Ask them to perform following:

- a. Make presentation on "Immunity".
- b. Visit to primary healthcare and immunization camp and study the immunization process.

Checklist for Assessment Activity

Use the following checklist to check whether students could meet all the requirements for assessment.

Part A

1. Differentiate between the role of vaccines and antibodies
2. Differentiate between the role of individuals and community in immunization programmes

Part B

Students could answer the following questions:

1. What is immunity?
2. What is virus?
3. What is bacterium?
4. How does immunization protects us from diseases?

Part C

Performance Standards

Students should be able to demonstrate the generic, technical, professional and organizational knowledge and skills in order to perform up to the required standards. The performance standards may include, but not limited to:

Performance standards	Yes	No
List the diseases for which vaccines are available		

Session 2: Understand Immunization Schedule

Relevant Knowledge

Immunization protects children (and adults) against harmful infections before they come into contact with them in the community. Immunization uses the body's natural defence mechanism - the immune response - to build resistance to specific infections. Nine diseases can be prevented by routine childhood immunization - diphtheria, tetanus, whooping cough, poliomyelitis (polio), measles, mumps, rubella, Haemophilus influenzae type b (Hib) and hepatitis B. All of these diseases can cause serious complications and sometimes death.

Immunization is given as an injection or, in the case of polio vaccine, taken as drops by mouth. Immunization helps children stay healthy by preventing serious infections.

Immunization and vaccination

Technically 'vaccination' is the term used for giving a vaccine - that is, actually getting the injection or swallowing the drops. 'Immunization' is the term used for the process of both getting the vaccine and becoming immune to the disease as a result of the vaccine. Most people use the terms 'vaccination' and 'immunization' interchangeably but their meanings are not exactly the same because immunity follows vaccination in most, but not all, cases. For the purposes of this book, we have always used the term 'immunization' because this is the expression most commonly used in the community.

How does immunization work?

All forms of immunization work in the same way. When someone is injected with, or swallows, a vaccine, their body produces an immune response in the same way it would following exposure to a disease but without the person getting the disease. If the person comes in contact with the disease in the future, the body is able to make an immune response fast enough to prevent the person getting sick.

What is vaccine?

A **vaccine** is a biological preparation that improves immunity to a particular disease. A vaccine typically contains an agent that resembles a disease-causing microorganism, and is often made from weakened or killed forms of the microbe, its toxins or one of its surface proteins.

The agent stimulates the body's immune system to recognize the agent as foreign, destroy it, and "remember" it, so that the immune system can more easily recognize and destroy any of these microorganisms that it later encounters.

Vaccines may be prophylactic (example: to prevent or reduce the effects of a future infection by any natural or "wild" pathogen), or therapeutic (e.g. vaccines against cancer are also being investigated; see cancer vaccine).

The term *vaccine* derives from Edward Jenner's 1796 use of *cow pox* (Latin *variola vaccinia*, adapted from the Latin *vaccīn-us*, from *vacca*, cow), to inoculate humans, providing them protection against smallpox.

How long do immunizations take to work?

In general, the normal immune response takes several weeks to work. This means protection from an infection will not occur immediately after immunization. Most immunizations need to be given several times to build long lasting protection. A child who has been given only one or two doses of diphtheria-tetanus-pertussis vaccine (DTPa) is only partially protected against diphtheria, pertussis (whooping cough) and tetanus, and may become sick if exposed to these diseases. How long do immunizations last? The protective effect of immunizations is not always life-long. Some, like tetanus vaccine, can last up to 30 years, after this time a booster dose may be given. Some immunizations, such as whooping cough, give protection for about five years after a full course.

Is everyone protected from disease by immunization?

Even when all the doses of a vaccine have been given, not everyone is protected against the disease. Measles, mumps, rubella, tetanus, polio and Hib vaccines protect more than 95% of children who have completed the course. Three doses of whooping cough vaccine protects about 85% of children who have been immunized, and will reduce the severity of the disease in the other 15% of children (who have also been immunized), if they do catch whooping cough. Booster doses are needed because immunity decreases over time. Three doses of hepatitis B vaccine protect over 95% of children.

Why do children get so many immunizations?

A number of immunizations are required in the first few years of a child's life to protect the child against the most serious infections of childhood.

The immune system in young children does not work as well as the immune system in older children and adults, because it is still immature. Therefore more doses of the vaccine are needed. In the first months of life, a baby is protected from most infections by antibodies from her or his mother which are transferred to the baby during pregnancy. When these antibodies wear off, the baby is at risk of serious infections and so the first immunizations are given before these antibodies have gone.

What are the side effects of immunization?

Common side effects of immunization are redness and soreness at the site of injections and mild fever. While these symptoms may concern you and upset your child at the time, the benefit of immunization is protection from the disease. Paracetamol might be required to help ease the fever and soreness. For more information, refer to Common side effects of immunization and what to do about them. Otherside effects are very rare but if they do occur, a doctor should be consulted immediately.

What is the importance of Immunization

Each year, vaccines prevent more than 2.5 million child deaths globally. An additional 2 million child deaths could be prevented each year through immunization with currently available vaccines.

- **Immunization saves a child's life:** Immunization helps to protect your child against various diseases.
- **Immunization is safe and effective:** All vaccines that are given to children are completely safe and effective, as various medical professionals have tested them. The only discomfort can be pain, redness or tender feeling among few.
- **Immunization prevents spread of diseases:** If a person is immunized, there is little to risk of an epidemic. Thus, it also prevents spreading of the disease.
- **Immunization saves time and money:** A prolonged illness can take a toll on your finance as well as your precious time. Immunization is a good investment, as it saves time, money and promotes good health.
- **Immunization protects future:** Immunization has helped to eradicate polio to some extent. If we keep on practicing immunization, in near future we will be able to eradicate all these diseases completely.

- Immunisation has reduced mortality rate
- Immunisation has made children more healthy and fit.
- Immunisation promotes long life span.

National Immunization Schedule for Infants, Children and Pregnant Women				
Vaccine	When to give	Dose	Route	Site
For Pregnant Women				
TT-1	Early in pregnancy	0.5 ml	Intra-muscular	Upper Arm
TT-2	4 weeks after TT-1*	0.5 ml	Intra-muscular	Upper Arm
TT- Booster	If received 2 TT doses in a pregnancy within last 3 yrs*	0.5 ml	Intra-muscular	Upper Arm
For Infants				
BCG	At birth or as early as possible till one year of age	0.1ml (0.05ml till 1mth age)	Intra-dermal	Left Upper Arm
Hepatitis B	At birth or as early as possible within 24 hours	0.5 ml	Intra-muscular	Antero-lateral side of mid-thigh
OPV-0	At birth or as early as possible within the first 15 days	2 drops	Oral	Oral
OPV 1, 2 & 3	At 6 weeks, 10 weeks & 14 weeks	2 drops	Oral	Oral
DPT 1, 2 & 3	At 6 weeks 10 weeks & 14 weeks	0.5 ml	Intra-muscular	Antero-lateral side of mid-thigh
Hep B 1, 2 & 3	At 6 weeks 10 weeks & 14 weeks	0.5 ml	Intra-muscular	Antero-lateral side of mid-thigh
Measles	9 completed months-12 months.	0.5 ml	Sub-cutaneous	Right upper Arm
Vitamin-A (1stdose)	At 9 months with measles	1 ml (1 lakh IU)	Oral	Oral
For Children				
DPT booster	16-24 months	0.5 ml	Intra-muscular	Antero-lateral side of mid-thigh
Measles 2nd dose	16-24 months	0.5 ml	Sub-cutaneous	Right upper Arm
OPV Booster	16-24 months	2 drops	Oral	Oral
Japanese Encephalitis**	16-24 months	0.5 ml	Sub-cutaneous	Left Upper Arm
Vitamin-A***				
(2nd to 9th dose)	16 months. Then, one dose every 6 months up to the age of 5 years.	2ml (2 lakh IU)	Oral	Oral
DPT Booster	5-6 years	0.5 ml.	Intra-muscular	Upper Arm
TT	10 years & 16 years	0.5 ml	Intra-muscular	Upper Arm

*Give TT-2 or Booster doses before 36 weeks of pregnancy. However, give these even if more than 36 weeks have passed. Give TT to a woman in labour, if she has not previously received TT.

** JE Vaccine, in select endemic districts after the campaign.

*** The 2nd to 9th doses of Vitamin A can be administered to children 1-5 years old during biannual rounds, in collaboration with ICDS.

National Immunization Schedule Chart

Session Plan 2

1. **SESSION TOPIC:** Understand Immunization Schedule
2. **OBJECTIVE:** To develop student's knowledge, skills and abilities to prepare immunization calendar
3. **MATERIALS/EQUIPMENT REQUIRED:** Charts, Sketch Pens, Rulers, Computer, Open Source Software for Slide Presentation, LCD Projector
4. **PREPARATIONS:**
 - o Arrange all the materials well in advance
5. **TEACHING/TRAINING METHODOLOGY:**

T1 : Interactive Lecture

DURATION: 01 HOUR

PROCESS

1. Prepare the points for the lecture.
2. Introduce the topic.
3. Make an opening by telling students the purpose of the lecture or presentation.
4. Introduce the topic in the class and provide relevant knowledge to the students. Topics may include but not limited to the following:
 - (a) Meaning of immunization.
 - (b) Difference between immunization and vaccination.
 - (c) Role of immunization in prevention of disease.
 - (d) Side effects of immunization.
 - (e) Importance of immunization
 - (f) Preparing immunization calendar
5. Explain the students about Immunization schedules and show them the chart.
6. Relate the topic to the real situation and ask questions.
7. Provide specific examples.
8. Involve students by giving them the opportunity to ask questions related to the topic.
9. Clarify any questions students may have.
10. Summarize the topic and emphasize on the key points.

T2: Practical Session

DURATION: 02 HOURS

1. This practice session will enable students to understand the practical aspect of the topic. Ask them to prepare an immunization schedule chart for a child.
(Hint: Visit the website of WHO or Medindia and see the description of diseases and schedule)
2. Visit the website of Indian Academy of Pediatrics and study the various aspects of immunization.

Checklist for Assessment Activity

Use the following checklist to check whether students could meet all the requirements for assessment.

Part A

1. Differentiate between plan and schedule

Part B

Students could answer the following questions:

1. What is immunization?
2. What are the side effects of immunization?
3. Why immunization is important?
4. What is Vaccine?
5. What are the various aspects of immunization schedule chart

Part C

Performance Standards

Students should be able to demonstrate the generic, technical, professional and organizational knowledge and skills in order to perform up to the required standards. The performance standards may include, but not limited to:

Performance standards	Yes	No
Prepare an immunization schedule according to the National Immunization schedule		

Session 3: Identify the Key Components of Universal Immunization Programme

Relevant Knowledge

Universal Immunization Program is popularly known as UIP gained momentum in 1985 and implemented in a phased manner to cover all districts in the country by 1989-90. Immunization is one of the key areas under NRHM. Since 1997 immunization activities have been an important component of National RCH Programme.

Certain diseases may require universal immunization of a population to control. Such efforts usually target infants in the first year of life so that immunity is completed as early as possible before the risk of infection, (e.g., diphtheria-pertussis-tetanus, polio). Others may require immunization of only selected high risk groups (e.g., at risk elderly for pneumococcus). In some cases the target group may not be the group the vaccine is designed to protect (e.g., rubella vaccination of all children and females of child bearing age in order to protect the fetus). Since there are regional differences in infection rates and severity of every disease, the choice of vaccine and dosage regimen will vary with the local epidemiology of the disease, specific target population, and health system. The effectiveness of the delivery system can also vary with different vaccines, vaccine efficacy, and organization of the local health care service organization. Care must be taken to insure the balance of risks and benefits where cost constraints or logistical limitations make continuous universal immunization impossible.

What diseases are prevented through vaccines used in the Universal Immunization Program (UIP)?

Presently, the Universal Immunization Program in India provides vaccines mainly to children below 5 years of age and pregnant women for the following vaccine preventable diseases:

1. Tuberculosis
2. Poliomyelitis
3. Diphtheria
4. Pertussis (whooping cough)
5. Measles
6. Tetanus
7. Hepatitis B
8. Japanese encephalitis (in endemic districts)

Vitamin A is not a vaccine, but a nutritional supplement which prevents many deficiencies related conditions. However administration of Vitamin A is also a part of the Universal Immunization Program.

Some other diseases have combined vaccines so as to avoid multiple shots, for example DPT for Diphtheria,

Pertussis and Tetanus. This is also called a triple antigen. A pentavalent vaccine (5 vaccines together) is also being considered for introduction in the UIP. This will include DPT+ Hepatitis B vaccine+ vaccine for Haemophilus B.

Key Components of Universal Immunization Programme

As a patient care assistant, one would be responsible for all aspects of program management that would lead to the desired program output, in this case over 80% coverage of vaccines among the targeted beneficiaries leading to cessation of incidence of the vaccine preventable diseases. The different aspects of program management include:

- (1) Human resource
- (2) Micro planning
- (3) Capacity Building
- (4) Logistics management
- (5) Supervision and monitoring
- (6) Data for action
- (7) Social mobilization
- (8) Financial resources
- (9) Coordination and work environment
- (10) Linkages with other maternal and child health interventions

Session Plan 3

1. **SESSION TOPIC:** Universal Immunization Programme
2. **OBJECTIVE:** To develop student's knowledge, skill and ability regarding Universal Immunization Programme, diseases prevented and its key components
3. **MATERIALS/EQUIPMENT REQUIRED:** Charts, Sketch Pens, Rulers, Computer, Open Source Software for Slide Presentation, LCD Projector
4. **PREPARATIONS:**
 - o Arrange all the materials well in advance
5. **TEACHING/TRAINING METHODOLOGY:**

T1 : Interactive Lecture

DURATION: 01 HOUR

PROCESS

1. Prepare the points for the lecture.
2. Introduce the topic.
3. Make an opening by telling students the purpose of the lecture or presentation.
4. Introduce the topic in the class and provide relevant knowledge to the students. Topics may include but not limited to the following:
 - (a) Universal Immunization Programmes.
 - (b) Diseases covered under immunization programme.
5. Relate the topic to the situation and ask questions.
6. Provide specific examples.
7. Involve students by giving them the opportunity to ask questions related to the topic.
8. Clarify any questions students may have.
9. Summarize the topic and emphasize on the key points.

T2: EXERCISE

DURATION: 01 HOUR

This practice session will enable students to understand the practical aspect of the topic. Ask them to enlist diseases covered under universal of Immunization programme.

T3: Web Search

Search for new vaccine being used in universal immunization programme

Checklist for Assessment Activity

Use the following checklist to check whether students could meet all the requirements for assessment.

Part A

1. State the key components of universal immunization.

Part B

Students could answer the following questions:

1. What is universal immunization?
2. What are the different key components of universal immunization?

3. Which diseases are covered under universal immunization programme?
4. What is the importance of Universal immunization Programme?

Part C

Performance Standards

Students should be able to demonstrate the generic, technical, professional and organizational knowledge and skills in order to perform up to the required standards. The performance standards may include, but not limited to:

Performance standards	Yes	No
Demonstrate the knowledge of diseases covered under UIP		
Demonstrate the knowledge of beneficiaries covered under UIP		
Demonstrate the knowledge of key interventions provided through UIP in protecting children from life threatening diseases		

Session 4: Pulse Polio Immunization Programme

Relevant Knowledge

Pulse Polio is an immunization campaign established by the government of India in 1995-96 to eradicate poliomyelitis (polio) in India by vaccinating all children under the age of five years against polio virus. This project deals with the ways to fight poliomyelitis through a large scale immunization programme, co-operating with various international institutions, state governments and Non Governmental Organizations.

In India, vaccination against Polio started in 1978 with Expanded Program in Immunization (EPI). By 1984, it was successful in covering around 40% of all infants, giving 3 doses of OPV to each. In 1985, the Universal Immunization Program (UIP) was launched to cover all the districts of the country. UIP became a part of child safe and survival motherland program (CSSM) in 1992 and Reproductive and Child Health Program (RCH) in 1997. This program led to a significant increase in coverage, up to 95%. The number of reported cases of polio also declined from 28,757 during 1987 to 3,265 in 1995.

In 1995, following the Polio Eradication Initiative of World Health Organization (1988), India launched Pulse Polio Immunization Program along with Universal Immunization Program which aimed at 100% coverage. In 2012, India was declared free of polio by WHO.

Importance of Pulse Polio Programme

The Polio viruses are three related enteroviruses: type 1, 2 and 3. All three types cause paralysis. Type 1 causes paralysis most frequently. Polio is highly communicable having incubation period of 7-10 days. Transmission is primarily person-to-person via the faecal-oral route; i.e. the poliovirus multiplies in the intestines and is spread through the faeces. The virus is intermittently excreted for one month or more after infection. Communicability of infected children is highest just prior to the onset of paralysis and during the first two weeks after paralysis occurs. Protective immunity against poliovirus infection develops by immunization or natural infection.

Polio usually begins with common symptoms such as fever, headache, nausea, fatigue, and muscle pains and spasms and is followed by a more serious and permanent paralysis in one or more limbs. More than half of all polio cases occur in children under the age of five. Between 5 and 10 per cent of infected persons display only the most general symptoms while more than 90 per cent show no sign of illness at all.

Polio vaccine is highly effective in producing immunity to the poliovirus and protection from paralytic polio. Approximately 90 per cent or more of polio vaccine recipients develop protective antibodies to all three poliovirus types after two doses, and at least 99 per cent are immune following three doses. **Dr. Albert Sabin developed Oral Polio Vaccine (OPV)** - External website that opens in a new window in 1961. Presently, almost all countries use OPV to achieve polio eradication target. The vaccine not only prevents pernicious infection in the person, but it also precludes transmission of the wild poliovirus to other person. Since polio virus cannot survive outside a host for more than two weeks, theoretically it would be wiped out, resulting in the eradication of poliomyelitis.

For those who infected by the polio virus, there is no cure as such but there is treatment to alleviate the symptoms. Besides this, the affected persons can also be rehabilitated with the help of modern mobility aids. Heat and physical therapy can help to stimulate the muscles of infected persons and antispasmodic drugs are prescribed to relax the muscles. While this can improve mobility, it cannot reverse permanent polio paralysis.

India launched the Pulse Polio Immunization (PPI) programme in 1995 as a result of the WHO Global Polio Eradication Initiative. Under this programme, all children under five years are given two doses of Oral Polio Vaccine (OPV) in December and January every year until polio is eradicated. The campaign proved to be successful, and the incidence of poliomyelitis in India has decreased dramatically.

The PPI was initiated with an objective of achieving hundred per cent coverage under OPV. It aims to reach the unreached children through improved social mobilization, plan mop-up operations in areas where poliovirus has almost disappeared and maintain high level of morale among the public.

Key components of Pulse Polio Immunization Programme

Polio has been eradicated from most of the world using several key strategies. Each of the following strategies is important components in the National Polio eradication programme:

- (a) **Routine Immunization:** Sustaining high levels of coverage with 3 doses of oral polio vaccine in the 0-1 year age group.
- (b) **Supplementary Immunization Activities (SIAs):** Simultaneous administration of oral polio vaccine to all children in the age group of 0-5 years, 4-6 weeks apart to interrupt wild poliovirus transmission and to increase immunity amongst children.

SIAs include:

- ❖ National Immunization Days(NIDs) when the entire country is covered
- ❖ Sub National Immunization Days (SNIDs) when some states or parts of states are covered.
- ❖ Mop-ups are conducted, as soon as possible after identification of the virus as an end game strategy to interrupt transmission.

(c) Surveillance and investigation of cases of acute flaccid paralysis (AFP)

- ❖ Surveillance data is used to identify areas of wild poliovirus transmission and to guide immunization activities.

Session Plan 4

1. **SESSION TOPIC:** Pulse Polio Immunization Programme
2. **OBJECTIVE:** To develop student's knowledge, skills and abilities for pulse immunization
3. **MATERIALS/EQUIPMENT REQUIRED:** Charts, Sketch Pens, Rulers, Computer, Open Source Software for Slide Presentation, LCD Projector
4. **PREPARATIONS:**
 - Arrange all the materials well in advance
5. **TEACHING/TRAINING METHODOLOGY:**

T1 : Interactive Lecture

DURATION: 01 HOUR

PROCESS

1. Prepare the points for the lecture.
2. Introduce the topic.
3. Make an opening by telling students the purpose of the lecture or presentation.
4. Introduce the topic in the class and provide relevant knowledge to the students. Topics may include but not limited to the following:
 - (a) Describe Pulse Polio programme.
 - (b) Key components of pulse polio programme.
5. Relate the topic to the situation and ask questions.
6. Provide specific examples.
7. Involve students by giving them the opportunity to ask questions related to the topic.
8. Clarify any questions students may have.
9. Summarize the topic and emphasize on the key points.

T2: EXERCISE

DURATION: 01 HOURS

This practice session will enable students to understand the practical aspect of the topic. Ask them to participate in pulse immunization programme camp and Prepare a checklist of the activities conducted for the pulse polio programme

Checklist for Assessment Activity

Use the following checklist to check whether students could meet all the requirements for assessment.

Part A

1. Define pulse immunization programme.
2. State the key components of pulse immunization programme.
3. What are the steps involved in pulse polio campaign?

Part B

Students could answer the following questions:

1. What is pulse polio immunization?
2. What are the key components of pulse polio immunization?
3. Describe the reasons for the success of pulse polio programme in India?

Part C

Performance Standards

Students should be able to demonstrate the generic, technical, professional and organizational knowledge and skills in order to perform up to the required standards. The performance standards may include, but not limited to:

Performance standards	Yes	No
Demonstrate the knowledge of the key components of the pulse polio immunization programme		
Describe the importance of pulse immunization programme		

Glossary

Activated T-cells	The T cells are essential for immunity in the humans, they are originates in the bone marrow and get matured in the thymus. They may again be categorized as per their functional abilities into - (i) Helper T cells, (ii) Killer T cells, and (iii) Suppressor T cells. Deficiency in any one type of T cells may lead to serious and severe immunity loss may be like in AIDS.
Antigen	Molecules may be proteins, polysaccharides, lipoproteins or polypeptides that can be linked to the proteins may be termed as Antigens. They bear the following two basic properties: (i) immunogenicity - ability to stimulate the formation of the corresponding antibodies and (ii) Specificity - ability to react specifically with those antibodies.
Antibodies	An antibody is Y shaped protein produced by plasma cells and used by the immune system of the body. They are recruited by the immune system to identify and neutralize foreign objects like bacteria and viruses.
Bacteria	Bacteria are microorganisms too small to see with the naked eye that exists in virtually all environments in the world. They exist in dirt, water, caves and hot springs, organic materials like fallen trees and dead animals, and inside the bodies of virtually every living animal on earth.
Booster Dose	In the treatment a booster dose is recognized as the additional dose of the medication to after regular dose. It is been intended to minimize the chances of reoccurrence of any already treated or protected conditions, like tetanus shot booster dose is recommended after every ten years.
Virus	A virus is a small infectious agent that replicates only inside the living cells of other organisms. Viruses can infect all types of life forms, from animals and plants to bacteria and archaea.

TEACHERS HANDBOOK

HSS106 - NQ2014

Communication at Workplace



पं.सु.श.केन्द्रीय व्यावसायिक शिक्षा संस्थान, श्यामला हिल्स, भोपाल
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PREFACE

The Teacher's Handbook on "Communication at Workplace" is a part of the qualification package developed by the Healthcare Sector Skill Council (HSSC) for the National Skills Qualifications Framework (NSQF) of "General Duty Assistant/Patient Care Assistant". The National Vocational Education Qualification Framework (NVEQF) now subsumed in NSQF is an initiative of the Ministry of Human Resource Development (MHRD), Government of India to set common principles and guidelines for a nationally recognized qualification system covering Schools, Vocational Education and Training Institutions, Technical Education Institutions, Colleges and Universities. It is envisaged that the NVEQF will promote transparency of qualifications, cross-sectoral learning, student-centred learning and facilitate learner's mobility between different qualifications, thus encouraging lifelong learning.

The National Curriculum Framework, 2005, recommends that children's life at school must be linked to their life outside the school. This principle makes a departure from the legacy of bookish learning which continues to shape our system and causes a gap between the school, home, community and the workplace. Experiential learning, which is a cyclical process involving observation, reflection and action, should be an integral part of the teaching-learning process. Attempt by the students to solve problems, guided by the teachers or instructors, would enable them to explore and discover new knowledge and develop problem solving skills. A range of pedagogies, including interactive lecture, role plays, case based studies, assignments, projects and on-the-job activities that provide students with generic, technical and professional knowledge and skills should be adopted by the teachers and instructors to foster student-centred learning.

The success of this effort of integrating knowledge and skills depends on the steps that the teachers will take to encourage children to reflect their own learning and to pursue imaginative and on-the-job activities and questions. Participation of learners in skill development exercises and inculcation of values and creativity is possible if children are involved as participants in learning, and not as receiver of information. These aims imply considerable change in school routines and mode of functioning. Flexibility in the daily time-table would be a necessity to maintain the rigour in implementing the activities and the required number of teaching days will have to be increased for teaching and training.

The suggestions by the teachers and other stakeholders in education and training will be of great value to us in bringing about qualitative improvement in the teacher's handbook.

ACKNOWLEDGEMENTS

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We are grateful to Dr. Vinay Swarup Mehrotra, Professor and Head, Curriculum Development and Evaluation Centre (CDEC) and National Skills Qualifications (NSQF) Cell, PSSCIVE, Bhopal for coordinating the development of curricula, student workbooks and teachers' handbooks.

GENERAL INSTRUCTIONS FOR TEACHERS

- Read the Teacher's Handbook carefully before teaching or conducting the training.
- Follow the session plan strictly
- Familiarize yourself thoroughly with the relevant knowledge and skills to be transacted.
- Ensure all materials/aids/equipment required for teaching and training is available.
- Introduce the skill by explaining the purpose.
- Demonstrate the skill to the participants, explaining each step in detail.
- Invite the students to ask questions.
- Ask the students to practice the skill themselves and make observation while they perform the task.
- Provide the students with constructive feedback.
- Discuss in class, the problems faced by the students in performing the task.
- Summarize the key learning.
- Ensure key learning is captured and performance standards are met at the end of each session.
- Regularly check student's workbook to ensure all exercises are being completed on time.
- Ensure that all participants complete the required assessments given in the student workbook.
- Always encourage participants. Never discourage them from getting actively engaged in discussions, question-answer sessions and task-oriented activities.

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Session 1: Identifying Elements of Communication Cycle

Relevant Knowledge

The term 'communication' originates from the Latin word *communicare*, which means to share or impart. When used as per its function, it means a common ground of understanding. Communication is the process of exchanging of facts, ideas and opinions and a means that individuals or organisations use for sharing meaning and understanding with one another. In other words, it is the transmission and interaction of facts, ideas, opinions, feelings or attitudes. It is also a means of interacting linguistically in an appropriate way in a range of societal, cultural and work context. It is the use of messages to produce meaning within and across a variety of contexts, cultures, methods and media. It is an important way through which facts, ideas, experiences and feelings are shared and exchanged.

Primates and other animals have been communicating without the use of language since long before humans invented verbal communication. Humans communicate both verbally and non-verbally. Verbal communication includes written and oral communication, whereas non-verbal communication includes body language, facial expression and pictures. Written communication is an effective tool for recording, reporting and management. The recording and reporting of information should be done in a systematic way. Our own beliefs, values and behaviour interact with each other and it reflects in our style of communication.

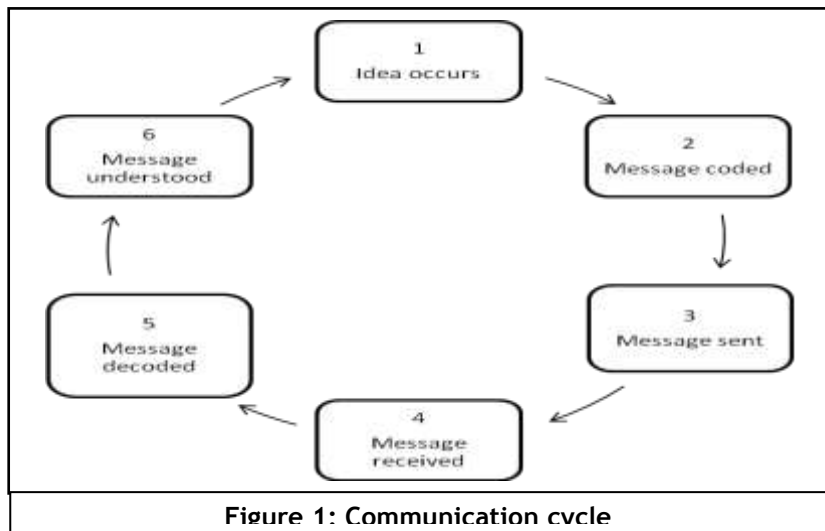
Communicating in an effective manner, irrespective of the mode of communication used is a skill. Effective communication occurs only if the receiver understands the exact information or idea that the sender intended to transmit. It involves the use of proper equipment, providing information to the appropriate people and carrying out communication effectively. Breakdown in communication is either due to lack of skills in communicating or lack of coherent thought process. It can also happen due to the breakdown of the communication network. In this Unit you will learn about communication cycle, the various forms of communication barriers and how to communicate effectively.

Different Elements of Communication

Communication has three important parts - transmitting, listening and feedback. The sender transmits the message through one medium or another. The receiver listens to the message and then conveys his understanding of the message to the sender in the form of feedback to complete the communication cycle. The process of conveying a message is complete only when the person receiving it has understood the message in its entirety.

To understand the communication process better we need to familiarize ourselves with the communication cycle (Fig.1). Let us now try to understand what we mean by communication cycle.

The communication cycle in essence is the process of communication. The “sender” “encodes” the message into words and sent the coded message as he/she speaks or writes the “message” out. Message is conveyed through channels including telephone, video-conferencing, letters, emails, meetings, memos, records and reports. It is then “decoded” by the “receiver” by hearing or reading the message in order to understand what the sender wants to convey.



In an effective communication cycle, the receiver understands the language and the message in the same way that the sender meant it to be. The words, tonal quality, body language, all convey the same message and nothing gets distorted or lost in the process of sending it and the receiver is able to relay back exactly what was intended to be conveyed to him/her. Let us look at each of the elements of the communication cycle individually.

- **Sender:** The sender gives or **encodes** the message, for example the sender greets a visitor or a client by saying “Good morning Sir/Madam”.
- **Message:** The message in this case is “Good morning Sir/Madam”, which is also known as the content of the communication.
- **Medium:** It is the **channel** used for communication. It may-be in any of the following forms - **verbal, non-verbal, pictorial, symbolic or written.**
- **Receiver:** The receiver **decodes** the incoming message, or expression, translates and presents an output in the form of a response or reaction.

- **Feedback:** How the receiver responds or reacts is known as feedback. It is the effect, reply or reaction to the information being transmitted.

Communication is understood and acted upon at different degrees of effectiveness. A communication is effective when the experience of both the communicator and receiver is satisfying and the goal of the interaction is achieved and vice-versa. Six essential principles of an effective communication are as follows:

1. The information should be delivered in a clear message.
2. Message should be delivered timely.
3. Message should be complete.
4. Message should be concise.
5. Message should be factual.
6. Message should be accurate.

Providing Feedback

Feedback conveys to the sender, the effectiveness of his/her communication. For individuals who are not trained in communication skills, providing feedback is unconscious. However, when individuals are trained in communication, feedback is a tool for both the listener and the sender to make the communication effective. Similarly, the listener has the opportunity to respond (thus giving feedback to the sender) with a clarification to ensure the accuracy of listening. Therefore, in order to ensure that the discrepancy between what is spoken and what is understood is minimal, the communication should not only be accurate, brief and clear, but adequate feedback should be sought or provided.

Feedback is also a way of helping another person to consider changing his behaviour. For instance, in the case of mobile service operators, there is a system of feedback through Short Service Message (SMS) and Electronic Mails (Emails), which helps the company and also the individual at the customer care centre to improve upon the communication and relationship with the customer.

Giving and receiving feedback are skills that can be learnt. Let us now look at the characteristics of feedback. Some of the **characteristics of feedback** are as follows:

- **It is descriptive, rather than evaluative:** Descriptive feedback mentions the behaviour that needs to change, whereas evaluative feedback makes judgments which do not help in changing behaviour. For example, “***Please get all the columns filled in by the visitor in the logbook***”

every time a visitor enters the gates” is a descriptive feedback, whereas “You are irresponsible as you did not get the columns filled in by the visitors.” is an example of evaluative feedback.

- **It is specific, rather than general:** The feedback should be specific as the receiver should know specifically the area that needs to be handled. For example, if the sender says, *‘Please update the records’*, the message is too general and does not indicate what is to be specifically done in record keeping. On the other hand, if the sender says *“Please get all the columns filled in by the visitor in the logbook every time a visitor enters the gates”* then the receiver knows that he/she is supposed to get all the columns filled in by the visitors.
- **It is directed to changeable behaviour:** Feedback that suggests alternative ways of behaving allows individuals to choose and own the changed behaviour. This ensures that the behaviour change is permanent. For example, saying *“A useful way of filling up of the visitor’s logbook is to get the visitor to fill it, while you observe to ensure the accuracy”* enables the person to take initiative and either follows the suggestion or come up with their own way of getting it done. However, saying, *“You should be more prompt in record keeping”* or *“The real problem is that you are not prompt”* does not provide options to the listener to change to the desirable behaviour.
- **It is solicited, rather than imposed:** Feedback is most useful when the receiver himself/herself has formulated the kind of questions, which those observing him/her can answer.
- **It is well-timed:** In general, feedback is most useful if it is timely or given at the earliest opportunity.
- **It is checked to ensure clear communication:** In order to check whether the receiver has been conveyed the message clearly, the receiver can be asked to rephrase the feedback he/she has received to see if it corresponds to what the sender has in mind.

Three aspects that you should always consider while giving a constructive feedback are as follows:

- (i) Give neutral and honest (stick to facts) observations.
- (ii) Propose an alternative or give examples to prove your point.
- (iii) Show the benefits of the alternative.

Session Plan 1

1. **SESSION TOPIC:** Elements in the process of Communication
2. **OBJECTIVE:** To develop student's knowledge, skills and abilities for identifying elements of communication cycle.
3. **MATERIALS/EQUIPMENT REQUIRED:** Charts, Sketch Pens, Rulers, Computer, Open Source Software for Slide Presentation, LCD Projector.
4. **PREPARATIONS:**
 - o Arrange all the materials well in advance
5. **TEACHING/TRAINING METHODOLOGY:**

Three aspects of feedback that you should always consider while receiving feedback are as follows:

- (i) Listen carefully what the other person has to say.
- (ii) Ask questions, if you need any clarifications.
- (iii) Do not become defensive or emotional.

T1 : Interactive Lecture

DURATION: 03 HOURS

PROCESS

1. Prepare the points for the lecture.
2. Introduce the topic.
3. Make an opening by telling students the purpose of the lecture or presentation.
4. Introduce the topic in the class and provide relevant knowledge to the students. Topics may include but not limited to the following:
 - (a) Importance of effective communication in healthcare
 - (b) Elements in the communication process-sources, Message, Encoding, channel, Receiver, Decoding, Feedback
5. Relate the topic to the real situation and ask questions.
6. Provide specific examples.
7. Involve students by giving them the opportunity to ask questions related to the topic.
8. Clarify any questions students may have.
9. Summarize the topic and emphasize on the key points.

T2 : Role Play Session

DURATION: 02 HOURS

Conduct "Role Plays" to make students understand the various elements of the communication cycle. Ask students to remember the six essential principles of an effective communication, which are as follows:

1. The information should be delivered in a clear message.
2. Message should be delivered timely.
3. Message should be complete.
4. Message should be concise.
5. Message should be factual.
6. Message should be accurate.

You may use the following scenario to conduct the role play:

T3 : Exercise Session

DURATION: 03 HOURS

This practice session will enable students to understand the practical aspect of the topic. Ask them to draw the communication cycle and submit the same as part of their student portfolio.

Checklist for Assessment Activity

Use the following checklist to check whether students could meet all the requirements for assessment.

Part A

1. Define communication.
2. State the different elements of communication.
3. List the six essential principles of an effective communication.
4. List characteristics of Feedback
5. Differentiate between Sender, Message, Medium, Receiver and Feedback
6. Devine verbal and non-verbal communication

Part B

Students could answer the following questions:

1. What is communication?
2. What are the different elements of communication cycle?
3. Why understanding communication cycle is important for effective communication?

Part C

Performance Standards

Students should be able to demonstrate the generic, technical, professional and organizational knowledge and skills in order to perform up to the required standards. The performance standards may include, but not limited to:

Performance standards	Yes	No
Identify elements of communication		
Identify examples of effective communication skills in team situations		

Session 2: Demonstrate Effective Communication Skills

Relevant Knowledge

Effective communication helps us better understand a person or situation and enables us to resolve differences, build trust and respect, and create environments where creative ideas, problem solving, affection, and caring can flourish. As simple as communication seems, much of what we try to communicate to others—and what others try to communicate to us—gets misunderstood, which can cause conflict and frustration in personal and professional relationships. By learning these effective communication skills, you can better connect with your spouse, kids, friends, and coworkers.

Effective Communication

In the information age, we have to send, receive, and process huge numbers of messages every day. But effective communication is about more than just exchanging information. It's also about understanding the emotion behind the information. Effective communication can improve relationships at home, work, and in social situations by deepening your connections to others and improving teamwork, decision-making, and problem solving. It enables you to communicate even negative or difficult messages without creating conflict or destroying trust. Effective communication combines a set of skills including nonverbal communication, attentive listening, the ability to manage stress in the moment, and the capacity to recognize and understand your own emotions and those of the person you're communicating with.

While effective communication is a learned skill, it is more effective when it's spontaneous rather than formulaic. A speech that is read, for example, rarely has the same impact as a speech that's delivered (or appears to be delivered) spontaneously. Of course, it takes time and effort to develop these skills and become an effective communicator. The more effort and practice you put in, the more instinctive and spontaneous your communication skills will become.

Effective Communication Skills # 1: Listening

Listening is one of the most important aspects of effective communication. Successful listening means not just understanding the words or the information being communicated, but also understanding how the speaker feels about what they're communicating.

Effective listening can:

Make the speaker feel heard and understood which can help build a stronger, deeper connection between you.

Create an environment where everyone feels safe to express ideas, opinions, and feelings, or plan and problem solve in creative ways.

Save time by helping clarify information, avoid conflicts and misunderstandings.

Relieve negative emotions. When emotions are running high, if the speaker feels that he or she has been truly heard, it can help to calm them down, relieve negative feelings, and allow for real understanding or problem solving to begin.

Tips of Effective Listening

If your goal is to fully understand and connect with the other person, listening effectively will often come naturally. If it doesn't, you can remember the following tips. The more you practice them, the more satisfying and rewarding your interactions with others will become.

- **Focus fully on the speaker**, his or her body language, and other nonverbal cues. If you're daydreaming, checking text messages, or doodling, you're almost certain to miss nonverbal cues in the conversation. If you find it hard to concentrate on some speakers, try repeating their words over in your head—it'll reinforce their message and help you stay focused.
- **Avoid interrupting** or trying to redirect the conversation to your concerns, by saying something like, "If you think that's bad, let me tell you what happened to me." Listening is not the same as waiting for your turn to talk. You can't concentrate on what someone's saying if you're forming what you're going to say next. Often, the speaker can read your facial expressions and know that your mind's elsewhere.
- **Avoid seeming judgmental.** In order to communicate effectively with someone, you don't have to like them or agree with their ideas, values, or opinions. However, you do need to set aside your judgment and withhold blame and criticism in order to fully understand a person. The most difficult communication, when successfully executed, can lead to the most unlikely and profound connection with someone.
- **Show your interest** in what's being said. Nod occasionally, smile at the person, and make sure your posture is open and inviting. Encourage the speaker to continue with small verbal comments like "yes" or "uh huh."

Effective communication skills #2: Managing stress

- In small doses, stress can help you perform under pressure. However, when stress becomes constant and overwhelming, it can hamper effective communication by disrupting your capacity to think clearly and creatively, and act appropriately. When you're stressed, you're more likely to misread other people, send confusing or off-putting nonverbal signals, and lapse into unhealthy knee-jerk patterns of behavior.
- How many times have you felt stressed during a disagreement with your spouse, kids, boss, friends, or coworkers and then said or done something you later regretted? If you can quickly relieve stress and return to a calm state, you'll not only avoid such regrets, but in many cases you'll also help to calm the other person as well. It's only when you're in a calm, relaxed state that you'll be able to know whether the situation requires a response, or whether the other person's signals indicate it would be better to remain silent.

Quick stress relief for effective communication

When stress strikes, you can't always temper it by taking time out to meditate or go for a run, especially if you're in the middle of a meeting with your boss or an argument with your spouse, for example. By learning to quickly reduce stress in the moment, though, you can safely face any strong emotions you're experiencing, regulate your feelings, and behave appropriately. When you know how to maintain a relaxed, energized state of awareness—even when something upsetting happens—you can remain emotionally available and engaged.

To deal with stress during communication:

- **Recognize when you're becoming stressed.** Your body will let you know if you're stressed as you communicate. Are your muscles or your stomach tight and/or sore? Are your hands clenched? Is your breath shallow? Are you "forgetting" to breathe?
- **Take a moment to calm down** before deciding to continue a conversation or postpone it.
- **Bring your senses to the rescue** and quickly manage stress by taking a few deep breaths, clenching and relaxing muscles, or recalling a soothing, sensory-rich image, for example. The best way to rapidly and reliably relieve stress is through the senses: sight, sound, touch, taste, and smell.

But each person responds differently to sensory input, so you need to find things that are soothing to you.

- **Look for humor in the situation.** When used appropriately, humor is a great way to relieve stress when communicating. When you or those around you start taking things too seriously, find a way to lighten the mood by sharing a joke or amusing story.
- **Be willing to compromise.** Sometimes, if you can both bend a little, you'll be able to find a happy middle ground that reduces the stress levels for everyone concerned. If you realize that the other person cares much more about something than you do, compromise may be easier for you and a good investment in the future of the relationship.
- **Agree to disagree,** if necessary, and take time away from the situation so everyone can calm down. Take a quick break and move away from the situation. Go for a stroll outside if possible, or spend a few minutes meditating. Physical movement or finding a quiet place to regain your balance can quickly reduce stress.

Effective communication skills #3: Emotional awareness

Emotions play an important role in the way we communicate at home and work. It's the way you feel, more than the way you think, that motivates you to communicate or to make decisions. The way you react to emotionally driven, nonverbal cues affects both how you understand other people and how they understand you. If you are out of touch with your feelings, and don't understand how you feel or why you feel that way, you'll have a hard time communicating your feelings and needs to others. This can result in frustration, misunderstandings, and conflict. When you don't address what's really bothering you, you often become embroiled in petty squabbles instead—arguing with your spouse about how the towels should be hung, for example, or with a coworker about whose turn it is to restock the copier.

Emotional awareness provides you the tools needed for understanding both yourself and other people, and the real messages they are communicating to you. Although knowing your own feelings may seem simple, many people ignore or try to sedate strong emotions like anger, sadness, and fear. But your ability to communicate depends on being connected to these feelings. If you're afraid of strong emotions or if you insist on communicating only on a rational level, it will impair your ability to fully understand others, creatively problem solve, resolve conflicts, or build an affectionate connection with someone.

How emotional awareness can improve effective communication

Emotional awareness—the consciousness of your moment-to-moment emotional experience—and the ability to manage all of your feelings appropriately is the basis for effective communication.

Emotional awareness helps you:

- Understand and empathize with what is really troubling other people
- Understand yourself, including what’s really troubling you and what you really want
- Stay motivated to understand and empathize with the person you’re interacting with, even if you don’t like them or their message
- Communicate clearly and effectively, even when delivering negative messages
- Build strong, trusting, and rewarding relationships, think creatively, solve problems, and resolve conflicts

Effective communication requires both thinking and feeling

When emotional awareness is strongly developed, you’ll know what you’re feeling without having to think about it—and you’ll be able to use these emotional cues to understand what someone is really communicating to you and act accordingly. The goal of effective communication is to find a healthy balance between your intellect and your emotions, between thinking and feeling.

Emotional awareness is a skill you can learn

Emotional awareness is a skill that, with patience and practice, can be learned at any time of life. You can develop emotional awareness by learning how to get in touch with difficult emotions and manage uncomfortable feelings, including anger, sadness, fear, disgust, surprise, and joy. When you know how to do this, you can remain in control of your emotions and behavior, even in very challenging situations, and communicate more clearly and effectively.

Applying Elements of Verbal and Non Verbal Communication

Verbal communication uses words as the medium of communication. An effective verbal communication is a two-way process; speaking and listening must occur. Usually verbal communication is in the one-to-one mode or one-to-one interaction.

An important factor in verbal communication at a distance is the fact that the two communicators are not facing each other. The sender can only use words and tone of voice to communicate with the receiver. Not being able to see the body language of the receiver is a disadvantage. It is very important to maintain **accuracy, brevity and clarity** in verbal communication. The sender should also ensure that he speaks clearly into the instrument and also conveys respect through his choice of words. Let us now see how we can speak clearly. The acronym RSTP¹ is a useful guide for speaking clearly.

R - Rhythm - Maintaining rhythm while speaking is important for communicating effectively. Pauses in speech allow the speaker the time to think of his/her next thought, and also provide the listener enough time to process the information.

S - Speech - It is the act of delivering a formal spoken communication to an audience.

T - Tone - Tone is the quality of sound that portrays feelings or changes in meaning. A monotone delivery could indicate that a speaker is fed up. An emphatic tone might reveal interest or anger. The statement: "**That is just great**" delivered in a normal tone would mean the speaker likes something. A speaker delivering this statement in a sarcastic tone: "**That is just GREAT**" would mean the opposite.

P - Pitch - Pitch occurs because of the vibration of the human vocal cords. Changes in the tension of the vocal cords cause differences in pitch. Pitch in spoken language refers to the perceived frequency of sound. Higher frequencies of sound produce higher pitch than lower frequencies of sound. Usually, the pitch of women's voices is higher than that of men.

Non-verbal communication: It is the communication that uses physical parts of the body. It includes facial expressions, tone of voice, sense of touch, sense of smell, and body movements.

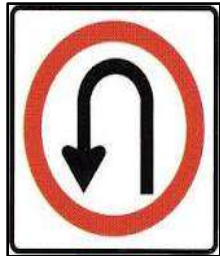
By understanding the important aspects of non-verbal communication or body language, you can learn to read people more easily. Argyle² and his associates have been studying the features of non-verbal communication that convey information. The following summarizes their findings:

(a) Static Features

- 1. Distance:** The distance one stands from another frequently conveys a non-verbal message. In some cultures it is a sign of attraction, while in others it may reflect status or the intensity of the warmth or feeling. In India, a foot away from another person is considered as a respectful distance while communicating.
- 2. Orientation:** People may present themselves in various ways: face-to-face, side-to-side, or even back-to-back. For example, cooperating people are likely to sit side-by-side while competitors frequently face one another. In the security sector, face-to-face orientation is common.
- 3. Posture:** Your posture conveys message. For example if you are sitting on a chair with your legs crossed or your arms folded, then such postures convey a degree of relaxation in the communication exchange. For a security officer on duty, there are only two acceptable postures - attention and stand-at-ease.
- 4. Gestures with hands and arms:** Shaking hands, touching, holding, embracing or patting on the back, all convey messages. They all reflect an element of intimacy. For instance, in case of people who have to be escorted out of the premises, physical contact can involve touching the hand or the shoulder to emphasize the message of moving from that area.

(b) Dynamic Features

- 1. Facial Expressions:** A smile, frown, raised eyebrow, yawn, and sneer all convey information. Facial expressions continually change during interaction and are observed constantly by the recipient. There is evidence that the meaning of these expressions may be similar across cultures. Smiling is considered to be pleasant and helpful. A frown conveys confusion and at times anger. Raised eyebrows, yawn, a sneer are all unacceptable body language, as they reflect anger or ignorance.
- 2. Gestures:** One of the most frequently observed, but least understood cues is a hand movement. Most people use hand movements regularly when talking. Hands at the side or at the back are considered non-threatening, encouraging and acceptable.

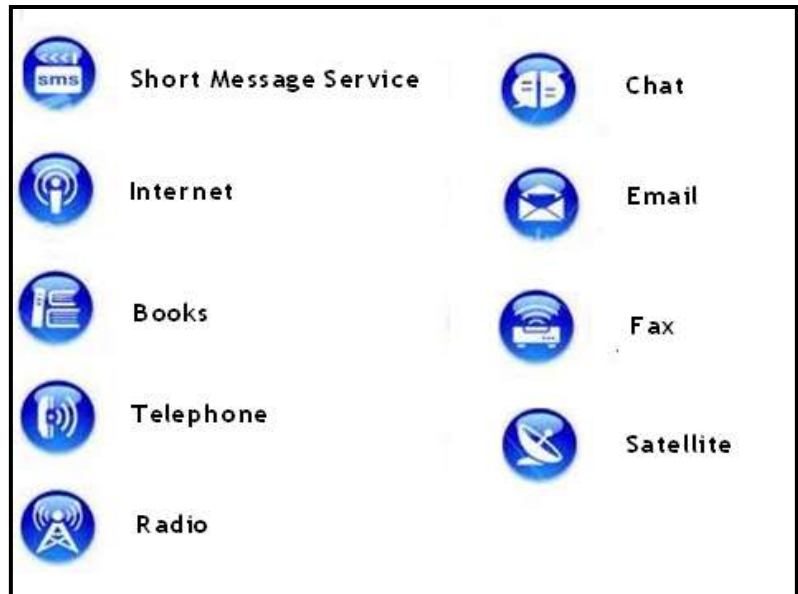


3. **Looking:** A major feature of social communication is eye contact. Eye contact is crucial for effective communication. The frequency of contact may suggest either interest or boredom. For example, a Security Officer should look straight into the eyes of the person, although pleasantly and affably.

(c) **Pictorial Communication** includes communicating with signs like traffic signals, the 21-gun salute, horns, sirens, etc. For example, the sign of 'stop' tells you to stop at the given point, the sign of two children with school bags indicate the school zone, the sign of U-turn tells you to take a U turn, and the sign of a person crossing the road indicates the place where you can cross the road.

(d) **Symbolic Communication**

Symbolic communication uses symbols that signify religion, school, status, affiliation, communication devices, etc. Given below are some of the symbols used for symbolizing various communication devices.



Applying Principles of Effective Communication

The principles of effective communication can be categorized as 7 C's, which are applicable to both written as well as oral communication. Let us now try to understand them one by one.

Clarity: Clarity is of utmost importance and communication by hospital support staff should have a definite purpose for communication.

Comprehensive: Little knowledge is dangerous and therefore it is imperative to include all the necessary facts and background information to support the message while communicating, more so, in hospitals. Totality of communication is integral to the process.

Conciseness: Brief and short pieces of communication ensure effective communication, however, one needs to keep in mind the reader's knowledge of the subject and their time constraints. Information should be conveyed as quickly and easily as possible.

Concreteness: This element needs to be used with utmost care as it could lead to confusion. The message needs to be based on facts and be real.

Courtesy: Keeping the ambience of hospital in mind, courtesy needs to be given due credit for patient may arrive at hospital in a state of distress or traumatized.

Correctness: This is a very important C. It is of utmost importance that all pieces of information released by hospital support staff are checked to ensure that it is accurate and timely. Double-checking all information -is it written or verbal, will ensure right communication occurs all the time.

Coherence: Logic and rationale need to be used while communicating. A delicate balance needs to be stroked in order to ensure effect communication. Sound and consistent communication will ensure that patient comes back.

Barriers in Communication

We learnt about the communication cycle and the feedback in the previous sessions. Let us now try to understand the various factors that not only influence communication, but may also act as barriers or deterrent to an effective communication. These factors can be broadly categorized as environmental, attitudinal, system design, individual linguistic ability, poor retention, inattention and emotional state. We will also look into some of the possible measures that you may adopt as solution(s) to overcome the barriers.

A. Environmental Factors

Environmental factors that affect communication include noise and physical obstacles like distance and lack of proper instruments for communication.

(i) Noise: Noise causes stress. Background noise and excessive echo are great distracters to listening, especially for the persons

with poor concentration. Similarly use of loud speakers, noise from generators or other machinery interferes with communication.

Solution: *Removing noise elements or sound proofing the area of verbal communication will improve communication. For example sound proofing is done in studios for sound isolation and noise blocking.*

(ii) Physical Obstacles: Physical obstacles like distance and use of defective instruments for communication affects the effectiveness of communication. Poor lighting, uncomfortable seating arrangements and unhygienic room also affect communication.

Solution: *Development of expertise in using instruments like telephone, fax machine and computers can help to overcome the barriers of distance. Checking the instrument before using it for communication is useful in avoiding unpleasant situation.*

B. Attitudinal Factors

Attitudinal factors that affect communication include cultural compulsions, fear of upsetting others, fear of rejection or ridicule like “*Don’t speak unless you are asked to*”, feeling responsible for the other person, circle of musts (ought to, must, have to), and low self image.

Solution: *Personality development training sessions can help you to develop abilities for removing attitudinal barriers and to make your communication effective.*

C. System design

(i) Time: Some functions are time sensitive and cannot be delayed. They however, may cause other procedures to be completed in haste and as a result communication could be hampered. Time pressures affect the ability to communicate.

Solution: *Manage your time and pace of communication to ensure effectiveness.*

(ii) Information overload: Overloading a person with a pool of information may result in confusion, misinterpretation and loss of information.

Solution: Control information flow and document them, else the information is likely to be misinterpreted, forgotten or overlooked.

3. Complexity in Organisational Structure: Greater the hierarchy in an organisation (i.e. more the number of managerial levels), more are the chances of communication getting misinterpreted or destroyed.

Solution: Keeping the levels few and ensuring systematic flow of information will reduce the problem of distortion in communication or communication breakdown.

D. Individual linguistic ability

(i) **Individual characteristics** - Individual characteristics include biological factors like lisp (a speech disorder characterized by the inability to correctly pronounce the sounds of 's' for 'z', known as sibilant consonants), and educational factors like proficiency in language. Individual differences in terms of the knowledge of vocabulary, grammar, etc. affect communication effectiveness.

Solution: Education and training in standard language scripts and their usage can reduce individual differences in linguistic ability.

(ii) **Perceptual and language differences:** Perception is generally how each individual interprets the world around him. Communication distortion occurs if there is wrong perception about the message.

Solution: Rephrasing communication and checking for understanding helps in reducing barrier due to perceptual differences.

E. Poor retention

Human memory cannot function beyond a limit. One can't always retain what is being told, especially if he/she is not interested or not attentive. This leads to communication breakdown.

Solution: Use of notes, written messages, e-mails, etc. should be made to avoid communication breakdown.

F. Inattention

At times we do not listen, but only hear, especially when there are more important things to be taken care of. For instance, if a visitor comes to you at the same instance when you are answering the phone, then it is important to excuse yourself from the person on the phone so that exclusive attention can be given to the visitor or you may request the visitor to wait for some time.

Solution: Use of numbering system helps in giving individual attention. Avoid jumping from one message to another without completing the former.

G. Emotional State

Emotional state at a particular point of time also affects communication. For example, if you are shocked for whatever reasons, you may not be able to express yourself as you are in an unstable state of mind.

Solution: Managing emotions enables appropriate and effective communication.

Session Plan 2

1. **SESSION TOPIC:**
Demonstrate Effective Communication Skills
2. **OBJECTIVE:** To develop students' knowledge, skills and abilities in applying principles of communication.
3. **MATERIALS/EQUIPMENT REQUIRED:** Charts, Sketch Pens, Rulers, Computer, Open Source Software for Slide Presentation, LCD projector.
4. **PREPARATIONS:**
 - Arrange all the materials well in advance
5. **TEACHING/TRAINING METHODOLOGY:**

T1 : Interactive Lecture

DURATION: 03 HOURS

PROCESS

1. Prepare the points for the lecture.
2. Introduce the topic.
3. Make an opening by telling students the purpose of the lecture or presentation.
4. Introduce the topic in the class and provide relevant knowledge to the students. Topics may include but not limited to the following:
 - a. Factors offering effective communication
 - b. Static and Dynamic features of verbal communication
 - c. Factors act as barriers in communication
5. Relate the topic to the situation and ask questions.
6. Provide specific examples.
7. Involve students by giving them the opportunity to ask questions related to the topic.
8. Clarify any questions students may have.
9. Summarize the topic and emphasize on the key points.

T2: Discussion Session

DURATION: 02 HOURS

PROCESS

1. Discuss how noise becomes a barrier to effective communication in places like playgrounds, workstations, front office area, cafeteria, etc.
2. Discuss how physical obstacles like distance and use of defective instruments for communication affects the effectiveness of communication.
3. Discuss how statements like "Don't speak unless you are asked to" and fear of upsetting others or rejection or ridicule act as barriers in communication.
4. Discuss how individual characteristics and mental state affect communication.
5. Discuss the various solutions to the barriers in communication. For example, asking the audience to put the mobile in silent/meeting mode during the meeting.
6. Share with the students lots of real life case studies so that the students are able to relate themselves with the situation.
7. Discuss how some communication skills are more effective than others. Give examples
8. Discuss how effective communication skills are useful in group work

T3: Role Play Session

DURATION: 02 HOURS

What are the situations in a hospital when effective communication is necessary?

Examples

- Discussing a patient's symptoms
- Discussing medications for a patient
- Discussing medical history
- Explaining medical condition to patient/relatives
- Explaining treatment options
- Communicating with patient/relatives regarding physicians rounds
- Providing instructions for medications

T4: Exercise

DURATION: 02 HOURS

This practice session will enable students to understand the practical aspect of the topic. Ask the students to demonstrate the following:

1. How will you communicate with the following:
 - a) Deaf person
 - b) Visually impaired
 - c) People with hearing loss
2. Show a chart of sign language and ask the students to explain the meaning of various signs/gestures

Checklist for Assessment Activity

Use the following checklist to check whether students could meet all the requirements for assessment.

Part A

1. Define effective communication.
2. State the different skills of effective communication.
3. Listing the 7C's of an effective communication.

Part B

Students could answer the following questions:

1. What is effective communication?
2. Describe features of verbal communication.

3. Describe various factors acts as barriers in communication.
4. What are the different effective communication skills?
5. Why understanding of 7C's is important for effective communication?

Part C

Performance Standards

Students should be able to demonstrate the generic, technical, professional and organizational knowledge and skills in order to perform up to the required standards. The performance standards may include, but not limited to:

Performance Standards	Yes	No
Demonstrate the knowledge of effective communication skills		
Describe 7C's of communication		
Differentiate between verbal and non verbal communication		
Describe effective communication practices with Patients, Family and Peers		

Glossary

Active listening	It is a process of analyzing and evaluating what another person is saying in an effort to understand the true meaning of the message.
Attitude	It is the transference of a value into action that is consistent over a period of time.
Communication	The process by which a person, group, organization (the sender) transmits some type of information (the message) to another person, group, organization (the receiver). It is derived from the Latin word 'communis' meaning to share.
Community	A society where peoples relations with each other are direct and personal and in mutual bonds of emotion and obligation.
Courtesy	Courtesy is the name of a social behavior that extends respect to another human being, by giving him/her the right to act first.
Evaluative feedback	When feedback judges the effect of a communication in terms like 'good', 'bad', 'average', 'correct', 'right', 'wrong', it is called 'evaluative feedback'.
Feedback	Feedback is an element of communication which indicates the completion and the extent of completion of the communication cycle. It provides information to the sender on the receipt of his message. It could be in the form of another message that conveys to the sender that his message has been received and understood, or it could be in the form an action by the receiver, which informs the sender that the message has been received and acted upon.
Formal Communication	It is that which is connected with the formal organizational arrangement and the official status or the place of the communicator and the receiver. Formal communication is mostly recorded in some form for future reference.
Gesture	Gesture is a hand movement that communicates a message. For example, a salute or a handshake is a gesture of greeting.
Informal Communication	It arises out of all those channels that fall outside the formal channels. It is established around the societal affiliation of members of the organization. Informal communication does not follow authority lines, as in the case of formal communication.
Message	Message generally speaking, 'message' is the object of communication.
Organization	Hierarchically organized group of people so large that personal relationships with every member of the group are impossible.
Organizational communication	Communication between and among the individuals and groups which make up an organization.
Organizational structure	The formal configuration between individuals and groups with respect to the allocation of tasks, responsibilities, and authorities within organizations.
Sentence	A sentence is a group of words which makes a complete sense.
Sign	Something that stands for or represents something else and bears a natural, non arbitrary relationship to it.
Symbol	Representation of an idea.

Team	A group whose members has complementary skills and is committed to a common purpose or set of performance goals for which they hold themselves mutually accountable.
Telephone Message Book	It is used to record accurately messages and information received on telephone.
Visitors Register	It includes the name of visitor, date and time of visit and the signature of the visitor.

The web addresses for access the following materials:

- 1) For curriculum and syllabus softcopy of 9th class(Level-1) will be available at www.psscive.nic.in , [www.himachal.nic.in/higher education/](http://www.himachal.nic.in/higher%20education/) recourse centre/NVEQF & www.cive.org
- 2) For National occupational standard of concerned sector are available at: www.nsd.org at NOS

For reporting at District and State:

- 3) You will report to your following official from Govt side at your district and state:
 - 1) School coordinator and Principal of concerned school.
 - 2) District Project officer cum Principal DIET
 - 3) District Coordinator Vocational Education (RMSA) at DIET.
 - 4) Dr. G.N. Chauhan, State Nodal officer Shimla
 - 5) Sh. Ghanshyam Chand, State Project Director RMSA.
- 4) For Vocational Trainer Providers (VTP)side:
 - 1) State coordinator
 - 2) State Project Manager
 - 3) Company heads

Healthcare (Theory)
9th (Normal Track)

Time: 3:00 Hours

MM: 35

NOTE:-- (i) All questions are compulsory.
(ii) Answer should be brief and to the point.
(iii) Answer to question of 1 mark in one word or in a line, 2 marks in 20 to 40 words, of 3 marks in 40 to 60 words and 5 marks in 60 to 90 words.

Q.1 Answer the following questions.

(5X1=5)

- (a) What is the full form of “WHO”?
- (b) Give two example of communicable disease.
- (c) Which is the rich source of vitamin C.?
- (d) At which age polio vaccine is given.
- (e) On which day world’s aids day is celebrated

Q.2 Answer the following questions in brief

(3X2=6)

- (a) Definition of health.
- (b) Explain the term personal hygiene.
- (c) Explain the term school health services.

Q.3 Answer any three questions.

(3X3=9)

- (a) What is the difference between PHC and CHC?
- (b) Describe the community organisation.
- (c) Explain the term “mental health”
- (d) What is the difference between disinfection and sterilization?

Q.4 Attempt any three questions.

(3X5=15)

- (a) Describe the health care delivery system.
- (b) Describe the patient care.
- (c) What is the level of prevention?
- (d) What is bio medical waste management?

Healthcare(Practical)
9th (Normal Track)

Time: 3:00 Hours

MM: 50

NOTE: The candidates are required to perform any two practical's.

Marks Distribution

(a) Objective	01
(b) Circuit diagram/Figure	03
(c)Theory and procedure	03
(d)Performance	10
(e)Practical copy and Charts	03
(f)Viva and Project/Model	05

Attempt any two practicals.

Q.No.1 Write and perform different steps to give oral care to the patient?

Q.No.2 Write and perform procedure for lifting and handling the bed ridden client from bed to chair?

Q.No.3 Identify biomedical waste and write and perform disposal procedure.

(2X25=50)

Healthcare (Theory)
9th (Normal Track)

Time: 3:00 Hours

MM: 35

NOTE:-- (i) All questions are compulsory.
(ii) Answer should be brief and to the point.
(iii) Answer to question of 1 mark in one word or in a line, 2 marks in 20 to 40 words, of 3 marks in 40 to 60 words and 5 marks in 60 to 90 words.

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राष्ट्रीय व्यावसायिक शिक्षा योग्यता रूपरेखा
क्षेत्र: निजी सुरक्षा
एनवीईक्यूएफ स्तर 1 (कक्षा 9)
एसएस 101-एनक्यू 2012-कार्यस्थल में संचार

अध्यापक हस्तपुस्तिका



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यह प्रकाशन कॉपीराइट द्वारा सुरक्षित है। कॉपीराइट अधिनियम द्वारा अनुमत प्रयोजनों के अलावा जनता द्वारा पूर्व लिखित अनुमति के बिना इसका पुनः उत्पादन, अंगीकार, इलेक्ट्रॉनिक भण्डार और सम्प्रेषण निषिद्ध है।

प्रस्तावना

“कार्यस्थल में संचार” पर यह अध्यापक हस्तपुस्तिका “शस्त्र रहित सुरक्षा गार्ड (निजी सुरक्षा क्षेत्र)” की राष्ट्रीय व्यावसायिक शिक्षा योग्यता हेतु सुरक्षा ज्ञान और कौशल विकास परिषद (एसकेएसडीसी) द्वारा विकसित योग्यता पैकेज का एक भाग है। राष्ट्रीय व्यावसायिक शिक्षा योग्यता रूपरेखा (एनवीईक्यूएफ) मानव संसाधन विकास मंत्रालय (एमएचआरडी), भारत सरकार का एक प्रयास है जो विद्यालयों, व्यावसायिक शिक्षा और प्रशिक्षण संस्थानों, तकनीकी शिक्षा संस्थानों, महाविद्यालयों और विश्वविद्यालयों में अपनाई जाने वाली राष्ट्रीय स्तर पर मान्यता प्राप्त अर्हता प्रणाली के लिए सामान्य सिद्धांत और दिशा निर्देश तय करता है। यह संकल्पना की गई है कि एनवीईक्यूएफ से अर्हताओं की पारदर्शिता, विषम क्षेत्रीय अधिगम, छात्र केंद्रित अधिगम और छात्र को विभिन्न अर्हताओं के बीच चलनशीलता की सुविधा को बढ़ावा मिलेगा और इस प्रकार जीवन भर अधिगम को प्रोत्साहन मिलता रहेगा।

निजी सुरक्षा उद्योग में वे एजेंसियां या लोग शामिल हैं जो संविदा के अधीन लोगों तथा संबंधी एवं लाभ के लिए सुरक्षा प्रदान करते हैं। शस्त्र रहित सुरक्षा गार्ड को अवलोकन, रोक कर रखने, दर्ज और रिपोर्ट करने का कार्य करना होता है। सरकारी और निजी सुरक्षा के बीच मूलभूत अंतर यह है कि सरकारी सुरक्षा कार्मिकों को कानून के प्रवर्तन के लिए विधान द्वारा अधिकार प्राप्त है, किन्तु निजी सुरक्षा में ऐसा नहीं होता है।

राष्ट्रीय पाठ्यचर्या रूपरेखा, 2005 में सिफारिश की गई है कि विद्यालयों में विद्यार्थियों के जीवन को विद्यालय के बाहरी जीवन के साथ जोड़ना अनिवार्य है। इस सिद्धांत के अनुसार किताबी अध्ययन की परंपरा छोड़ देनी चाहिए जो हमारे तंत्र को लगातार एक आकार देती आई है और विद्यालय, घर, समुदाय और कार्यस्थल के बीच अंतराल लाती है। प्रायोगिक अधिगम, जो एक ऐसी चक्रीय प्रक्रिया है जिसमें अवलोकन, प्रतिक्रिया और कार्य को अध्यापन – अधिगम प्रक्रिया का अनिवार्य हिस्सा बनाया जाना चाहिए। छात्रों द्वारा समस्याओं को सुलझाने, अध्यापकों या अनुदेशकों द्वारा मार्गदर्शित होने के प्रयास से वे नए ज्ञान का अन्वेषण और खोज कर सकेंगे तथा उनमें समस्या को सुलझाने का कौशल विकसित होगा। अंतःक्रियात्मक व्याख्यान, भूमिका अभिनय, प्रकरण आधारित अध्ययनों, कार्यों, परियोजनाओं एवं कार्य के दौरान की जाने वाली गतिविधियों सहित शिक्षा विज्ञान की एक परास जो छात्रों को व्यापक, तकनीकी और व्यावसायिक ज्ञान प्रदान करेंगी तथा छात्र केन्द्रित अधिगम को पोषण देने के लिए अध्यापकों तथा अनुदेशकों द्वारा इन कौशलों को अपनाया जाना चाहिए।

इस प्रयास की सफलता उन कदमों पर निर्भर करती है जो विद्यालयों के अध्यापक अपने अधिगम को दर्शाने तथा काल्पनिक और कार्य के दौरान की जाने वाली गतिविधियों तथा प्रश्नों को आगे बढ़ाने के लिए अपने बच्चों को प्रोत्साहन देने के लिए उठाएंगे। कौशल विकास अभ्यासों और मान्यताओं एवं रचनात्मकता के पोषण में छात्रों की भागीदारी तभी संभव है यदि हम अधिगम में बच्चों को भागीदार के रूप में शामिल करें और वे मात्र सूचना के ग्राही नहीं बनें। ये लक्ष्य विद्यालय की दैनिक दिनचर्या तथा कार्यशैली में पर्याप्त बदलाव लाते हैं। प्रतिदिन की समय तालिका में नम्यता गतिविधियों के कार्यान्वयन में सक्रियता बनाए रखने के लिए अनिवार्य होगी और अध्यापन और प्रशिक्षण के लिए अध्ययन दिवसों की आवश्यक संख्या को बढ़ाया जाएगा।

शिक्षा और प्रशिक्षण के क्षेत्र में अध्यापकों और अन्य पणधारियों द्वारा दिए गए सुझाव हमारे लिए अत्यंत महत्वपूर्ण होंगे जो अध्यापक हस्तपुस्तिका में गुणात्मक सुधार लाने में सहायता देंगे।

आभार

हम प्रो. परवीन सिंक्लेयर, निदेशक, राष्ट्रीय शैक्षिक अनुसंधान और प्रशिक्षण परिषद (एनसीईआरटी), प्रो. आर. बी., शिवगुंडे, संयुक्त निदेशक, पं. सुं. श. केंद्रीय व्यावसायिक शिक्षा संस्थान (पीएसएससीआईवीई), श्री बसाब बनर्जी, प्रमुख, मानक और गुणवत्ता आश्वासन, राष्ट्रीय कौशल विकास निगम को उनके द्वारा प्रदान किए गए मार्गदर्शन के लिए धन्यवाद देते हैं।

हम कुंवर विक्रम सिंह, अध्यक्ष, सुरक्षा ज्ञान और कौशल विकास परिषद (एसकेएसडीसी), लेफ्टिनेंट जनरल एस. एस. चहल (सेवानिवृत्त), उप अधिशासी अधिकारी, एसकेएसडीसी, और मेजर जनरल भूपेन्द्र सिंह घोत्रा (सेवानिवृत्त), मुख्य प्रचालन अधिकारी, एसकेएसडीसी को उनके द्वारा दिए गए मार्गदर्शन और सहायता के लिए हार्दिक आभार और धन्यवाद देते हैं।

श्रीमती लीना कपूर, यूनिफायर्स सोशल वेंचर्स प्रा. लि., डी-253, सर्वोदय एन्क्लेव, नई दिल्ली – 110017 द्वारा इस इकाई के विकास में उनके कठोर प्रयासों और प्रतिबद्धता हेतु धन्यवाद की पात्र हैं।

हम डॉक्टर विनय स्वरूप मेहरोत्रा, एसो. प्रोफेसर और प्रमुख, पाठ्यचर्या विकास और मूल्यांकन केन्द्र, पी.एस. एस.सी.आई.वी.ई. और कर्नल (सेवानिवृत्त) तपेश चंद्र सेन, उप निदेशक, एसकेएसडीसी, के प्रति आभारी हैं जिन्होंने सामग्री को अंतिम रूप देने तथा हस्तपुस्तिका के संपादन में पर्याप्त योगदान दिया है।

हस्तपुस्तिका क बारे में

यह हस्तपुस्तिका अध्यापकों को भारत की सुरक्षा ज्ञान और कौशल विकास परिषद (एसकेएसडीसी) द्वारा निर्दिष्ट "शस्त्र रहित सुरक्षा गार्ड" (निजी सुरक्षा क्षेत्र) के लिए व्यावसायिक मानक पूरे करने हेतु छात्रों के अध्यापन और प्रशिक्षण में सहायता देने के लिए है। व्यावसायिक मानकों में बताया गया है कि व्यक्तियों को क्या जानने, समझने और इस प्रकार अपनी विशेष कार्य भूमिका या कार्यों को पूरा करने की जरूरत होती है। ये ऐसे मानक हैं जिन्हें व्यक्तियों को कार्य स्थल पर विभिन्न कार्य करने के दौरान अवश्य पूरा करना चाहिए। "कार्यस्थल में संचार" पर मॉड्यूल में निम्नलिखित शस्त्र रहित सुरक्षा गार्ड (निजी सुरक्षा क्षेत्र) में तत्वों, निष्पादन मानदण्डों, ज्ञान और कौशल को शामिल किया गया है।

इकाई कोड	एसकेएस / एन 001
इकाई शीर्षक	बुनियादी सुरक्षा प्रथाओं के अनुसार सुरक्षा कार्य
तत्व	निर्धारित सुरक्षा कार्य पूरे करना
निष्पादन मानदण्ड	पीसी 03 : खतरों और आपातकालीन स्थितियों के बारे में प्रतिक्रिया और रिपोर्ट करना
कोर / सामान्य कौशल	एसए 1 : घटनाएं रिकॉर्ड और रिपोर्ट करना एसए 2 : संचार कौशल

इकाई कोड	एसकेएस / एन 0003
इकाई शीर्षक	लोगों, संपत्ति और परिसरों की निजी रखवाली सेवा प्रदान करना
तत्व	नामित परिसरों की खोज करना
निष्पादन मानदण्ड	पीसी 14 : खोज के दौरान संचार बनाए रखना
ज्ञान और समझ (के)	
संगठनात्मक संदर्भ	केए 3 : संचार के उपलब्ध साधन
तकनीकी / प्रक्षेत्र ज्ञान	केबी 4 : संचार उपकरणों का उपयोग
कौशल	
कोर / सामान्य कौशल	एसए 3 : प्रभावी रूप से संचार करना
व्यावसायिक कौशल	एसबी 2 : घटनाएं सही रूप में रिपोर्ट और रिकॉर्ड करना

इकाई कोड	एसकेएस / एन 0004
इकाई शीर्षक (कार्य)	निर्दिष्ट परिसरों में नियंत्रित पहुंच
तत्व	परिसरों में नियंत्रित प्रवेश और निर्गत
निष्पादन मानदण्ड	पीसी 1 : उपकरण के उपयोग के साथ और इसके बिना परिसरों में पहुंच पर नियंत्रण से संबंधित संगठनात्मक प्रक्रियाओं का पालन करना।
ज्ञान और समझ (के)	
तकनीकी / प्रक्षेत्र ज्ञान	केबी 6 : कैसे पढ़ें और लिखें
कौशल	
व्यावसायिक कौशल	एसबी 1 : विभिन्न प्रकार के पहचान पत्रों को पहचानना और पढ़ना

	एसबी 4 : बुनियादी संचार कौशल और शिष्टाचार
इकाई कोड	एसकेएस / एन 0006
इकाई शीर्षक	निर्दिष्ट क्षेत्रों में नियंत्रित पार्किंग
तत्व	निर्दिष्ट क्षेत्रों में पार्किंग करना
निष्पादन मानदण्ड	पीसी 4 : उपलब्ध पार्किंग क्षेत्रों में वाहन चालकों का मार्गदर्शन
ज्ञान और समझ (के)	
तकनीकी / प्रक्षेत्र ज्ञान	केबी 8 : संचार उपकरण का उपयोग
कौशल	
कोर / सामान्य कौशल	एसए 3 : प्रभावी संचार

इकाई कोड	एसकेएस / एन 007
इकाई शीर्षक	सुरक्षा एस्कॉर्ट्स
तत्व	ई 1 : सुरक्षा एस्कॉर्ट ड्यूटी निभाना ई 2 : सुरक्षा और निरापदता को प्रभावित करने वाली घटनाओं पर प्रतिक्रिया देना
निष्पादन मानदण्ड	पीसी 4 : अनुदेश के अनुसार संचार का रखरखाव पीसी 7 : संचार और सहायता की तलाश
ज्ञान और समझ (के)	
तकनीकी / प्रक्षेत्र ज्ञान	केबी 4 : संचार के साधन
कौशल	
कोर / सामान्य कौशल	एसए 2 : संचार उपकरण का उपयोग

इकाई कोड	एसकेएस / एन 008
इकाई शीर्षक	स्वास्थ्य और सुरक्षा
तत्व	आग दुर्घटनाओं के लिए प्रतिक्रिया
निष्पादन मानदण्ड	पीसी 13 : वरिष्ठ अधिकारियों और आपातकालीन सेवा संगठनों को आग की दुर्घटनाओं की रिपोर्ट देना
ज्ञान और समझ (के)	
तकनीकी / प्रक्षेत्र ज्ञान	केबी 14 : प्रभावी रूप से संचार
कौशल	
कोर / सामान्य कौशल	एसए 5 : आग दुर्घटना पर प्रतिक्रिया एसए 7 : प्रभावी संचार

इकाई कोड	एसकेएस / एन 009
इकाई शीर्षक (कार्य)	वाणिज्यिक तैनातियों में सुरक्षा
तत्व	वाणिज्यिक प्रक्षेत्रों में सुरक्षा के कार्य करना
निष्पादन मानदण्ड	पीसी 4 : संबंधित पणधारियों के साथ प्रभावी संचार

ज्ञान और समझ (के)	
तकनीकी / प्रक्षेत्र ज्ञान	केबी 3 : संचार की विधियां और प्रयुक्त उपकरण
कौशल	
कोर / सामान्य कौशल	एसए 2 : ग्राहकों / पणधारियों के प्रति विनम्र और सहायक बनें एसए 3 : ग्राहकों / पणधारियों के साथ प्रभावी संचार
व्यावसायिक कौशल	एसबी 2 : संचार और रिपोर्ट एसबी 4 : सुरक्षा और संचार उपकरण का उपयोग निर्दिष्ट विधि से करें।

इकाई कोड	एसकेएस / एन 0010
इकाई शीर्षक	औद्योगिक तैनातियों में सुरक्षा
तत्व	औद्योगिक प्रक्षेत्रों में सुरक्षा के कार्य करना
निष्पादन मानदण्ड	पीसी 4 : संचार
ज्ञान और समझ (के)	
तकनीकी / प्रक्षेत्र ज्ञान	केबी 3 : संचार विधियां और उपकरणों का उपयोग
कौशल	
व्यावसायिक कौशल	एसबी 2 : प्रदान किए गए उपकरण के साथ संचार

इकाई कोड	एसकेएस / एन 0011
इकाई शीर्षक	स्वयं तथा संगठन की सकारात्मक प्रस्तुति
तत्व	संगठन की तैयारी और व्यवहार के मानकों का पालन करना
निष्पादन मानदण्ड	पीसी 7 : संगठन की "मिलें और अभिवादन करें" प्रक्रिया का पालन करना
ज्ञान और समझ (के)	
तकनीकी / प्रक्षेत्र ज्ञान	केबी 1 : संचार उपकरण का उपयोग

आपको यह सुनिश्चित करना होगा कि मॉड्यूल में दिए गए सत्र पूरे होने पर प्रत्येक छात्र निम्नलिखित निष्पादन मानक पूरे करता है :

निष्पादन मानक	हां	नहीं
संचार चक्र के तत्वों पहचान करना		
संचार चक्र का चित्र बनाना		
वर्णनात्मक प्रतिक्रिया प्रदान करने के लिए एक वाक्य निर्माण करना		
विशिष्ट प्रतिक्रिया प्रदान करने के लिए एक वाक्य निर्माण करना		
कार्यस्थल पर संचार में बाधाओं की एक सूची संकलित करना		
संचार में बाधाओं को दूर करने के लिए कार्यनीतियों के चयन के लिए ज्ञान का प्रदर्शन		
ग्राही द्वारा आवश्यक सभी तथ्यों को प्रेषित करने वाले एक वाक्य का निर्माण करना		
विशिष्ट संदेश के साथ वाक्य निर्माण करना		
ग्राही को संदेश प्राप्त होने पर उसके प्रति आदर दर्शाने का व्यवहार		
मौखिक संचार की विधियों की पहचान		

अमौखिक संचार की विधियों की पहचान		
स्वर और पिच में बदलाव के साथ एक भाषण देना		
दिन के समय को ध्यान में रखते हुए विनम्रता और उचित अभिवादन		
अमौखिक संचार की स्थायी विशेषताओं की सूची		
अमौखिक संचार की गतिशील विशेषताओं की सूची		
टेलीफोन से संबंधित शिष्टाचार अपनाएं		
सुरक्षा उद्योग में इस्तेमाल लॉग बुक की पहचान करना		
सुरक्षा उद्योग के लिए आम रिपोर्टों को पहचानना		
लॉग बुक के प्रारूप में अपेक्षित जानकारी भरें		
सुरक्षा उद्योग में एक विशेष स्थिति के लिए उपयुक्त शब्दों के साथ प्रभावी संचार करें		
संचार के लिए बुनियादी सुरक्षा उपकरणों का संचालन करें		

अध्यापकों के लिए सामान्य निर्देश

- प्रशिक्षण आयोजित करने से पहले अध्यापक हस्तपुस्तिका को ध्यान से पढ़ें।
- सत्र योजना का कठोरतापूर्वक पालन करें।
- संगत ज्ञान और किए जाने वाले कौशलों के साथ अच्छी तरह से परिचय प्राप्त करें।
- सुनिश्चित करें कि शिक्षण और प्रशिक्षण के लिए सभी सामग्रियां / सहायक सामग्रियों / आवश्यक उपकरण उपलब्ध हैं।
- प्रयोजन को समझा कर कौशल का परिचय दें।
- विवरण में प्रतिभागियों को प्रत्येक चरण विस्तार से समझाते हुए कौशलों का प्रदर्शन करें।
- छात्रों को प्रश्न पूछने का आमंत्रण दें।
- छात्रों से स्वयं कौशलों का अभ्यास करने के लिए कहें और उनके कार्य निष्पादन का अवकलोकन करें।
- छात्रों को रचनात्मक प्रतिक्रिया दें।
- कक्षा में कार्य निष्पादन के दौरान छात्रों के सामने आने वाली समस्याओं पर चर्चा करें।
- मुख्य अधिगम का सारांश करें।
- सुनिश्चित करें कि प्रत्येक सत्र के अंत में मुख्य अधिगम ग्रहण किया गया है और निष्पादन मानक पूरे किए गए हैं।
- यह सुनिश्चित करने के लिए छात्रों की कार्य पुस्तिका की नियमित जांच करें कि सभी अभ्यास समय पर पूरे किए जा रहे हैं।
- सुनिश्चित करें कि सभी प्रतिभागी छात्र कार्य पुस्तिका में दिए गए आवश्यक आकलन पूरे करते हैं।
- हमेशा प्रतिभागियों को प्रोत्साहन दें। उन्हें चर्चा, प्रश्न – उत्तर सत्र और कार्य उन्मुख गतिविधियों में सक्रिय रूप से संलग्न होने से कभी निरुत्साहित नहीं करें।

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सत्र 1 : संचार चक्र के तत्वों की पहचान करना

संगत ज्ञान



संचार यह मौखिक और लिखित रूप में विचारों, भावनाओं और तथ्यों की अभिव्यक्ति और व्याख्या करने की क्षमता है। यह भाषा की दृष्टि से सामाजिक, सांस्कृतिक और कार्य संदर्भ की रेंज में उपयुक्त तरीके से अंतःक्रिया का साधन भी है। यह संदर्भों, संस्कृतियों, विधियों और मीडिया की विविधताओं के अंदर और इनके बीच अर्थ उत्पन्न करने में संदेश का उपयोग है। यह महत्वपूर्ण तरीका है जिसके जरिए तथ्यों, विचारों, अनुभवों और अनुभूतियों को आपस में बांटा और आदान प्रदान किया जाता है। मानव संचार मौखिक और अमौखिक दोनों है। मौखिक संचार में लिखित और मौखिक दोनों संचार शामिल हैं जबकि अमौखिक संचार में शारीरिक हाव भाव, चेहरे की अभिव्यक्ति और तस्वीरें शामिल हैं।

प्रभावी संचार केवल तभी होता है यदि ग्राही उसी सूचना या विचार को ठीक ठीक समझ जाता है जिसे प्रेषक भेजने का इच्छुक है। इसमें उचित उपकरण का उपयोग, उपयुक्त व्यक्ति को जानकारी देना और प्रभावी रूप से संचार शामिल है। संचार में रुकावट या तो संचार के कौशलों में कमी या एक निरंतर विचार प्रक्रिया में कमी के कारण आती है। यह संचार नेटवर्क में रुकावट के कारण भी हो सकता है। संचार के तीन महत्वपूर्ण भाग हैं – संप्रेषण, सुनना और प्रतिक्रिया।

संचार के तत्व

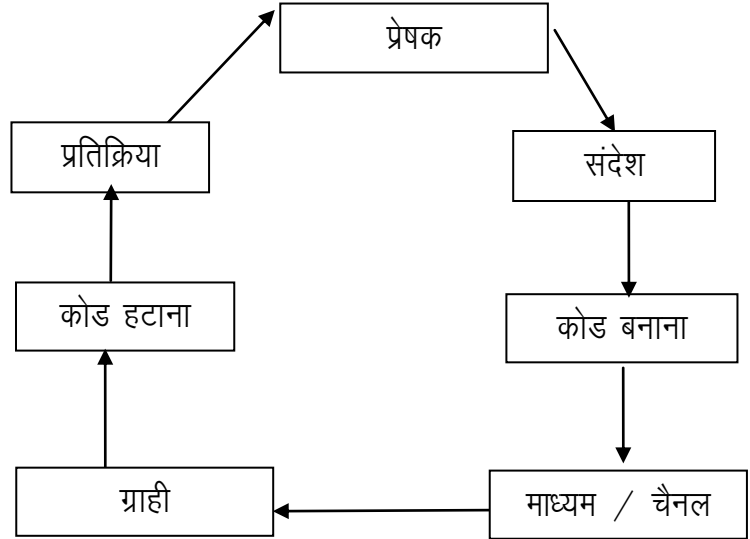
एक संचार चक्र के विभिन्न तत्व इस प्रकार हैं :

- प्रेषक : प्रेषक संदेश देता है या कोड करता है, उदाहरण के लिए या “नमस्कार महोदय / महोदया” कहकर अतिथि या ग्राहक का अभिवादन करता है।
- संदेश : इस मामले में संदेश “नमस्कार महोदय / महोदया” है, जिसे संचार की सामग्री के रूप में जाना जाता है।

- माध्यम : इस चैनल को संचार के लिए उपयोग किया जाता है। यह निम्नलिखित में से किसी भी रूप में हो सकता है – मौखिक, अमौखिक, सचित्र, प्रतीकात्मक या लिखित।
- ग्राही : ग्राही आने वाले संदेश या भाव को डिकोड करता है, इसका अनुवाद और प्रस्तुति करता है जो उत्तर या प्रतिक्रिया के रूप में बाहर आता है।
- प्रतिक्रिया : ग्राही किस प्रकार इस पर प्रतिक्रिया या अनुक्रिया देता है, इसे प्रतिक्रिया कहते हैं। यह प्रेषित की जाने वाली सूचना का प्रभाव, उत्तर या प्रतिक्रिया है।

संचार चक्र

संचार चक्र संक्षेप में संचार की प्रक्रिया है।



स्लाइड 1 : संचार चक्र के तत्व



पत्र

ई-मेल

रिकॉर्ड्स/
रिपोर्ट्स

टेलीफोन

मोबाइल
फोन

ईपीएबीएक्स
प्रणाली

वीडियो
कॉन्फ्रेंस

“प्रेषक” अपने संदेश को शब्दों में “इनकोड” करता है और कोड के रूप में संदेश को बोलता या लिखता है और तब “संदेश” भेजा जाता है यह संदेश टेलीफोन, वीडियो कॉन्फ्रेंसिंग, पत्रों, ई-मेल, बैठकों, ज्ञापनों, रिकॉर्ड्स और रिपोर्ट जैसे माध्यमों से भेजा जाता है। तब इस संदेश को “ग्राही” द्वारा “डिकोड” करते हुए सुना या पढ़ा जाता है ताकि पता लगाया जा सके कि प्रेषक क्या कहना चाहता है।

एक प्रभावी संचार चक्र में, ग्राही भाषा और संदेश को उसी प्रकार समझता है जिस प्रकार प्रेषक इसे बताना चाहता है। शब्द, टोन की गुणवत्ता, शारीरिक हाव भाव आदि उसी संदेश को प्रेषित करते हैं और भेजने की प्रक्रिया में कोई विकृति या हानि नहीं होती और प्रेषक उसी प्रकार वापस उत्तर देता है, जिस प्रकार उसे यह संदेश प्राप्त हुआ था।



अल्प संदेश सेवा

इंटरनेट

पुस्तकें

टेलीफोन

रेडियो

चैट

ई-मेल

फैक्स

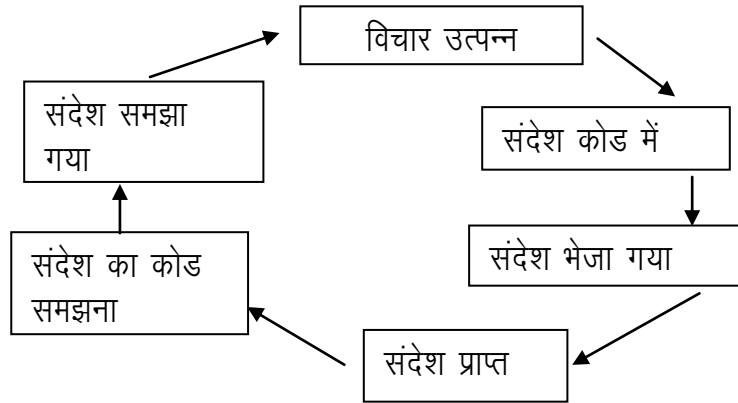
सेटलाइट

1. सत्र विषय : संचार चक्र के तत्वों की पहचान
2. उद्देश्य : संचार चक्र के तत्वों की पहचान के लिए छात्रों के ज्ञान, कौशल और क्षमताओं का विकास
3. सामग्री / उपकरण
आवश्यकताएं : चार्ट, स्केच पेन, रूलर्स, कंप्यूटर, स्लाइड, स्लाइड प्रस्तुतीकरण के लिए खुले स्रोत सॉफ्टवेयर, एलसीडी प्रोजेक्टर।
4. तैयारियां
 - इस हस्तपुस्तिका के अंत में दी गई शब्दावली को पढ़ें
 - सभी सामग्रियों को पहले से व्यवस्थित करें
5. शिक्षण/प्रशिक्षण विधि :

अवधि : 1 घंटे

प्रक्रिया

1. व्याख्यान के लिए बिंदुओं की तैयारी करें।
2. विषय का परिचय दें।
3. छात्रों को व्याख्यान या प्रस्तुति का उद्देश्य बताकर एक शुरुआत करें।
4. कक्षा में विषय का परिचय दें और छात्रों को संगत ज्ञान प्रदान करें।
5. ब्लैकबोर्ड/व्हाइटबोर्ड पर संचार चक्र बनाएं और छात्रों को प्रत्येक तत्व के बारे में बताएं/संचार चक्र पर एक स्लाइड बनाकर प्रस्तुत करें और छात्रों को यह समझाएं।
6. विषय का स्थिति से संबंध बनाएं और प्रश्न पूछें
7. विशिष्ट उदाहरण प्रस्तुत करें।
8. विषय से संबंधित प्रश्नों को पूछ कर छात्रों को अवसर देते हुए इसमें शामिल करें।
9. छात्रों के प्रश्नों का स्पष्टीकरण करें।
10. विषय का सारांश और मुख्य बिंदुओं के महत्व को समझाएं।



टी 2 : भूमिका निभाना

एक "रोल प्ले करें" अपने छात्रों को संचार चक्र के विभिन्न तत्वों के बारे में समझाएं। अपने छात्रों से प्रभावी संचार के छः महत्वपूर्ण सिद्धांतों के बारे में पूछें। जो निम्नलिखित हैं :

1. सूचना स्पष्ट संदेश के रूप में भेजनी चाहिए।
2. संदेश समय पर भेजना चाहिए।
3. संदेश पूरा होना चाहिए।
4. संदेश संक्षिप्त होना चाहिए।
5. संदेश तथ्यात्मक होना चाहिए।
6. संदेश शुद्ध होना चाहिए।

आप भूमिका निभाने का संचालन करने के लिए इस परिदृश्य का उपयोग कर सकते हैं

परिदृश्य

एबीसी कंपनी के सुरक्षा अधिकारी ने प्रवेश द्वार पर वाहन को रोककर पूछा, नमस्कार महोदय! क्या मैं आपकी मदद कर सकता हूँ?" श्री विक्रम के चालक ने उत्तर दिया, जी हां! विपणन विभाग के उपाध्यक्ष के साथ हमारी बैठक है"। सुरक्षा अधिकारी ने नम्रतापूर्वक उत्तर दिया, "कोई बात नहीं महोदय, कृपया कुछ समय के लिए अपना वाहन पार्किंग के बाईं ओर खड़ा करें और मैं देख लेता हूँ कि उपाध्यक्ष महोदय उपलब्ध हैं। श्री विक्रम ने उत्तर दिया, "धन्यवाद महोदय"।

टी 3 : अभ्यास सत्र

अपने छात्रों को संचार चक्र बनाने के लिए कहें और वे अपने छात्र पोर्टफोलियो के भाग के रूप में इसे जमा करें। छात्रों

संक्षेप प्रस्तुति (20 मिनट)

1. कक्षा में चर्चा करें कि गतिविधियों से छात्र क्या सीख रहे हैं।
2. आप इस तरह के प्रश्न पूछ सकते हैं जैसे
 - (i) संचार चक्र क्या है?
 - (ii) संचार चक्र के विभिन्न तत्व क्या हैं?
 - (iii) संचार चक्र को समझने में प्रभावी संचार क्यों महत्वपूर्ण है?

आकलन गतिविधियों के लिए जांच सूची

निम्नलिखित जांचसूची का उपयोग करते हुए देखें कि क्या आपके छात्र आकलन गतिविधि के लिए सभी आवश्यकताएं पूरी करते हैं:

भाग क

छात्र इनके बीच अंतर कर सकता है

- (क) प्रेषक और प्राप्तिकर्ता
- (ख) विचार और संदेश

भाग ख

छात्र निम्नलिखित प्रश्नों का उत्तर दे सकते हैं :

- (क) संचार चक्र क्या है?
- (ख) संचार चक्र के विभिन्न तत्व क्या हैं?
- (ग) प्रभावी संचार में संचार चक्र को समझना महत्वपूर्ण क्यों है?

भाग ग

छात्र सामान्य, तकनीकी, व्यावसायिक और संगठनात्मक ज्ञान प्रदर्शित करते हैं ताकि वे अपेक्षित मानकों का निष्पादन कर सकें। निष्पादन मानकों में यह शामिल हो सकता है किंतु यह इस तक सीमित नहीं है :

निष्पादन मानक	हां	नहीं
संचार तत्व के चक्रों की पहचान करें।		
संचार चक्र का चित्र बनाएं।		

सत्र 2 : प्रतिक्रिया प्रदान करना

संगत ज्ञान

प्रतिक्रिया से प्रेषक को उसके संचार की प्रभावशीलता का पता लगता है। जो व्यक्ति संचार कौशल में प्रशिक्षित नहीं हैं, वे बिना किसी अभिप्राय के प्रतिक्रिया देते हैं। जबकि, जो व्यक्ति संचार में प्रशिक्षित हैं, उनके लिए प्रतिक्रिया एक ऐसा साधन है जो सुनने और भेजने वाले के बीच संचार को प्रभावी बनाता है। प्रतिक्रिया देना और लेना ऐसे कौशल हैं जिन्हें सीखा जा सकता है। आइए प्रतिक्रिया की विशेषताओं पर विचार करें। प्रतिक्रिया की कुछ विशेषताएं इस प्रकार हैं :

- मूल्यांकन के स्थान पर वर्णनात्मक है : वर्णनात्मक प्रतिक्रिया व्यवहार बदलने की जरूरत का उल्लेख होता है, जबकि मूल्यांकन प्रतिक्रिया निर्णय लेती हैं, जो व्यवहार बदलने में मदद नहीं करती है।
- यह सामान्य के स्थान पर विशेष है : प्रतिक्रिया विशिष्ट रूप में होनी चाहिए जिससे ग्राही को उस क्षेत्र को पता लग सके जिसे संभालने की जरूरत है।
- यह बदलने योग्य व्यवहार की ओर निर्देशित है : व्यवहार के वैकल्पिक तरीकों को बताने वाली प्रतिक्रिया जो व्यक्तियों को चुनने और अपने व्यवहार में परिवर्तन लाने की सुविधा देती है। यह सुनिश्चित करती है कि व्यवहार हमेशा के लिए बदल गया है।
- यह अधिरोपित करने के स्थान पर मांगी जाती है : यह प्रतिक्रिया तब बहुत महत्वपूर्ण है जब ग्राही ने अपने आप प्रश्नों की तैयारी की है, जिनके उत्तर उसे देखने वाले लोग दे सकते हैं।
- यह सही समय पर दी जाती है : सामान्यतः, प्रतिक्रिया बहुत महत्वपूर्ण होती है यदि यह समय पर दी जाती है या सबसे पहले अवसर पर दी जाती है।
- स्पष्ट संचार सुनिश्चित करने के लिए जांच की जाती

हैं : यह जांचने के लिए कि ग्राही ने संदेश को स्पष्ट रूप से प्राप्त किया है, ग्राही से उस प्रतिक्रिया को दोबारा बोलने के लिए कहा जाता है जो उसे प्राप्त हुई है और देखा जाता है कि यह प्रेषक के मन की बात के संगत हैं।

छात्रों को आपको तीन पहलुओं को बताने की आवश्यकता है जो वे हमेशा रचनात्मक प्रतिक्रिया देने से पहले ध्यान में रखें।

- (i) तटस्थ और ईमानदार (तथ्यों पर कायम रहें) अवलोकन।
- (ii) वैकल्पिक प्रस्ताव या उदाहरण के साथ अपनी बात साबित करें।
- (iii) विकल्प से लाभ दर्शाएं।

इसी तरह, इसके अलावा आपको जोर देना चाहिए कि उन्हें प्रतिक्रिया प्राप्त करते समय उस प्रतिक्रिया के तीन पक्षों पर हमेशा विचार करना चाहिए।

- (i) ध्यानपूर्वक सुनें कि अन्य व्यक्ति क्या कह रहा है।
- (ii) यदि स्पष्टीकरण की आवश्यकता है तो प्रश्न पूछें।
- (iii) रक्षात्मक या भावनात्मक ना बनें।

1. सत्र विषय : प्रतिक्रिया देना
2. उद्देश्य : प्रतिक्रिया देने में छात्रों के ज्ञान, कौशल और क्षमताओं का विकास करना।
3. समग्री / उपकरण
आवश्यकताएं : चार्ट, स्केच पेन, रूलर्स, कंप्यूटर, स्लाइड, स्लाइड प्रस्तुतीकरण के लिए खुले स्रोत सॉफ्टवेयर, एलसीडी प्रोजेक्टर, कुर्सी।
4. तैयारियां
 - इस हस्तपुस्तिका के अंत में दी गई शब्दावली को पढ़ें
 - पारस्परिक व्याख्यान के बिंदु तैयार करें।
 - खेल के लिए पहले से आकृतियां तैयार करें।
5. शिक्षण/प्रशिक्षण विधि :

अवधि : 2 घण्टे

प्रक्रिया

1. विषय का परिचय।
2. छात्रों को व्याख्यान या प्रस्तुति का उद्देश्य बताकर एक शुरुआत करें।
3. कक्षा में विषय का परिचय दें और छात्रों को संगत ज्ञान प्रदान करें।
4. छात्रों को प्रतिक्रिया की विशेषताएं समझाएं।
5. प्रतिक्रिया देते समय विचार में लेने वाले पक्षों के उदाहरण दें।
6. प्रतिक्रिया लेते समय विचार में लेने वाले पक्षों के उदाहरण दें।
7. विषय का सारांश और मुख्य बिंदुओं के महत्व को समझाएं।
8. यह सुनिश्चित करें कि प्रत्येक छात्र प्रतिक्रिया का अर्थ समझता है।
9. विशिष्ट उदाहरण प्रस्तुत करें।
10. छात्रों को विषय से संबंधित प्रश्न पूछकर उन्हें शामिल होने का अवसर दें।
11. आप इस प्रकार के प्रश्न पूछ सकते हैं

(क) प्रतिक्रिया क्या है?

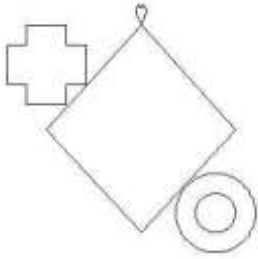
(ख) संचार में प्रतिक्रिया महत्वपूर्ण क्यों है?

टी 2 : खेल

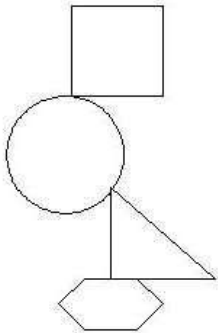
अवधि : 2 घण्टे

इस खेल को खेलने के लिए अपने छात्रों से कहें।

प्रक्रिया



चित्र 1



चित्र 2

स्पष्ट रूप से बोलें और बहुत जल्दी नहीं बोलें।

कुछ दूसरे तरीके से जानकारी दोहराएं

1. यह खेल जोड़े में खेला जाएगा। यह दो चक्रों में खेला जाएगा। इस खेल के लिए कमरे में रखी कुर्सियों को जोड़े में रखा जाएगा, प्रतिभागियों से कमरे में फैल कर खड़े होने के लिए कहा जाएगा। कुर्सियों को एक दूसरे के पीछे लगाएं, ताकि जब प्रतिभागी बैठें तो एक दूसरे के पीछे उनकी पीठ होगी।
2. जोड़े में, एक प्रतिभागी का नाम ए और दूसरे का बी अक्षर से रखा जाएगा। इस प्रशिक्षण खेल में सभी 'ए' वाले लोगों को कागज पर आकृति 1 दी जाती है। इस आकृति को आवश्यकता के अनुसार बदला जा सकता है। इस खेल में सभी 'बी' वाले लोगों को एक खाली कागज और पेन या पेंसिल दिए जाते हैं।
3. पहले दौर में 'ए' समूह से उम्मीद की जाती है कि वे अपने हाथों से इशारा करके 'बी' को बताएं ताकि वे उन्हें दिए गए कागज पर इसकी प्रति बना सकें। इस दौर में एक बाधा डाली जाती है।
4. 'बी' से कहा जाता है कि इस दौर को खेलते समय वह आपस में बात नहीं करें। उन्हें केवल सुनना और 'ए' द्वारा दिए गए अनुदेशों के अनुसार चित्र बनाना है।
5. सभी लोगों के दौर पूरे हो जाने पर 'बी' अपनी बनाई गई आकृति 'ए' को दिखाते हैं। ऐसा बहुत कम होता है कि आकृति सही बनाई जाए। 'बी' द्वारा बनाई गई तस्वीर पर थोड़ा हंसी मजाक होता है। खेल के दूसरे दौर में 'ए' को आकृति 2 बनाने के लिए दी जाती है।
6. इस बार 'बी' को बोलने का मौका दिया जाता है और 'ए' से पूछा जाता है कि क्या उन्हें कोई बात समझ में नहीं आई। अब वे अपना चित्र बनाकर 'बी' को दिखाते हैं।

संक्षेप प्रस्तुति

1. प्रश्नों का उपयोग करें (1) आपने किसी कमी या बाधाओं का सामना किया? और (2) क्या आप भागीदार से स्पष्टीकरण लेने के बाद बेहतर संचार कर पाए? संचार की विभिन्न संकल्पनाओं और सिद्धांतों को स्पष्ट कर पाए।
2. समूह से कहें कि जब वे भागीदारों से प्रतिक्रिया ले रहे थे तो उनके 'सुनने के कौशलों' में किस प्रकार सुधार दर्शाया गया।
3. इस तथ्य पर विचार करें कि प्रभावी संचार के लिए सुनने के कौशल और प्रतिक्रिया महत्वपूर्ण हैं।

टी 3 : भूमिका निभाना

अपने छात्रों को प्रतिक्रिया देने और लेने के विभिन्न पक्ष समझाने के लिए "भूमिका अभिनय" आयोजित करें। आप भूमिका निभाने के लिए निम्नलिखित परिदृश्य का उपयोग कर सकते हैं।

परिदृश्य

सुरक्षा पर्यवेक्षक ने सुरक्षा गार्ड (एस) द्वारा एक आगंतुक (वी) के साथ हुई बातचीत सुन ली थी जो इस प्रकार हुई :

एस : हां

वी : मुझे अपने दोस्त से मिलना है वे एक रिसेप्शनिस्ट हैं।

एस : उनका नाम क्या है?

वी : उनका नाम महेश है।

सुरक्षा गार्ड ने श्री महेश के उपलब्धता के बारे में जानने के लिए टेलीफोन पर नंबर लगाया।

एस : हां, आप जा सकते हैं।

आकलन गतिविधियों के लिए जांच सूची

निम्नलिखित जांचसूची का उपयोग करते हुए देखें कि क्या आपके छात्र आकलन गतिविधि के लिए सभी आवश्यकताएं पूरी करते हैं:

भाग क

छात्र इनके बीच अंतर कर सकता है

(क) प्रतिक्रिया की विशेषताएं

भाग ख

छात्र निम्नलिखित प्रश्नों का उत्तर दे सकते हैं :

(क) प्रतिक्रिया क्या है?

(ख) संचार में प्रतिक्रिया क्यों महत्वपूर्ण है?

भाग ग

छात्र सामान्य, तकनीकी, व्यावसायिक और संगठनात्मक ज्ञान प्रदर्शित करते हैं ताकि वे अपेक्षित मानकों का निष्पादन कर सकें। निष्पादन मानकों में यह शामिल हो सकता है किंतु यह इस तक सीमित नहीं है :

निष्पादन मानक	हां	नहीं
वर्णनात्मक प्रतिक्रिया प्रदान करने के लिए एक वाक्य रचना करें।		
विशिष्ट प्रतिक्रिया प्रदान करने के लिए एक वाक्य रचना करें।		

सत्र 3 : संचार की बाधाओं से उबरना

संगत ज्ञान

- पर्यावरण
- व्यवहार
- प्रणाली संकल्पना
- व्यक्तिगत भाषाई क्षमता
- दुर्बल प्रतिधारण
- ध्यान न देना
- भावनात्मक स्थिति

स्लाइड 1 : संचार को प्रभावित करने वाले कारक



संचार को प्रभावित करने वाले विभिन्न कारक जो न केवल प्रभावी संचार के लिए बाधाओं या निवारक के रूप में कार्य करते हैं बल्कि इन्हें व्यापक तौर पर पर्यावरण, व्यवहार, प्रणाली संकल्पना, व्यक्तिगत भाषाई क्षमता, दुर्बल प्रतिधारण, ध्यान न देने और भावनात्मक स्थिति के रूप में वर्गीकृत किया जा सकता है। आपको अपने छात्रों को उन कारकों के बारे में पढ़ाने की जरूरत है और उन्हें इन संभावित उपायों से परिचित कराना होगा जिन्हें वे इन बाधाओं से उबरने के लिए समाधानों के तौर पर अपना सकते हैं।

क. पर्यावरणीय कारक :

संचार को प्रभावित करने वाले पर्यावरणीय कारकों में शोर और दूरी जैसी भौतिक बाधाएं और संचार के उपकरणों की कमी शामिल हैं।

(i) शोर : शोर के कारण तनाव होता है, विशेषकर पृष्ठ भूमि में होने वाले शोर और बहुत अधिक प्रतिध्वनि सुनने की क्रिया में बहुत बाधक बनते हैं, खासतौर पर एकाग्रता की कमी वाले लोगों में। इसी प्रकार लाउड स्पीकर का उपयोग, जनरेटर या मशीनरी से उत्पन्न होने वाले शोर संचार में बाधा डालता है।

सुझाव : अपने विद्यार्थियों को समझाएं कि किसी प्रकार मौखिक संरचना वाले क्षेत्र में शोर को हटाने या साउंड प्रूफिंग से किस प्रकार संचार में सुधार आएगा।

आप विद्यार्थियों को स्टूडियो ले जा सकते हैं जहां दिखाया जा सकता है कि साउंड प्रूफिंग द्वारा किस प्रकार ध्वनि को अलग किया जाता है और शोर को रोका जाता है।

आप एक छात्र से व्याख्यान देने के लिए कहें और बाकी छात्रों से तेज आवाज में एक दूसरे से बात करने के लिए कहें। इसके दौरान आप प्रदर्शित करें कि जब अध्यापक कक्षा में व्याख्यान देते हैं तो शांति बनाए रखना कितना महत्वपूर्ण है।

आप शांति बनाए रखने के विशेष लाभ बता सकते हैं, उदाहरण के लिए इससे प्रभावी रूप से सुनने, ध्यान केंद्रित करने आदि में सहायता मिलती है।

(ii) **भौतिक रुकावटें** : भौतिक बाधाएं जैसे दूरी और संचार के लिए दोषपूर्ण उपकरणों का उपयोग संचार की प्रभावशीलता को प्रभावित करता है। खराब रोशनी, असुविधाजनक बैठने की जगह और अस्वच्छ कमरे भी संचार को प्रभावित करते हैं।



सुझाव : अपने विधार्थियों को समझाएं कि बाधाओं से उबरने के लिए टेलीफोन, फ़ैक्स मशीन और कंप्यूटर जैसे उपकरणों के उपयोग की विशेषज्ञता क्यों महत्वपूर्ण है। आप इस प्रकार भी प्रकाश डाल सकते हैं कि संचार में उपयोग से पहले उपकरण की जांच करनी चाहिए, ताकि अप्रिय स्थिति से बचा जा सके।

आप दर्शा सकते हैं कि कक्षा में कम रोशनी होने से देखने तथा ध्यान केंद्रित करने पर प्रभाव पड़ता है। आप अच्छी रोशनी का महत्व समझा सकते हैं। इसके लिए आप कुछ लाइटें बंद कर सकते हैं। आप असेंबली के दौरान श्रोताओं को संबोधित करने के लिए माइक्रो फोन के सही इस्तेमाल की जांच का प्रदर्शन भी कर सकते हैं।

ख. मनोवृत्ति संबंधी कारक

संचार को प्रभावित करने वाले मनोवृत्ति संबंधी कारकों में सांस्कृतिक बाध्यताएं, दूसरों की परेशानी के कारण डर, अस्वीकृति या उपहास जैसे कि “जब तक आप से बोलने के लिए नहीं कहा जाता तब तक नहीं बोलें”, अन्य व्यक्ति के प्रति जिम्मेदारी का एहसास, अनिवार्यताओं का दायरा (होना चाहिए) और अपनी छवि में गिरावट शामिल हैं।



सुझाव : अपने छात्रों को आप यह भी समझा सकते हैं कि व्यक्तित्व विकास प्रशिक्षण के सत्रों से उन्हें अपनी मनोवृत्ति संबंधी बाधाओं को दूर करने और संचार को प्रभावी बनाने वाली क्षमताओं

के विकास में किस प्रकार सहायता मिलती है।

ग. प्रणाली डिजाइन

(i) समय : कुछ कार्यों में समय संवेदनशील होता है और इसे टाला नहीं जा सकता। हालांकि इसके कारण कुछ अन्य प्रक्रियाओं को जल्दबाजी में पूरा किया जाता है और परिणामस्वरूप संचार में बाधा उत्पन्न हो सकती है। समय का दबाव संवाद करने की क्षमता को प्रभावित करता है।



सुझाव : अपने छात्रों को आप यह समझा सकते हैं कि संचार की प्रभावशीलता सुनिश्चित करने के लिए आप समय और गति का प्रबंधन किस प्रकार करें।

आप छात्रों से एक विशेष अवसर पर 5 मिनट का भाषण तैयार करने के लिए कहें, उदाहरण के लिए शिक्षक दिवस। छात्रों से एक के बाद एक भाषण देने के लिए कहें और सुझाएं कि उन्हें समय का प्रबंधन कैसे करना चाहिए। समझाएं कि दिए गए समय के अंदर प्रभावी रूप से किस प्रकार भाषण देना है।

(ii) सूचना अधिभार : एक व्यक्ति को बहुत सारी जानकारियां देने से उसे भ्रम, गलत व्याख्या या जानकारी के उपयोग न होने की स्थिति होती है।



सुझाव : अपने छात्रों को आप यह समझा सकते हैं कि सूचना के प्रवाह और दस्तावेज की सूचना का प्रबंधन किस प्रकार करना चाहिए। आप छात्रों को समझा सकते हैं कि यदि सूचना के प्रवाह को नियंत्रित नहीं किया जाता तो इसकी व्याख्या गलत हो सकती है और जानकारी खो सकती है। उन्हें प्रभावी फाइलिंग के कागज जमाने के सुझाव दें और फाइलों को आसानी से दस्तावेज दोबारा प्राप्त करने के लिए व्यवस्थित करना सिखाएं। कंप्यूटर में सूचना को फाइलों और डायरेक्टरी में भंडारित करने के लिए अपनाई गई प्रक्रिया का उदाहरण दें।



3. संगठनात्मक संरचना की जटिलताएं : संगठन में अधिक से अधिक पदानुक्रम (उदाहरण प्रबंधकीय स्तर की अधिक संख्या), होने से संचार की गलत व्याख्या या नष्ट हो जाने की अधिक संभावना होती है।

सुझाव : अपने छात्रों को आप यह समझा सकते हैं कि एक संगठन में पदानुक्रम क्या है और प्रशासन, लेखा, शिक्षा विभाग आदि में कार्यरत लोगों के बीच संचार किस प्रकार होता है। अपने छात्रों को अपने स्कूल के विभिन्न विभागों या आस पास के संस्थानों में ले जाएं और वहां अधिकारियों तथा कर्मचारियों से बातचीत करने के लिए कहें। वे संचार के मुद्दों के विषय में समझ सकेंगे। अपने छात्रों को समझाएं कि सूचना के व्यवस्थित रूप से चलने पर संचार में खराबी या संचार टूटने की समस्या में कमी आएगी।

घ. व्यक्तिगत भाषाई योग्यता

- (i) व्यक्तिगत विशेषताएं – व्यक्तिगत विशेषताओं में जैविक कारक शामिल हैं (बोलने का एक विकार जिसमें व्यक्ति ज के स्थान पर स की आवाज़ निकालता है जिसे सिबिलैंट व्यंजन कहते हैं) और भाषा में प्रवीणता जैसे शैक्षिक कारक। शब्दावली, व्याकरण आदि के ज्ञान के मामले में व्यक्तिगत मतभेद संचार प्रभावशीलता को प्रभावित करते हैं।
- (ii) अवधारणात्मक और भाषा के मतभेद : अवधारणा आमतौर पर प्रत्येक व्यक्ति के आसपास की दुनिया के बारे में उसकी व्याख्या का तरीका है। यदि संदेश के बारे में गलत धारणा होती है तो वहां संचार विकृति उत्पन्न होती है। अवधारणात्मक मतभेदों के कारण आने वाली बाधाओं को कम करने में मदद देकर संचार दोहराया और समझ को जांचा जा सकता है।



सुझाव :

अपने छात्रों को यह बताएं कि उनके लिए विभिन्न भाषाओं को पढ़ना क्यों आवश्यक है और वे विभिन्न भाषाएं कैसे सीख सकते हैं।

ड. गलत प्रतिधारणा

मानव स्मृति एक सीमा से बाहर काम नहीं कर सकती है। एक व्यक्ति हमेशा कही गई बातों को याद नहीं रख सकता है, खास तौर पर यदि उसकी दिलचस्पी नहीं है या उसका ध्यान नहीं है। इससे संचार में रुकावट आती है।

सुझाव : अपने विद्यार्थियों को आप यह समझा सकते हैं कि रिकॉर्ड रखने या उनके रखरखाव का क्या महत्व है। टिप्पणियों, लिखित संदेशों, ई-मेलों आदि का उपयोग करते हुए संचार की रुकावट से बचा जा सकता है। समझाएं कि किस प्रकार ई-मेल से तेजी से संचार होता है बल्कि इससे कागज और समय की बचत भी होती है। प्रदर्शित करें कि संचार में ई-मेल का उपयोग और भविष्य के संदर्भ के लिए ई-फाइल का रखरखाव कैसे किया जाए।

च. ध्यान नहीं देना

कई बार हम मन से सुनते नहीं हैं, बल्कि केवल ऊपरी तौर पर सुन लेते हैं, खास तौर पर अनेक महत्वपूर्ण चीजों का ख्याल रहता है। उदाहरण के लिए, यदि एक आगंतुक आपके पास आता है जब आप फोन पर बात कर रहे हैं, तो यह महत्वपूर्ण है कि आप फोन पर मौजूद व्यक्ति से क्षमा मांग लें, ताकि आप आगंतुक पर खासतौर से ध्यान दे सकें या आप आगंतुक से कुछ समय प्रतीक्षा करने का अनुरोध कर सकते हैं।

छ. भावनात्मक अवस्था

समय के एक विशेष बिंदु पर भावनात्मक अवस्था संचार को भी प्रभावित करती है। उदाहरण के लिए, यदि आप किसी भी कारण से परेशान हैं तो आप अपने आप को सही तरीके से व्यक्त नहीं कर पाएंगे, क्योंकि आपके मन की अवस्था स्थिर नहीं है।

सत्र योजना 3

1. सत्र विषय : संचार की बाधाओं से उबरना
2. सत्र उद्देश्य : संचार की बाधाओं से उबरने के लिए छात्रों के ज्ञान, कौशल और क्षमताओं का विकास
3. समग्री / उपकरण
आवश्यकताएं : चार्ट, स्केच पेन, रूलर्स, कंप्यूटर, स्लाइड, स्लाइड प्रस्तुतीकरण के लिए खुले स्रोत सॉफ्टवेयर, एलसीडी प्रोजेक्टर।
4. तैयारियां
○ इस हस्तपुस्तिका के अंत में दी गई शब्दावली को पढ़ें
5. शिक्षण/प्रशिक्षण विधि :

टी 1 : पारस्परिक व्याख्यान

अवधि : 2 घंटे

प्रक्रिया

1. व्याख्यान के लिए बिंदुओं की तैयारी करें।
2. विषय का परिचय दें।
3. छात्रों को व्याख्यान या प्रस्तुति का उद्देश्य बताकर एक शुरुआत करें।
4. कक्षा में विषय का परिचय दें और छात्रों को संगत ज्ञान प्रदान करें।
5. छात्रों को संचार में विभिन्न प्रकार की बाधाओं के बारे में समझाएं।
6. संचार में बाधाओं के उदाहरण दें।
7. संचार में आने वाली बाधाओं से उबरने के लिए अपनाई जाने वाली कार्यनीतियों के उदाहरण दें।
8. विषय का सारांश और मुख्य बिंदुओं के महत्व को समझाएं।

टी2 : चर्चा

अवधि : 1 घंटे

प्रक्रिया

1. चर्चा करें कि खेल के मैदान, कार्य स्टेशन, कार्यालय के सामने वाले हिस्से, कैफेटेरिया आदि जैसे स्थानों पर प्रभावी संचार में शोर किस प्रकार बाधा उत्पन्न करता है।
2. चर्चा करें कि संचार की भौतिक रुकावटों जैसे दूरी और दोषपूर्ण उपकरणों का उपयोग करने से संचार की प्रभावशीलता पर किस प्रकार असर पड़ता है।
3. चर्चा करें कि “जब तक आपसे कहा न जाए तब तक नहीं बोलें” जैसे वक्तव्य और अन्य लोगों को नाराज कर देने, अस्वीकार या उपहास का डर संचार में बाधा के रूप में कार्य करते हैं।
4. चर्चा करें कि व्यक्ति की विशेषताएं और मानसिक अवस्था संचार पर किस प्रकार प्रभाव डालते हैं।
5. संचार की बाधाओं के विभिन्न समाधानों पर चर्चा करें। उदाहरण के लिए बैठक के दौरान श्रोताओं से अपने मोबाइल



फोन साइलेंट / मीटिंग मोड में रखने के लिए कहें।

6. छात्रों को वास्तविक जीवन के अनेक प्रकरण अध्ययन बताएं ताकि छात्र अपने आप को परिस्थिति से जोड़ सकें।

सुझाव : अपने छात्रों को आप यह कह सकते हैं कि वे प्रभावी संचार को प्रभावित करने वाली विभिन्न प्रकार की बाधाओं पर एक संक्षिप्त टिप्पणी (अधिक से अधिक 25 शब्द) लिखें

आकलन गतिविधियों के लिए जांच सूची

निम्नलिखित जांचसूची का उपयोग करते हुए देखें कि क्या आपके छात्र आकलन गतिविधि के लिए सभी आवश्यकताएं पूरी करते हैं:

भाग क

छात्र इनके बीच अंतर कर सकता है

(क) बाधाओं के प्रकार

भाग ख

छात्र निम्नलिखित प्रश्नों का उत्तर दे सकते हैं :

(क) प्रभावी संचार में विभिन्न प्रकार की बाधाओं को कैसे दूर किया जा सकता है?

भाग ग

छात्र सामान्य, तकनीकी, व्यावसायिक और संगठनात्मक ज्ञान प्रदर्शित करते हैं ताकि वे अपेक्षित मानकों का निष्पादन कर सकें। निष्पादन मानकों में यह शामिल हो सकता है किंतु यह इस तक सीमित नहीं है :

निष्पादन मानक	हां	नहीं
कार्यस्थल में संचार की विभिन्न बाधाओं की सूची को संकलित करना।		

सत्र 4 : संचार के सिद्धांत लागू करना

संगत ज्ञान

प्रभावी संचार के सिद्धांतों को 7 श्रेणियों में बांटा जा सकता है, जो लिखित और मौखिक दोनों प्रकार के संचार पर लागू होते हैं। ये इस प्रकार हैं :

1. पूर्णता— संचार पूरा होना चाहिए। ग्राही को सभी तथ्यों की जानकारी देनी चाहिए। एक संपूर्ण संचार की निम्नलिखित विशेषताएं हैं :
 - संदेश में से कोई महत्वपूर्ण जानकारी अनुपस्थित नहीं है।
 - इससे अतिरिक्त सूचना दी जाती है, जहां आवश्यक हों।
 - इससे ग्राही के दिमाग में कोई प्रश्न शेष नहीं होना चाहिए।
 - यह ग्राही को विश्वास दिलाती है।
2. संक्षिप्तता – संक्षिप्तता या छोटे रूप में बनाने का अर्थ है कि संचार की अन्य श्रेणियों को जाने बिना न्यूनतम शब्दों द्वारा संचार किया जाना चाहिए। इससे समय और लागत की बचत होती है।
 - यह मुख्य संदेश को उभार कर सामने लाता है।
 - यह ग्राही को अधिक प्रभावित करता है।
3. ध्यान देना – ध्यान देने का अर्थ है श्रोत के विचार बिंदु, पृष्ठ भूमि, सोच, शिक्षा के स्तर, उनकी विशिष्ट आवश्यकताओं, भावनाओं आदि को ध्यान में रखकर उनके साथ संचार करना।
4. स्पष्टता – स्पष्टता का अर्थ है एक विशेष संदेश या लक्ष्य पर एक बार में बल देना, बजाए इसके कि एक ही बार में कार्य पूरा किया जाए। स्पष्ट संदेश में शुद्ध, उपयुक्त और ठोस शब्दों का उपयोग किया जाता है। स्पष्टता से सुनिश्चित होता है कि संचार सरल और सुगम है।

पुरुष मूल के शब्दों का उपयोग नहीं करें	
लिंग वादी	अलिंग वादी
अध्यक्ष	सभापति
कैमरामैन	कैमरा ऑपरेटर
कॉन्ग्रेसी	कॉन्ग्रेस के सदस्य
व्यवसायी	व्यावसायिक कार्यकारी
पुलिसकर्मी	पुलिस अधिकारी
जनशक्ति	कार्मिक

5. ठोस – ठोस संचार का अर्थ है सामान्य के स्थान पर विशेष रूप से बताना। ठोस संदेश की निम्नलिखित विशेषताएं हैं :
 - यह विशिष्ट तथ्यों और आंकड़ों के साथ समर्थन करता है।
 - इसमें स्पष्ट शब्दों का उपयोग किया जाता है जो प्रामाणिकता रखते हैं।
6. शिष्टाचार – संदेश में शिष्टाचार होने का अर्थ है कि संदेश में प्रेषक की ओर से अभिव्यक्ति और ग्राही के प्रति आदर दर्शाया जाना चाहिए। शिष्ट संदेश की निम्नलिखित विशेषताएं हैं :
 - इसमें संदेश के ग्राही के शब्दों और अनुभूतियों का उपयोग किया जाता है।
 - यह सकारात्मक और श्रोताओं पर केंद्रित होता है।
 - इसमें किसी के प्रति झुकाव नहीं होता।
7. शुद्धता – संचार में शुद्धता का अर्थ है कि संचार में व्याकरण की कोई गलती नहीं होनी चाहिए। शुद्ध संचार की निम्नलिखित विशेषताएं हैं :
 - संदेश उपयुक्त, शुद्ध और सही समय पर दिया गया है।
 - इसमें उपयुक्त और सही भाषा का उपयोग किया गया है।

सत्र योजना 4

1. सत्र विषय : संचार के सिद्धांतों को लागू करना
2. सत्र उद्देश्य : संचार के सिद्धांतों को लागू करने के लिए छात्रों के ज्ञान, कौशल और क्षमताओं का विकास
3. समग्री / उपकरण
आवश्यकताएं : चार्ट, स्केच पेन, रूलर्स, कंप्यूटर, स्लाइड, स्लाइड प्रस्तुतीकरण के लिए खुले स्रोत सॉफ्टवेयर, एलसीडी प्रोजेक्टर।
4. तैयारियां
 - इस हस्तपुस्तिका के अंत में दी गई शब्दावली को पढ़ें
 - खेल खेलने के लिए अनिवार्य व्यवस्थाएं पहले से करें।
5. शिक्षण / प्रशिक्षण विधि :

टी 1 : भूमिका निभाना

सुरक्षा से संबंधित विभिन्न परिदृश्यों में संचार के सिद्धांतों का अनुप्रयोग समझाने के लिए भूमिका अभिनय आयोजित करें। इसके वाक्यों में निम्नलिखित शामिल हो सकते हैं :

- (i) यह कार्यक्रम 16 दिसंबर, 2013 को सोमवार 6.30 बजे है।
- (ii) मैं अपने अंतःकरण के खिलाफ कार्य नहीं कर सकता।
- (iii) मैं हर स्त्री/पुरुष से बहुत अच्छा करने की उम्मीद करता हूँ।
- (iv) आपका कार्यालय समय पर पहुंचना अति आवश्यक है
- (v) कार्य पूरा करें और पर्यवेक्षक को रिपोर्ट करें
- (vi) मैं रिपोर्ट लिखूंगा और आपके पास जमा करूंगा।

टी 2 : खेल

तैयारियां (20 मिनट)

यह खेल जोड़ों में खेला जाता है, जिसमें एक विधार्थी प्रेक्षक है। कक्षा को दो-दो विधार्थियों के समूहों में बांटें। प्रत्येक समूह में एक विधार्थी को प्रेक्षक बनाएं। प्रेक्षक समूह के विधार्थियों द्वारा दिए गए उत्तर दर्ज करेगा।

प्रक्रिया (1 घंटे 10 मिनट)

1. विधार्थियों के प्रत्येक समूह से अपने स्कूल के परिसर का समूह चार्ट बनाने के लिए कहें। उन्हें खास तौर पर स्कूल के प्रवेश और निर्गत बिंदु दर्शाने होंगे। यह कार्य समूह में किया जाए।
2. प्रेक्षक अपने अवलोकन दर्ज करेगा।
3. आधा घंटा पूरा होने पर चार्ट बनाना रोक दिया जाए।

प्रेक्षक से उम्मीद की जाती है कि वह पूरी कक्षा पर उनके समूह के अवलोकनों की रिपोर्ट दें। समूह प्रेक्षक से संचार के सिद्धांतों के आधार पर अपनी रिपोर्ट पर प्रतिक्रिया प्राप्त करें।

आकलन गतिविधियों के लिए जांच सूची

निम्नलिखित जांचसूची का उपयोग करते हुए देखें कि क्या आपके छात्र आकलन गतिविधि के लिए सभी आवश्यकताएं पूरी करते हैं:

भाग क

छात्र इनके बीच अंतर कर सकता है

(क) प्रभावी संचार के सिद्धांत

भाग ख

छात्र निम्नलिखित प्रश्नों का उत्तर दे सकते हैं :

(क) संचार को प्रभावी बनाने वाले विभिन्न सिद्धांतों को कैसे लागू करें?

(ख) शुद्धता और स्पष्टता के बीच क्या अंतर है?

भाग ग

छात्र सामान्य, तकनीकी, व्यावसायिक और संगठनात्मक ज्ञान प्रदर्शित करते हैं ताकि वे अपेक्षित मानकों का निष्पादन कर सकें। निष्पादन मानकों में यह शामिल हो सकता है किंतु यह इस तक सीमित नहीं है :

निष्पादन मानक	हां	नहीं
एक ऐसा वाक्य बनाएं जिससे ग्राही के लिए आवश्यक सभी तथ्य बताए जा सकें।		
एक ऐसा वाक्य बनाएं जिससे एक विशिष्ट संदेश मिले।		
ऐसे तरीके से अभिव्यक्त करें जिससे संदेश पाने वाले के प्रति आदर दर्शाया जाए।		

सत्र 5 : मौखिक और गैर मौखिक संचार के तत्व लागू करना

संगत ज्ञान

मौखिक संचार
भाषा स्पष्ट, विशिष्ट, शुद्ध तथा श्रोताओं से उपयुक्त तथा प्रयोजन के अनुकूल होनी चाहिए।

संचार के माध्यम से संचार का प्रकार तय होता है। संचार में प्रयुक्त माध्यम के आधार पर संचार के प्रक्रिया मोटे तौर पर मौखिक संचार और अमौखिक संचार में बांटी जा सकती है।

मौखिक संचार में लिखना और मौखिक संचार शामिल है, जबकि गैर-मौखिक संचार में शारीरिक भाषा, चेहरे के हाव भाव और तस्वीरें शामिल हैं। इस प्रकार, इस प्रकार संचार की दो विधियां हैं मौखिक संचार (बोलकर और लिखित) और अमौखिक संचार (शारीरिक भाषा, चेहरे के हाव भाव और तस्वीरों द्वारा, सांकेतिक संचार)।

मौखिक संचार इसमें संचार के माध्यम के रूप में शब्दों का उपयोग किया जाता है। एक प्रभावी मौखिक संचार द्वि मार्गी प्रक्रिया है जिसमें बोलना और सुनना होना चाहिए। आमतौर पर मौखिक संचार एक से दूसरे की विधि या एक से दूसरे के मेलजोल में किया जाता है। मौखिक संचार में शुद्धता, संक्षिप्तता और स्पष्टता बनाए रखना बहुत महत्वपूर्ण है। प्रेषक को यह भी सुनिश्चित करना चाहिए कि वह उपकरण (चैनल) में स्पष्ट रूप से बोलता है और अपने शब्दों के चयन के माध्यम से आदर प्रेषित करता है। आरएसटीपी¹; त्ज्द्ध स्पष्ट रूप से बोलने के लिए एक उपयोगी मार्गदर्शिका है।

आर R (Rhythm) – तालमेल – बोलते समय तालमेल बनाए रखना प्रभावी संचार के लिए महत्वपूर्ण है। बोलने में रुकावट होने से वक्ता को अपने अगले विचार के बारे में सोचने का अवसर मिलता है और साथ ही श्रोता को जानकारी समझने के लिए पर्याप्त समय मिल जाता है।

एस S (Speech) – वाणी – यह श्रोताओं के सामने औपचारिक रूप से संचार बोलने का औपचारिक तरीका है।

¹ http://www.ehow.com/info_8594284_elements-rhythmspeech.html#ixzz1oWhLze9L

टी **T (Tone)** – टोन – यह आवाज़ की गुणवत्ता है जो अनुभूति या अर्थ में बदलाव प्रदर्शित करती है। एक समान टोन में बोलने से संकेत मिलता है कि वक्ता निराश हो चुका है।

पी च ;च्यजबीद्ध – पिच – पिच मानव के गले के स्वर यंत्र में कंपनों के कारण उत्पन्न होता है। स्वर यंत्र के तनाव में होने वाले बदलाव से पिच में अंतर हो सकता है। आमतौर पर, पुरुष की तुलना में महिलाओं की आवाज़ का पिच ऊंचा होता है।

लिखित संचार कौशल यह लिखित विधि द्वारा व्यक्त करने की व्यक्ति की संचार है। प्रभावी लिखित संचार के महत्वपूर्ण कौशल हैं :

- शुद्ध और स्पष्ट लिखें, सभी आवश्यक जानकारियां दी जाएं।
- लिखित संचार की अनुमोदित शैलियों और प्रारूपों का उपयोग करें।

प्रभावी लेखन में शब्दों का सावधानी से चयन, वाक्यों में इनका सही क्रम में विन्यास और वाक्यों की एक व्यापक संरचना तैयार करना शामिल है।

अमौखिक संचार : यह ऐसा संचार है जिसमें शरीर के अंगों का इस्तेमाल होता है। इसमें चेहरे के भाव, आवाज़ की टोन, स्पर्श की अनुभूति, गंध की अनुभूति और शारीरिक हाव भाव शामिल हैं। अमौखिक संचार या शारीरिक हाव भाव के महत्वपूर्ण पक्षों को समझकर आप लोगों को अच्छी तरह समझना सीख सकते हैं। आरगाइल और उनके सहयोगियों ने सूचना प्रेषित करने वाले अमौखिक संचार की विशेषताओं का अध्ययन किया है।

शारीरिक हाव भाव

शारीरिक हाव भाव और व्यवहार में निम्नलिखित विभिन्न पक्ष शामिल हैं :

- आंखों से संपर्क
- चेहरे के हाव भाव
- पूरे शरीर की मुद्रा
- हाथ की मुद्रा
- चीजों से खेलना
- चारों ओर इस प्रकार देखना कि कोई चीज टूटना है
- उद्देश्य के साथ / बिना चलना
- क्रोध का प्रदर्शन करने वाले कार्य
- भ्रम का प्रदर्शन करने वाले कार्य
- एक व्यक्ति को आराम या आरामदायक महसूस होना।

उनकी प्राप्तियों का सारांश निम्नानुसार है :

(क) स्थिर विशेषताएं

1. दूरी : दूरी अमौखिक संदेशों को संप्रेषित करने का एक तरीका है। कुछ संस्कृतियों में यह आकर्षण का संकेत है, जबकि अन्य में यह दर्जा या गर्म जोशी या एहसास की गहराई दर्शाता है। भारत में सामने वाले व्यक्ति से संचार करते समय एक फुट की दूरी बनाए रखना आदर सूचक है।
2. अभिविन्यास : लोग अपने आप को विभिन्न तरीकों से दर्शाते हैं : आमने सामने, अगल बगल, या एक दूसरे की पीठ की ओर। उदाहरण के लिए, आपस में सहयोग करने वाले लोग अगल बगल होते हैं जबकि प्रतियोगी आमतौर पर एक दूसरे के सामने होते हैं। सुरक्षा के क्षेत्र में आमने सामने का अभिविन्यास सामान्य है।
3. मुद्रा : आपकी मुद्रा संदेश देती है। उदाहरण के लिए यदि आप एक कुर्सी पर पैर एक दूसरे पर रखकर या हाथ मोड़कर बैठते हैं तो यह संचार के आदान प्रदान में आपके विश्राम को दर्शाने वाली मुद्रा है। ड्यूटी पर तैनात एक सुरक्षा अधिकारी के लिए दो स्वीकृति मुद्राएं हैं – सावधान और विश्राम।
4. हाथों या भुजाओं से इशारा : हाथ मिलना, छूना, पकड़ना, गले लगाना या पीठ थपथपाना, ये सभी संदेश देते हैं। ये सभी आत्मीयता के तत्व दर्शाते हैं। उदाहरण के लिए यदि लोगों को परिसर से बाहर छोड़ने जाते हैं तो उनके शारीरिक संपर्क में उस क्षेत्र से बाहर जाने के संदेश को प्रबलित करने के लिए हाथ या कंधे को स्पर्श करना शामिल है।

(ख) गतिशील विशेषताएं

1. चेहरे के हाव भाव : एक मुस्कराहट, त्योंरी चढ़ाना, आंखों की

भंवें उठाना, उबासी लेना और मजाक उड़ाना, ये सभी सूचना प्रेषित करते हैं। मेलजोल के दौरान चेहरे की अभिव्यक्तियां निरंतर की जाती हैं और इन्हें सामने वाला व्यक्ति निरंतर देखता रहता है। इसी प्रकार मुस्कुराने को आनंद दायक और मददगार माना जाता है। तयौरी चढ़ाने का अर्थ है भ्रम और कई बार गुस्सा। उठी हुई भंवों, उबासी और मजाक उड़ाने को पूरी तरह अस्वीकृत शारीरिक हाव भाव माना जाता है, क्योंकि ये गुस्सा या उपेक्षा दर्शाते हैं।

2. हाव भाव : इसे सबसे अधिक संख्या में देख जाता है, किंतु सबसे कम समझा गया संकेत हाथों की गति है। अधिकांश लोग बात करते समय हाथों को हिलाते हैं।
3. देखना : सामाजिक संचार की एक प्रमुख विशेषता आंखों का संपर्क है। संपर्क की संख्या से दिलचस्पी या नीरसता का पता चलता है। उदाहरण के लिए सुरक्षा अधिकारी को आने वाले व्यक्ति की आंखों में सीधे देखना चाहिए, जबकि यह मित्रता पूर्वक और मीठे तरीके से होना चाहिए।

चित्रात्मक संचार इसमें संकेतों से संचार करना शामिल है जैसे यातायात के संकेत, 21 तोपों की सलामी, हॉर्न, साइरन आदि। उदाहरण के लिए यू-टर्न का संकेत आपको यू के आकार में घूमने के लिए कहता है और सड़क पार करने वाले व्यक्ति के संकेत से पता लगता है कि आप यहां से सड़क पार कर सकते हैं।

प्रतीकात्मक संचार इसका उपयोग संकेतों द्वारा धार्मिक स्थल, स्कूल, स्थिति, जुड़ाव, संचार युक्तियों आदि को दर्शाने में किया जाता है।

सत्र योजना 5

1. सत्र विषय : मौखिक और गैर मौखिक संचार के तत्वों को लागू करना
2. सत्र उद्देश्य : मौखिक और गैर मौखिक संचार के तत्वों को लागू करने के लिए छात्रों के ज्ञान, कौशल और क्षमताओं का विकास
3. समग्री / उपकरण
आवश्यकताएं : चार्ट, स्केच पेन, रूलर्स, कंप्यूटर, स्लाइड, स्लाइड प्रस्तुतीकरण के लिए खुले स्रोत सॉफ्टवेयर, एलसीडी प्रोजेक्टर।
4. तैयारियां
○ इस हस्तपुस्तिका के अंत में दी गई शब्दावली को पढ़ें
5. शिक्षण/प्रशिक्षण विधि :

टी 1 : गतिविधि

अवधि

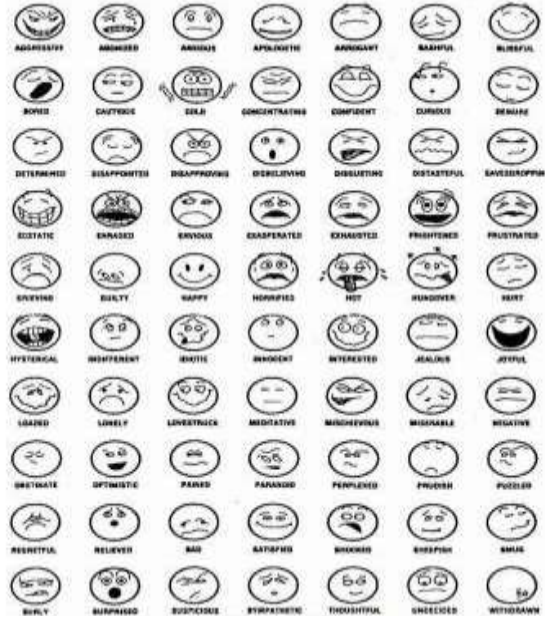
प्रक्रिया

छात्रों को जोड़ों में व्यवस्थित करें और प्रदर्शित करें कि संचार के विभिन्न उपकरण का उपयोग कैसे करना है। पहले दौर में जोड़े में से एक व्यक्ति दूसरे को अनुदेश देता है जबकि दूसरा व्यक्ति अनुदेशों का पालन करता है। दूसरे दौर में भूमिकाएं बदल जाती हैं। छात्रों से संचार उपकरण के प्रचालन मैनुअल को अपने भागीदार से साथ मिलकर पढ़ने के लिए कहें। जबकि जोड़े में से एक व्यक्ति मैनुअल को पढ़े तथा दूसरा जोड़ा अभी पढ़ी गई बात का भौतिक प्रदर्शन करे।

टी 2 : खेल

फिश बाउल गतिविधि

- (i) कक्षा से 10 लोगों को चुनें।
- (ii) यह समूह मध्य में एक गोला बनाकर बैठेगा।
- (iii) कक्षा के बाकी लोग बाहरी गोला बनाएंगे।
- (iv) अंदरूनी गोला फिश बाउल है और उन्हें एक दिलचस्प विषय पर चर्चा करने के लिए कहा जाएगा – जैसे क्रिकेट का खेल (10 मिनट के लिए)।
- (v) बाहरी गोले को इमोटिकॉन के एक सेट की प्रति दें। इमोटिकॉन की शीट की एक प्रति यहां आपके संदर्भ हेतु दी गई है। उन्हें विषय की चर्चा के दौरान अपने मित्र के चेहरे के भावों को पहचानने के लिए इस शीट का उपयोग करना है (एक व्यक्ति से अधिक से अधिक दो लोगों को देखने के लिए कहा जाए)।
- (vi) 10 मिनट के अंत में चर्चा रोक दी जाए और बाहरी गोले के लोग अपने दोस्तों के चेहरों की रिपोर्ट दें जो उनके चेहरे के भाव से सबसे नजदीक थीं।



टी 3 : भूमिका निभाना

अपने छात्रों को प्रतिक्रिया देने और पाने के विभिन्न पक्ष समझाने के लिए “भूमिका निभाने” का आयोजन करें। आमतौर पर निम्नलिखित अभिव्यक्ति विभिन्न परिस्थिति में इस्तेमाल की जाती है जिसे अहसासों के संचार में इस्तेमाल किया जा सकता है।

- अतिथियों का स्वागत : नमस्कार, नमस्ते।
- आभार अभिव्यक्ति करना : धन्यवाद, मैं आप द्वारा की गई सहायता के लिए हृदय से धन्यवाद देता हूँ, मैं आपके प्रति आभारी हूँ।
- प्रश्नों के उत्तर : “हां श्री / सुश्री अपने कमरे में हैं या नहीं श्री / सुश्री अपने कमरे में नहीं हैं।”
- सुरक्षा संबंधित समस्याओं और शिकायतों से निपटाना : सर / मैडम आपकी क्या समस्या है? या क्या मैं आपकी समस्या सुलझाने के लिए कुछ कर सकता हूँ।

जोड़ों में छात्र कुछ अलग तरह से बात करते हुए टोन को बदलकर वाक्य बना सकते हैं और भिन्न शब्दों पर जो दे सकते हैं।

आकलन गतिविधियों के लिए जांच सूची

निम्नलिखित जांचसूची का उपयोग करते हुए देखें कि क्या आपके छात्र आकलन गतिविधि के लिए सभी आवश्यकताएं पूरी करते हैं:

भाग क

छात्र इनके बीच अंतर कर सकता है

(क) संचार के रूप

भाग ख

छात्र निम्नलिखित प्रश्नों का उत्तर दे सकते हैं :

(क) मौखिक संचार करते समय किन महत्वपूर्ण पक्षों को ध्यान में रखने की आवश्यकता है?

(ख) अमौखिक संचार करते समय किन महत्वपूर्ण पक्षों को ध्यान में रखने की आवश्यकता है?

भाग ग

छात्र सामान्य, तकनीकी, व्यावसायिक और संगठनात्मक ज्ञान प्रदर्शित करते हैं ताकि वे अपेक्षित मानकों का निष्पादन कर सकें। निष्पादन मानकों में यह शामिल हो सकता है किंतु यह इस तक सीमित नहीं है :

निष्पादन मानक	हां	नहीं
मौखिक संचार की विधियां पहचानें		
अमौखिक संचार की विधियां पहचानें		
टोन और पिच में विभिन्नता के साथ भाषण दें।		
दिन के समय को ध्यान में रखते हुए विनम्रता सहित और उपयुक्त तरीके से अभिवादन करें।		
अमौखिक संचार की स्थिर विशेषताओं की सूची बनाएं।		
अमौखिक संचार की गतिशील विशेषताओं की सूची बनाएं।		



आराम हंसी और खुशी हंसना



गुस्सा नफरत तेवर



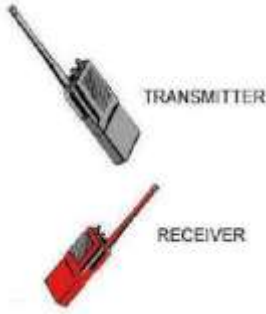
उदासीन उदास कोमल

सत्र 6 : संचार उपकरण और चैनलों का उपयोग

संगत ज्ञान

दूरी के कारण संचार की बाधाओं से उबरने में लोगों को सहायता देने के लिए अनेक प्रकार की इलेक्ट्रॉनिक युक्तियां उपलब्ध हैं। इनमें टेलीफोन, मोबाइल, बेतार सेट, वॉकी टॉकी आदि शामिल हैं, जिनका उपयोग संदेश भेजने और प्राप्त करने में किया जाता है।

- (i) टेलीफोन : टेलीफोन दूर संचार की युक्ति है जो ध्वनि भेजती और प्राप्त करती है। सभी आधुनिक टेलीफोनों में बोलने के लिए एक माइक्रोफोन, दूरी पर बैठे व्यक्ति को यह आवाज़ पुनः सुनाने के लिए एक इयर फोन, कॉल आने पर व्यक्ति को सचेत करने के लिए रिंगर की ध्वनि तथा टेलीफोन नंबर डायल करने के लिए एक की-पैड होते हैं।
- (ii) मोबाइल फोन : मोबाइल फोन (जिसे सैल फोन भी कहते हैं) एक ऐसा साधन है जिससे किसी भी भौगोलिक क्षेत्र में रहते हुए एक रेडियो संपर्क के माध्यम से की और प्राप्त की जा सकती है। मोबाइल फोन में अनेक प्रकार की अन्य सेवाएं भी प्रदान की जाती हैं, जिसमें पाठ संदेश, जिसे संक्षिप्त संदेश सेवा (एसएमएस), इलेक्ट्रॉनिक मेल (ई-मेल), और शॉर्टरेंज बेतार संचार (इंफ्रारेड, ब्लूटूथ) शामिल हैं।
- (iii) इलेक्ट्रॉनिक निजी स्वचालित शाखा केंद्र (ईपीएबीएक्स) प्रणाली : यह एक परिसर में आस पास रहने वाले विभिन्न व्यक्तियों को टेलीफोन कॉल से जोड़ने में प्रयुक्त होने वाला उपकरण है, जो एक संगठन या एक आवासीय कॉलोनी का हो सकता है, इसमें कॉल करने वाले व्यक्ति के दावों की प्रामाणिकता की पुष्टि और निवासियों / अधिकारियों की उपलब्धता जांचने की सुविधा होती है। ईपीएबीएक्स द्वारा बाहरी टेलीफोन लाइन से भी संपर्क किया जा सकता है।



ट्रांसमीटर

प्राप्त करने वाला

(iv) वॉकी-टॉकी

वॉकी-टॉकी हाथ में पकड़ने योग्य, लाने-ले जाने योग्य द्विमार्गी रेडियो ट्रांसमीटर है। प्रारूपिक वॉकी-टॉकी टेलीफोन हैंडसेट के समान होता है, जिसमें ऊपर एक एंटीना लगा होता है। एक वॉकी टॉकी में निम्नलिखित भाग होते हैं :

- ट्रांसमीटर – यह आपकी आवाज़ को रेडियो तरंगों में बदलने के बाद अन्य वॉकी-टॉकी उपकरणों में भेजता है।
- रिसीवर – यह ट्रांसमीटर द्वारा भेजी गई रेडियो तरंगों प्राप्त करता है।
- स्पीकर – यह रिसीवर में प्राप्त ध्वनि को प्रवर्धित करता है।
- माइक्रोफोन – इस भाग से आपकी आवाज़ प्राप्त की जाती है और इसे विद्युत संकेतों में बदला जाता है।
- क्रिस्टल – क्रिस्टल को चैनल भी कहते हैं। यह संचार में प्रयुक्त आवृत्ति तय करता है।
- बैटरियां – आमतौर पर बिजली की आपूर्ति बैटरी से की जाती है

वॉकी-टॉकी सुरक्षा क्षेत्र, व्यापार, जन सुरक्षा, हवाई अड्डा और सेनाओं सहित किसी ऐसी व्यवस्था में व्यापक तौर पर इस्तेमाल की जाती है जहां चलते फिरते रेडियो संचार अनिवार्य हैं।

(v) फ़ैक्स मशीन

फ़ैक्स (फ़ेसिमाइल के लिए संक्षिप्त शब्द) एक फ़ैक्स मशीन से दूसरी फ़ैक्स मशीन से टेलीफोन लाइन के माध्यम से स्कैन किए गए मुद्रित कागजों (पाठ और चित्र दोनों) को टेलीफोन संप्रेषण द्वारा भेजना है। मूल दस्तावेज को फ़ैक्स मशीन द्वारा स्कैन किया जाता है, जो सामग्री (पाठ और चित्र दोनों) को ग्रहण करता है और इसे एकल नियत ग्राफीय चित्र के रूप में एक बिट मैप इमेज में बदल देता है। तब इसे टेलीफोन प्रणाली के माध्यम से विद्युत संकेत के रूप में भेजा जाता है। प्राप्त करने वाली फ़ैक्स मशीन इस कोड वाली इमेज को कागज की प्रति के रूप में प्रिंट कर देती है।

(vi) ग्लोबल पोजिशनिंग नेविगेशन युक्ति प्रणाली – ऐसी कोई मशीन जो पृथ्वी पर मशीन की स्थिति तय करने के लिए ग्लोबल पोजिशनिंग प्रणाली (जीपीएस) के संकेत प्राप्त करती है। जीपीसी मशीनों का उपयोग सेना, उड्डयन, समुद्री परिवहन और उपभोक्ता उत्पाद अनुप्रयोगों में किया जाता है। अब इसे टैक्सी

के आवागमन का नियमन करने में बड़े पैमाने पर इस्तेमाल किया जा रहा है।

(vii) कंप्यूटर : कंप्यूटर प्रोग्राम करने योग्य एक मशीन है जो वांछित प्रारूप में सार्थक परिणाम पाने के लिए गणित और तर्क के प्रचालनों का उपयोग करती है। एक कंप्यूटर प्रणाली में हार्ड वेयर और सॉफ्ट वेयर शामिल होते हैं। कंप्यूटर अब महत्वपूर्ण बन गया है और यह संचार के माध्यम के रूप में तेजी से विस्तार कर रहा है, क्योंकि इसमें ई-मेल, ई-फोरम ब्लॉग, सोशल साइट, वेबसाइटों पर शैक्षिक सामग्रियों तक पहुंच, खोज करने योग्य डेटाबेस, और ई-वाणिज्य की अपार संभाव्यता है।

संचार की रुकावट में आपातकालीन स्थिति के लिए समर्पित चैनल्स

कई बार, नेटवर्क में बहुत अधिक आवागमन का भार हो सकता है या तकनीकी समस्या के कारण प्रेषक या ग्राही के स्थान पर संचार में बाधा आ सकती है। संचार के लिए समर्पित कुछ चैनलों की जानकारी इस प्रकार है :

(i) रेडियो संचार : बेतार संचार रेडियो तरंगों पर आधारित है, जिसे कम दूरी के संचार और लंबी दूरी के संचार, दोनों में इस्तेमाल किया जा सकता है। रेडियो संचार युद्ध और युद्ध जैसी परिस्थितियों में व्यापक रूप से इस्तेमाल होता है। लोग उच्च आवृत्ति (एचएफ) का उपयोग करते हुए कई सौ किलोमीटरों की दूरी से संचार कर सकते हैं। इस सिद्धांत पर कार्य करने वाले उपकरण के उदाहरण हैं वॉकी-टॉकी या हाथ में पकड़ने वाला बेतार ट्रांससीवर सेट।

(ii) उपग्रह आधारित संचार प्रणाली : यह रेडियो संचार का एक रूप है जहां पृथ्वी से रेडियो तरंगें संचार उपग्रह में भेजी जाती हैं, जो संदेश को वापस ग्राही के पास भेज देती है। अंतरराष्ट्रीय मैरी टाइम सेटलाइट ऑर्गनाइजेशन (आईएनएमएआरएसएटी) एक सामान्य उपग्रह संचार नेटवर्क है जिसे समुद्र में ऊंचे स्थान पर आपातकाल तथा विपदाओं के समय उपयोग किया जाता है क्योंकि इनके लिए किसी पृथ्वी आधारित प्रणाली जैसे टावर या केबल की जरूरत नहीं होती।

(iii) एमेच्योर (हैम) रेडियो : एमेच्योर या रेडियो का अर्थ है



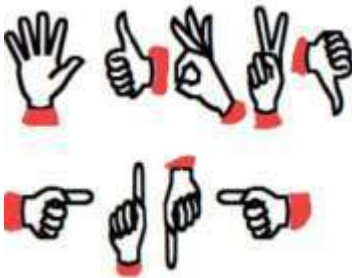
शौकीन लोगों द्वारा रेडियो पर संचार में इस्तेमाल की जाने वाली मशीन और ये कई हजार किलोमीटर की दूरी से संपर्क कर सकते हैं। एमेच्योर रेडियो ऑपरेटर द्वारा संचार के लिए संप्रेषण की विभिन्न विधियां उपयोग की जाती हैं। आवाज़ के संप्रेषण के लिए इस्तेमाल होने वाली दो सबसे सामान्य विधियां हैं फ्रीक्वेंसी मॉड्यूलेशन (एफएम) और सिंगल साइड बैंड (एसएसबी)। इस प्रचालन का समन्वय अंतरराष्ट्रीय दूर संचार इकाई (आईटीयू) द्वारा किया जाता है और इसे अलग अलग देशों की सरकारें लाइसेंस देती हैं जो प्रेषण की तकनीकी और प्रचालन संबंधी विशेषताओं का नियमन करता है और कॉल संकेत पहचानने सहित अलग अलग स्टेशन जारी करता है। इनके संचार सुनामी और भूकंप जैसी आपदाओं के दौरान अलग पड़े समुदायों से संपर्क में बहुत अधिक उपयोगी हैं।

- (iv) समर्पित अल्प रेंज संचार (डीएसआरसी) : डीएसआरसी में उच्च विश्वसनीयता वाली बेतार संयोजकता, शुद्ध स्थिति (ग्लोबल पोजिशनिंग उपग्रह और वाहन डैड – रिफॉनिंग) तथा ऑन बोर्ड कंप्यूटर को जोड़ा जाता है ताकि वाहनों को आपस में (वाहन से वाहन या वी2वी लिंक) और सड़क पर मौजूद इकाइयों (वाहन से मूल संरचना या वी2आई) जोड़ा जा सके।

शब्द “समर्पित” का अर्थ है डीएसआरसी 5.9 गीगा हर्ट्ज पर अपनी सुरक्षित आवृत्ति बैंड पर प्रचालन करता है। इससे सुनिश्चित किया जाता है कि अन्य बेतार तकनीकों की बाधा से इस प्रणाली पर कोई रुकावट नहीं आती। यह बैंड अमेरिका और यूरोप में पहले ही आबंटित किया गया है।

संचार चैनल : सूचना प्रदान करने के दो तरीके हैं : औपचारिक और अनौपचारिक संचार चैनल।

- (i) अनौपचारिक संचार : यह संचार व्यक्ति से व्यक्ति के बीच, आमने सामने किसी औपचारिकता, समारोह या तड़क भड़क के बिना होता है। अनौपचारिक रूप से संचार में पाठ संदेश, पोस्ट-इट नोट, व्यक्ति ई-मेल पत्र, तत्काल संदेश, इमोटिकॉंस, ऑनलाइन चैट रूम तथा साइबर स्पेस बुलेटिन बोर्ड तथा किसी व्यक्ति के घर या कार्यालय में अनौपचारिक रूप से जाना या जल्दी और अचानक बैठक शामिल हैं। अनौपचारिक बातचीत में लोग सहज रहते हैं और आमतौर पर किसी भी वेशभूषा में हो सकते हैं।



अनौपचारिक संचार में अमौखिक रूप भी हो सकते हैं जैसे चेहरे की अभिव्यक्ति, सांकेतिक भाषा या वेशभूषा का तरीका।

- (ii) औपचारिक संचार यह इस प्रकार व्यवस्थित और प्रबंधित सूचना है जिसे एक संगठन के संबंधित व्यक्तियों या संगठनों के बीच बांटा जाता है। औपचारिक संचार के चैनल संगठन में एक व्यक्ति की भूमिका पर आधारित है और इन्हें एक संगठन में स्थापित मानकों के अनुसार संगठित रूप से बांटा जाता है। औपचारिक संचार आमतौर पर कार्यपालकों से निदेशकों और उनसे प्रबंधकों तथा कर्मचारियों तक "नीचे की दिशा में" चलता है जिसमें कंपनी के निर्देश और अनुदेश होते हैं तथा डेटा और रिपोर्ट के रूप में यह "ऊपर की दिशा में" कर्मचारियों से प्रबंधकों और फिर निदेशकों से होकर कार्यपालकों तक पहुंचता है। इन चैनलों से आने वाले संचार कार्यों और विभागों के लिए विशिष्ट होते हैं।

सुरक्षा कार्मिकों को लोगों के आवागमन, रसद के आवागमन और टेलीफोन कॉल की जानकारी रखनी होती है। उन्हें इलेक्ट्रॉनिक और मुद्रित रूप में रिकॉर्ड रखने और रिपोर्ट तैयार करनी होती है, जिसे इलेक्ट्रॉनिक या मुद्रित रूप में संबंधित अधिकारियों के पास भेजा जाता है।

गतिविधियों और कार्यक्रमों की योजना, निष्पादन और निगरानी के लिए दस्तावेज बनाए जाते हैं। यह सूचना के आदान प्रदान, समर्थन, जवाबदेही सुनिश्चित करें और साक्ष्य प्रदान करने के लिए उपयोगी साधन के रूप में भी कार्य करते हैं। दस्तावेजों का उपयोग सूचना को रिकॉर्ड करने, रिपोर्ट और फाइल बनाने में किया जाता है। सुरक्षा कर्तव्यों से संबंधित सामान्य रिकॉर्डों में परिसर खोलना और बंद करना, उपस्थिति या अनुपस्थिति, दण्ड, गश्त लगाना, खोज की प्रक्रिया आदि शामिल है। सुरक्षा के क्षेत्र में इस्तेमाल होने वाले दस्तावेजों के उदाहरण हैं लॉगबुक, रजिस्टर, रिपोर्ट बही, घटना की रिपोर्ट आदि। इस प्रकार तैयार रिकॉर्ड या रिपोर्ट का रखखाव सुपरवाइजर द्वारा इस प्रकार किया जाता है जिसे आसानी से देखा जा सके। इसका श्रेणीकरण आमतौर पर समय के अनुसार, अक्षरों के अनुसार और कार्य के अनुसार किया जाता है। सुरक्षा के कार्य संगठन या उद्योग (अस्पताल, रक्षा बल, हवाई अड्डा, निर्माण इकाई, जोखिम वाले उद्योग, रिटेल उद्योग आदि) के प्रकार पर निर्भर करेंगे।

एक सुरक्षा नियंत्रण कक्ष में उपलब्ध डेटा या रिकॉर्ड की संख्या अधिक होती है और इन्हें अवर्गीकृत, गोपनीय, गुप्त और अत्यधिक गुप्त के रूप में वर्गीकृत किया जा सकता है। ये स्तर बढ़ती हुई गोपनीयता के क्रम में हैं। सुरक्षा सेवाओं में तैयार होने वाली रिपोर्टों में निम्नलिखित शामिल हैं :

- (i) ड्यूटी लॉग : यह कार्मिकों का रिकॉर्ड है जो एक निश्चित समय पर एक स्थान पर आकर रिपोर्ट करते हैं। इससे विभिन्न बिंदुओं पर सुरक्षा कार्मिकों की उपस्थिति के विवरण मिलते हैं। अनुपस्थिति दर्ज की जाती है और उचित प्राधिकारी को इसकी रिपोर्ट दी जाती है।
- (ii) घटना रिपोर्ट : यह असामान्य घटना की रिपोर्ट है। इसमें घटना की तिथि, समय और शामिल लोगों, वाहनों की विशिष्टि या शामिल सामग्री और घटना के भौगोलिक स्थान की जानकारी दर्ज की जाती है।
- (iii) कार्यवाही रिपोर्ट : इस रिपोर्ट से की गई कार्यवाही के विवरण के साथ घटना के लॉग में बताई गई घटना की जानकारी मिलती है। इसमें घटना की तिथि, समय की कार्यवाही, कार्यवाही करने वाले लोगों, प्रक्रिया और की जाने वाली लंबित कार्यवाही की जानकारी दर्ज की जाती है।
- (iv) आवागमन लॉग : ये लॉग लोगों, रसद और वाहनों के जांच बिंदु से आने जाने का रिकॉर्ड हैं।

दिनांक	समय	आगंतुक का नाम	कार्यालय / निवास का पता	आने का उद्देश्य	पास हां / नहीं	समय समाप्त

- (v) बैक-अप और स्टैण्ड बाई लॉग : ये बैक-अप और स्टैण्ड बाई प्रक्रियाओं के रिकॉर्ड और रिपोर्ट हैं जिन्हें उपकरण में खराबी या किसी आपातकालीन स्थिति के परिणाम स्वरूप निष्पादित किया गया था।
- (vi) आकस्मिकता लॉग : ये किसी आपातकालीन स्थिति या घटना के परिणाम स्वरूप निष्पादित आकस्मिक प्रक्रियाओं के रिकॉर्ड और रिपोर्ट हैं।

सत्र योजना 6

1. सत्र विषय : संचार के उपकरण और चैनलों का उपयोग
2. सत्र उद्देश्य : छात्रों को निजी सुरक्षा सेवाओं में रखे जाने वाले विभिन्न प्रकार के दस्तावेजों से परिचित कराना।
3. सामग्री / उपकरण
आवश्यकताएं : ड्यूटी लॉग, घटना रिपोर्ट, आने जाने का लॉग, बैक अप और स्टैंड बाई लॉग, आकस्मिकता लॉग, पालन रिपोर्ट।
4. तैयारियां
 - इस हस्तपुस्तिका के अंत में दी गई शब्दावली पढ़ें।
5. शिक्षण/प्रशिक्षण विधि :

(vii) अनुपालन रिपोर्ट : यह परिसर खोलने, बंद करने, गश्त लगाने, अनुपस्थिति आदि से संबंधित मानक प्रक्रियाओं की जांच सूची है, जिसका निष्पादन हर दिन किया जाता है और इसके मदों पर पूरा होने के बाद निशान लगाए जाते हैं। यदि जांच सूची के किसी मद को पूरा नहीं किया जाता है तो इसका कारण बताया जाता है।

टी1 : भूमिका निभाना

अवधि : 2 घंटे

प्रक्रिया

एक दिए गए परिदृश्य के आधार पर टेलीफोन की बातचीत का अनुकरण करें और कॉल करने वाले तथा प्राप्त करने वाले की बात में सुधार करें।

- दो छात्रों से आगे आने के लिए कहें।
- एक के पीछे एक कुर्सी रखें और उन्हें इन पर बैठने के लिए कहें। इससे वे एक दूसरे को नहीं देख पाएंगे
- उन्हें परिदृश्य और भूमिका बताएं (प्रेषक और ग्राही) जिसे वे निभाएंगे
- जब भूमिका निभाई जा रही है अन्य छात्रों से इन्हें देखने के लिए कहें।
- कॉल करने वाला व्यक्ति ग्राही का अभिवादन करने के बाद अपना परिचय देगा / देगी।
- उसे बताना होगा कि उसने क्यों कॉल किया है।
- बातचीत के बाद छात्रों से प्रतिक्रिया देने के लिए कहा जाए।
- अपनी प्रतिक्रिया सामग्री के अनुसार दें।
- किसी अन्य छात्र को आगे आने और अभ्यास दोहराने के लिए कहें। ध्यान दें कि क्या प्रतिक्रिया में कोई सुधार है।

अपने विधार्थियों को निम्नलिखित टेलीफोन शिष्टाचार के बारे में पढ़ाएं :

- तीसरी रिंग के पहले टेलीफोन उठाएं या उत्तर दें
- टेलीफोन पर बात करते समय आप कुछ शब्द इस्तेमाल कर सकते हैं "हैलो! ळववक **Morning/Good Afternoon/ Good Evening** /नमस्ते "।
- स्पष्ट बोलें और अपना परिचय दें।
- यदि कॉल करने वाला अपना परिचय नहीं देता है, तो कहें, "क्या मैं जान सकता हूं कि आप कौन बोल रहे हैं?"
- इस मामले में यदि कॉलर यह नहीं बताता कि वह किससे बात करना चाहता है, तो आप उससे एक प्रश्न पूछ सकते हैं जैसे "क्या मैं जान सकती हूं कि आप किससे बात करना चाहते हैं?"
- यदि आप संदेश प्राप्त करते हैं तो आप कहें 'माफ करें, वे इस समय व्यस्त हैं। मैं आपका संदेश ले सकता हूं?' या मैं आपका नाम और नंबर ले सकता हूं वे आपको फोन कर लेंगे? (नाम, फोन नंबर, समय और ग्राही का संदेश लिखना सुनिश्चित करें)
- जब आप आवश्यक जानकारी प्राप्त कर लें तो ग्राही को प्रतीक्षा करने के लिए कहें।
- ग्राही को 02 मिनट से अधिक तक प्रतीक्षा न कराएं। इससे अच्छा है कि किसी को लंबे समय तक प्रतीक्षा में रखने के स्थान पर आप वापस कॉल करें। दोबारा कॉल करना ना भूलें।
- प्रतीक्षा अवधि समाप्त होने पर, कृपया कॉल करने वाले के धैर्य के लिए आभार व्यक्त करें।
- बातचीत को बिंदु तक सीमित रखें।
- आभार के साथ बातचीत समाप्त करें।
- हमेशा सुखद और दोस्ताना स्वर में बोलें।
- कॉल को प्रतीक्षा में रखने से पहले उससे पूछ लें। उदाहरण के लिए, 'कृपया आपका कॉल मिलाने तक लाइन पर रहें'।
- लंबे संदेश नहीं छोड़ें।
- जब व्यक्ति बात करें तो बीच में बाधा ना डालें।

- यदि आप भोजन कर रहे हैं तो फोन पर उत्तर ना दें। आप यह बता दें कि आप भोजन कर रहे हैं और भोजन समाप्त होने पर आप कॉल करेंगे।
- फोन रखने से पहले यह सुनिश्चित कर लें कि कॉलर ने पहले फोन रख दिया है।

औपचारिक और गैर औपचारिक भाषाओं के बीच अंतर के बारे में छात्र को याद दिलाएं, और उन अवसरों के बारे में बताएं जब वे अलग अलग प्रकार की भाषा उपयोग कर सकते हैं।

टी 2 : कार्य

1. लॉग बुक का उपयोग परिसर में आने और जाने वाले लोगों के आवागमन का रिकॉर्ड रखने के लिए किया जाता है। छात्रों से कहें कि वे नीचे दी गई तालिका का उपयोग करते हुए एक व्यावहारिक अभ्यास आयोजित करें और स्कूल के कार्यक्रमों जैसे वार्षिक दिवस, अभिभावक बैठक, बाल दिवस, वरिष्ठ नागरिक दिवस के अवसर पर आगंतुक के विवरण दर्ज करने के लिए इसे भरें। एक कार्य के रूप में इस तालिका को भरकर जमा करें।

दिनांक	समय	आगंतुक का नाम	कार्यालय / निवास का पता	आने का उद्देश्य	पास हां / नहीं	समय समाप्त

2. आप अपने छात्रों से कहें कि वे घर पर टेलीफोन कॉल सुनने की लॉगबुक नीचे दिए गए फॉर्मेट के अनुसार बनाएं और एक कार्य के रूप में इस तालिका को भरकर जमा करें।

कॉलर का नाम	टेलीफोन नंबर	कॉल का उद्देश्य	समय

आकलन गतिविधियों के लिए जांच सूची

निम्नलिखित जांचसूची का उपयोग करते हुए देखें कि क्या आपके छात्र आकलन गतिविधि के लिए सभी आवश्यकताएं पूरी करते हैं:

भाग क

छात्र इनके बीच अंतर कर सकता है

- (क) संचार उपकरण का अंतर।
- (ख) अनौपचारिक और औपचारिक संचार।

भाग ख

छात्र निम्नलिखित प्रश्नों का उत्तर दे सकते हैं :

- (क) लॉगबुक और रिपोर्ट की सुरक्षा का क्या उपयोग है?

भाग ग

छात्रों को सामान्य, तकनीकी, व्यावसायिक प्रदर्शन करना होगा और संगठित ज्ञान और आवश्यक मानकों के लिए आदेश प्रदर्शन। निष्पादन में यह शामिल हो सकता है किंतु यह इस तक सीमित नहीं है।

निष्पादन मानक	हां	नहीं
टेलीफोन पर अपनाए जाने वाले शिष्टाचार		
सुरक्षा उद्योग में उपयोगी लॉगबुक की पहचान		
सुरक्षा उद्योग में सामान्य नमूना रिपोर्ट की पहचान		
लॉगबुक के प्रारूप में अपेक्षित जानकारी भरें		
संचार के लिए उपकरणों का संचालन		

1. सक्रिय होकर सुनना : यह संदेश का वास्तविक अर्थ समझने के लिए एक अन्य व्यक्ति द्वारा कही गई बात के विश्लेषण और मूल्यांकन की प्रक्रिया है।
2. अलार्म जांच रजिस्टर : इसे उन सभी घटनाओं को दर्ज करने में इस्तेमाल किया जाता है, जहां परिसर में अलार्म की जांच की जाती है। इसके विवरणों में तिथि, समय, जांच करने वाले व्यक्ति का नाम और परिणाम सहित किसी खराबी का विवरण होता है।
3. मनोवृत्ति : यह मान्यता को कार्य में बदलने की प्रक्रिया है जो एक समय अवधि में बनी रहती है।
4. खण्ड : खण्ड एक वाक्य का भाग है जो मिलकर बड़े वाक्य बनाता है।
5. संचार : वह प्रक्रिया जिससे एक व्यक्ति, समूह, संगठन (प्रेषक) किसी प्रकार की सूचना (संदेश) एक अन्य व्यक्ति, समूह, संगठन (ग्राही) को भेजता है। इसका अंग्रेजी शब्द कम्युनिकेशन लैटिन भाषा के शब्द कम्युनिस से बना है, जिसका अर्थ है बांटना।
6. समुदाय : एक समाज जहां लोग भावना और दायित्वों के आपसी बंधन में एक दूसरे के साथ सीधे और व्यक्तिगत रूप से संपर्क में आते हैं।
7. शिष्टाचार : यह सामाजिक व्यवहार का एक तरीका है जो अन्य लोगों के साथ सम्मान दर्शाते हुए उन्हें पहले कार्य करने का अवसर देता है।
8. वर्णनात्मक प्रतिक्रिया : जब प्रतिक्रिया से शब्दों में संचार के प्रभाव का विवरण दिया जाता है तो इसे वर्णनात्मक प्रतिक्रिया कहते हैं।
9. मूल्यांकन प्रतिक्रिया : जब संचार में "अच्छा", "बुरा", "औसत", "सही" "गलत" जैसे पदों के प्रभाव को परख कर प्रतिक्रिया दी जाती है तो इसे मूल्यांकन प्रतिक्रिया कहते हैं।

10. **प्रतिक्रिया** : संचार का एक तत्व है जो संचार चक्र के पूरा और पूरा होने के विस्तार का संकेत है। यह भेजने वाले का संदेश प्राप्त होने पर उसे सूचित करती है। यह एक अन्य संदेश के रूप में हो सकती है जो प्रेषक को यह बताती है कि उसका संदेश प्राप्त हो गया है और समझ लिया गया है, या यह ग्राही द्वारा किसी अन्य कार्य के रूप में हो सकती है कि संदेश प्राप्त हो गया है और इस पर कार्य किया गया है।
11. **औपचारिक संचार** : यह औपचारिक संगठनात्मक व्यवस्था के संबंध में और अधिकारिक स्थिति या संचारकर्ता और ग्राही के स्थान पर हो सकता है। औपचारिक संचार अधिकांशतः प्रभावी संदर्भ के लिए किसी रूप में दर्ज किया जाता है।
12. **मुद्रा** : यह संदेश के संचार के लिए हाथों का हिलाना है। उदाहरण के लिए सलामी या हाथ मिलाना अभिवादन की एक मुद्रा है।
13. **अनौपचारिक संचार** : यह उन सभी चैनलों से उत्पन्न होता है जो औपचारिक चैनल के बाहर आते हैं। यह संगठन के सदस्यों की सामाजिक संबद्धता के आस पास बनता है। अनौपचारिक संचार प्राधिकार की सीमाओं का पालन नहीं करता, जैसा कि औपचारिक संचार के मामले में होता है।
14. **चाबी का रजिस्टर** : इसे सुरक्षा विभाग के पास मौजूद सभी चाबियों को दर्ज करने में उपयोग किया जाता है। इसमें कार्मिकों द्वारा चाबी देने और उसे लौटाने की तिथि और समय, इन्हें लेने वाले व्यक्ति का हस्ताक्षर, देने वाले सुरक्षा गार्ड का हस्ताक्षर, उनके द्वारा वापस करने की तिथि और समय और वापस लेने वाले सुरक्षा गार्ड का हस्ताक्षर होता है।
15. **खोई और पाई वस्तुओं का रजिस्टर** : इसमें परिसर में खोई या पाई गई सभी चीजों का विवरण दर्ज होता है।
16. **संदेश** : आमतौर पर संचार की वस्तु "संदेश" है।
17. **संगठन** : पदानुक्रम के अनुसार लोगों का व्यवस्थित समूह जो

इतना बड़ा है कि समूह के सभी सदस्यों के साथ व्यक्तिगत संबंध असंभव है।

18. संगठनात्मक संचार : व्यक्तियों और लोगों के बीच संचार, जो संगठन का निर्माण करते हैं।
19. संगठनात्मक संरचना : व्यक्तियों और समूहों के बीच कार्यों, जिम्मेदारियों तथा संगठन के अंदर प्राधिकारों के आबंटन के संदर्भ में औपचारिक विन्यास।
20. वाक्यांश : एक वाक्यांश या शब्दों का समूह जिससे पूरा अर्थ नहीं निकलता।
21. कार्मिक पास का रजिस्टर : यह कार्य आरंभ होने या समाप्त होने के समय परिसर से बाहर जाने पर कर्मचारियों का लेखा जोखा रखने के लिए इस्तेमाल किया जाता है। यह व्यक्तियों को व्यक्तिगत कारण से परिसर से बाहर जाने के लिए अनुमति देता है।
22. तालमेल : एक समय अवधि में दोहराई गई घटना का क्रम है।
23. खोज रजिस्टर : इसे तिथि, समय, खोजे गए व्यक्ति का नाम, पता, खोजे गए व्यक्ति के हस्ताक्षर और खोजने वाले के हस्ताक्षर दर्ज करने में उपयोग किया जाता है।
24. वाक्य : शब्दों का समूह एक वाक्य है जिसका पूरा अर्थ निकलता है।
25. लिंगवाद : ऐसे कार्य या मनोवृत्ति जिससे व्यक्तियों में केवल उनके लिंग के आधार पर भेदभाव किया जाता है।
26. लिंग संबंधी भाषा : ऐसी भाषा जो रूढ़िवादी लिंग की छवि बनाती है कि एक लिंग दूसरे से बेहतर है।
27. संकेत : ऐसा संकेत जो किसी अन्य के लिए बनाया गया है या कुछ और दर्शाता है तथा इसके साथ एक प्राकृतिक, गैर विवाचक संबंध जुड़ा है।

28. प्रतिक्रिया मांगना : जब प्रेषक द्वारा संचार के बाद प्रतिक्रिया का अनुरोध किया जाता है तो इसे “प्रतिक्रिया मांगना” कहते हैं।
29. प्रतीक : एक विचार का प्रतिनिधित्व।
30. दल : एक समूह जिसके सदस्यों में पूरक कौशल हैं और वे निष्पादन लक्ष्यों के एक सेट या सामान्य प्रयोजन हेतु प्रतिबद्ध हैं, जिसके लिए उन्हें आपसी तौर पर जवाबदेह ठहराया जाता है।
31. टेलीफोन संदेश पुस्तिका : इसे टेलीफोन पर प्राप्त सूचना और सही संदेश दर्ज करने में इस्तेमाल किया जाता है।
32. वाहन रजिस्टर : इसमें परिसर में आने वाले वाहनों की संख्या लिखी होती है।
33. आगंतुक रजिस्टर : इसमें आगंतुक का नाम, आने की तिथि और समय तथा आगंतुक के हस्ताक्षर होते हैं।

पढ़ने के लिए सुझाव

पुस्तकें

- डेवलपिंग कम्युनिकेशन स्किल्स कृष्णा मोहन और मीरा बैनर्जी, मैक मिलान इण्डिया लिमिटेड, दिल्ली द्वारा।
- मोर दैन वर्ड्स : ए ह्यैण्ड बुक फॉर राइटर्स एण्ड एडिटर्स, चित्रा आर. समंत, डीआईपीएस, कम्युनिकेशन सेंटर, भुवनेश्वर द्वारा
- मैसेज : द कम्युनिकेशन स्किल्स, मैथ्यू मैकी
- कम्युनिकेशन : प्रिंसिपल्स फॉर ए लाइफटाइम स्टेवन ए. बीबी और सुसान जे. बीबी द्वारा (4वां संस्करण)
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- माई फेयर लेडी जी.बी. शॉ और जे लर्नर

वेबसाइट

- <http://en.wikipedia.org/wiki/Communication>