



Aravind Eye Hospital

Paramedics Training Policy Handbook

Prepared by: Department of Education, AEH

MISSION

"To eradicate Needless blindness by providing appropriate, compassionate and quality eye care for all"

Aravind Eye Clinic was started with the Aim “to provide high volume, high quality eye care at an affordable cost to all both rich and poor in support of a common vision of the prevention and eradication of needless blindness”. Compassionate and high quality patient care comes through our committed and highly skilled staff.

To help our Ophthalmic Paramedics to establish a training strategy, **our role could be** to further assist them to identify our organization’s unique **competencies, sets of behaviour** and **values** and most importantly how they can be applied in our organization by utilizing a level of function in a specific perspective. In this view, these strategies will add a touch of professionalism to assure maximum employee competence through training and development programs. This consistent policy frame work will also improve the Paramedic efficiency; meet organizational needs; encourage employee self-development; and life-long learning.

The purpose of this policy is:

- To improve the quality of selection decisions and promote consistency and fairness in the recruitment process for Clinical Ophthalmic Assistants, Housekeepers, Reception and Patient counselors at all Aravind locations.
- The policy will act as a reference point for those individuals involved in the recruitment process, their responsibilities and the main principles that underpin it.
- Providing direction, guidance and assistance to the operating units in developing training programs.
- Evaluating program effectiveness, courses and costs as required.
- Procuring training when necessary.

Main Principles and Guidelines:

The main principles and guidelines underlying the policy are:

- The right person for the right job will be recruited so that only those candidates who meet the selection criteria will be appointed.
- A standard application form will be used to record candidate information.
- Candidates will always be aware of what the next stage of the process is.
- A member of the senior **Top Management, Joint Director, Program Director, Nursing training team** will also be on the interview panel.
- Selection tests will be designed and conducted in collaboration with a member of the human resources development team.
- Successful candidates will be informed of the result of the interview within 10 days.

Aravind Eye Hospital Paramedical Training Program

1. Out Patient Department
 2. Refraction
 3. Operation Theatre
 4. In Patient Department / Ward
 5. Optical Technicians
 6. Optical Sales
 7. Patient Counselors
 8. Reception
 9. House Keeping
 10. Catering
- **Aurolab**
 - a. **IOL section**
 - b. **Pharmaceuticals**
 - c. **Suture Needles**
 - d. **Hearing Aid**

As per the Recruiting Strategy:

Aravind Eye Care System sets out to recruit individuals from Rural communities, who demonstrate the potential to develop the required skills through our training programs – candidate qualifications being equal, priority will be given to those from low income families.

Strategy I - Manpower requirement:

- Our Paramedical recruitment will be purely based on our manpower requirement in the base as well as in the satellite hospitals.
- The manpower requirements should be given in detail to the Aravind base hospital before the **end of April every year**.
- Man power requirement should include:
 - a. No of paramedics resigning (Reason specify)
 - b. Future project extension if any
 - c. Existing manpower (Number)
 - d. Levels of Paramedics (Junior trainee / senior level) that is requested in the manpower.
 - e. Justification for the requested manpower.
- The candidates will be recruited ones a year except for odd times.
- The requested manpower for all the Aravind satellite hospitals will be supplied only after the completion of the 4 months basic training (e.g. **November 2006 every year**).

a. Advertisement about the training:

- Advertisements will be through word of mouth
- Display on all the Aravind Hospital notice board for 15 days time. (by the **end of April to the Second week of May every year**).
- Common notice board for staff & Hostellites, and in the Patient Lounge & Coffee shop.

b. Printed Application Forms:

Aravind Eye Hospital **Madurai** will supply the printed Application forms to all the satellite hospitals in the **first week of May every year**.

(The Nursing Superintendent will take the responsibility in the base hospital and the Nursing Superintendent of the satellite Aravind, will be responsible to ensure that they have received the applications on time).

c. Application issue:

- Admission criteria will be **+2** and for catering helpers it will be **SSLC passed. Fail candidates cannot be admitted in any of the departments.**
- Applications will be issued from the **after the +2 results are declared and the mark sheets are distributed.**
- Applications must be received by the candidate / Parent / one of their close relatives / to the staff.
- The application will be issued on payment of **Rs.25/-** for all the 10 paramedical trainings.

d. Collection of application forms:

- The candidate must bring original and a photocopy of the +2 mark statement with Transfer certificate and get the application, fill it up on the spot and put it in the application box.

e. Shortlist of the final applications:

- The candidates who fit in our criteria can only be short listed and called for the interview.
- The final list will be made ready in all the Aravind hospitals and sent to the main hospital before the **10th June every year.**

f. Interview Call letters:

- The call letters for the interview will be dispatched in the **2nd week of June every year.**
- Interviews will be conducted in the **3rd week of June every year for 6 days in the base hospital, TVL and Comibatore.**
- The candidate will be test for written as well as verbal ability and interviewed in person along with the candidates parent / guardian.
- The final selection list letters will be dispatched to the candidates in the **4th week of June every year.**

The new candidates will join in the **2nd week of July every year**

- The Ophthalmic assistants & Counseling – 1st batch (2nd week of July)
- Housekeeping, Reception, Catering, Optical sales and Optical Technicians departments in the **3rd Week of July.**

g. Admission Procedure :

- Accommodation - allocate accommodation to new trainees, mix groups so that senior and junior staff from different villages share rooms.
- Medical checkup- Arrange for physician to give trainees a medical check-up and review test results from Vision and Blood Tests, (inc. Blood Group, RH and HB) and X-ray check. Medical record book should be maintained for each candidate and given to the physician.
- Collection of fees- Collect fees from each and every candidate during admission - Total Rs.1600/- (likely to vary in future)

- h. Uniform Code:** The paramedics are allowed to wear only saree with closed neck blouse. The ophthalmic Assistants in the OP, Ward, Refraction, OT will wear only White saree and White blouse. The other departments like Reception, housekeeping, catering, counseling, etc. will wear different color uniforms as decided by the management.

The Nursing superintendent of all the Aravind Hospitals are responsible for the purchase of the uniforms and ensure that the uniforms are distributed to the paramedics on time without any delay.

Strategy II - Basic Training :

The candidates selected for all the department will compulsorily undergo a 4 months basic training from **July to October every year**.

Strategy III - Transfer Policy

Trainees

- New Candidates will be transferred to the satellite hospitals after the 4 months basic training (ie in the **month of November every year**) - this will be the first transfer for the Paramedics eg. For July 2003 candidates first transfer in November 2003.
- The new trainee will be in her 2nd transfer in **the first week of June (after 1 year of joining)** e.g. June 2004
- The trainee will be in her 3 transfer will be in November (e.g. November 2004).
- Accordingly, the new candidate / trainee will be transferred in **November**.
- One and a half year trainee transfer will be in **June**.

- A Paramedical trainee should have been rotated to minimum 3 satellite hospitals during her training period.
- At the time of the trainee transfer, a report must be prepared by the respective department in-charge (OT, OP, Ward, Refraction, Optical etc.) about the progress of the trainee and sent along with the trainee to the hospital (where they are transferred). To measure the work ability of the trainee

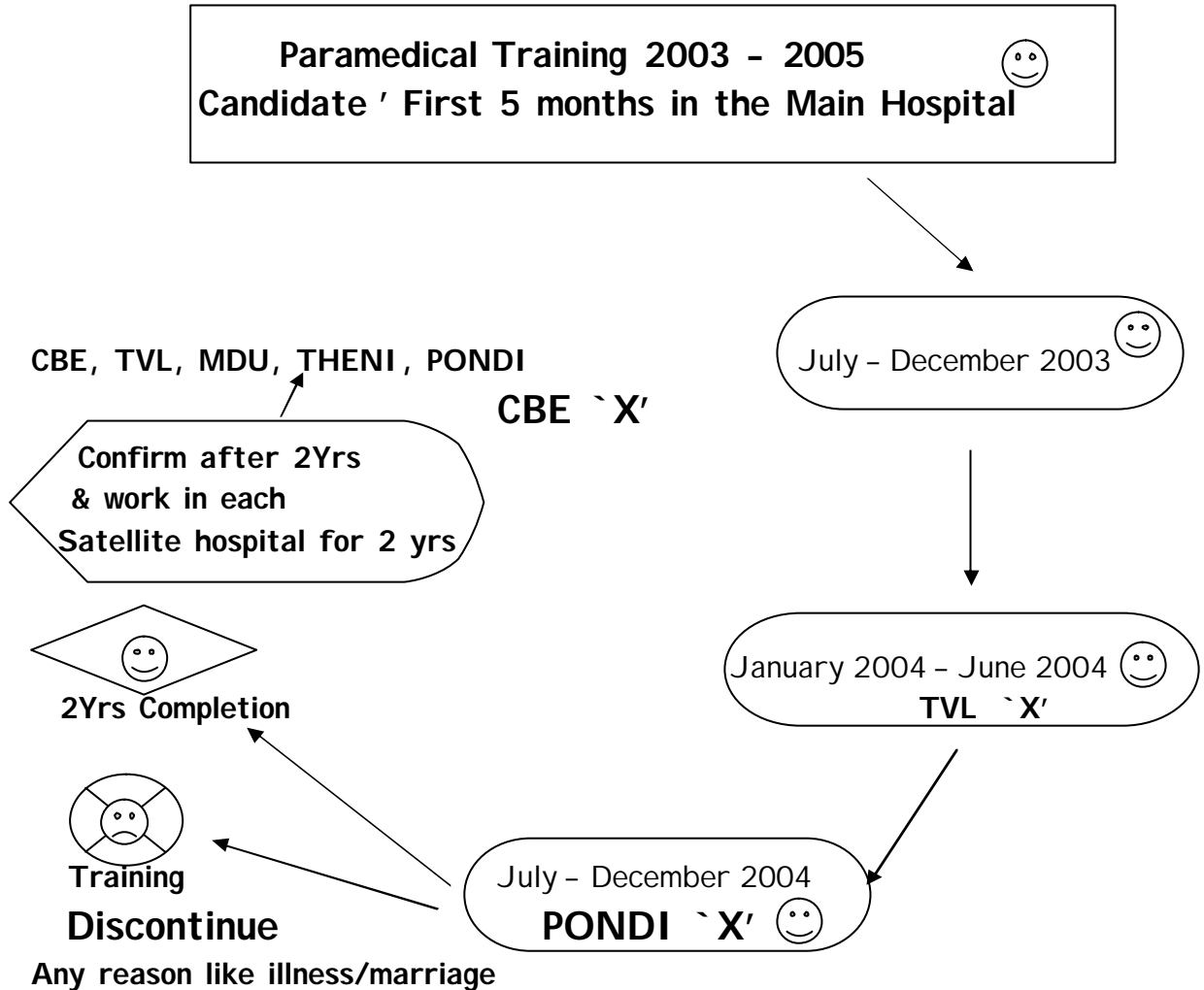
Note: The report must contain:

- Name of the trainee, Department
- Trainee Reported to
- What the trainee learnt & Know
- Nature of work they have performed?
- Number of camps attended.

SEE APPENDICS: COMPETENCIES THAT IS REQUIRED FOR EACH DEPARTMENT FOR A PERIOD OF TIME (2 years time).

Example: Trainee Transfer every four to five months time

Paramedical Transfer Cycle



Refraction Trainee Transfer:

The Refraction Trainees will be transferred after 1 year since it requires lot of expertise and accuracy in their working area. Accordingly, The Refraction trainees will undergo 4 months basic training and then as usual undergo the refraction training in the **Base Hospital Madurai** itself (July to April). They will be transferred by the **end of May (1st Transfer)** to the satellite hospitals. Their **2nd Transfer** will be in **January** after Pongal. Eventually, the refraction trainees will be transferred two times within the 2 years training period.

Confirmed Senior Paramedics

- The paramedic can be for 2 years in a satellite hospital.
- The confirmed paramedics will be transferred after Pongal in **January** every year.
- In case, they could not be transferred for some reasons then their transfer will be in **June**.

Specialty Clinics Paramedics Transfer

- It is also very important that the specialty clinic nurses must be transferred to the respected specialty clinics in the other satellite hospitals.

Strategy IV

Ophthalmic Assistant Log Book

A printed log book must be maintained by each Paramedical Personnel. The Observations, Practical orientation as well as practice must be recorded in the log book and duly signed by the department In-charge on the same day / end of the week.

Strategy V

Evaluation:

- Evaluation will be done prior to each transfer of the trainee.
- The trainee's evaluation report in theory, practical and attitude must be sent to the Medical Officer / Nursing Superintendent of the respective transfer hospitals along with the transfer report, so that the paramedic could be trained accordingly.
- 1st evaluation will be at the end of the basic training in 4 months e.g. **end of October / first week of November every year**
- 2nd evaluation will be in **May**
- 3rd evaluation will be in **October**
- The final evaluation will be in first week of **June** with Theory, Practical, and Viva Voci.
- The Final evaluation will be held in the **base hospital** (Madurai) only.
- The Examiners of the final evaluation (Theory/Practicals/Viva Voci) will be from any of the Aravind hospitals (Theni, TVL, CBE, Pondi, MDU).
- The question papers for each evaluation will be a common paper and will be sent from the base hospital to all the satellite hospital prior to the exams.

- If the candidate is detained in the finals, then an extension of 6 months will be a grace time for the trainee to get through in the exam. If the candidate shows persistent core results she will not be allowed to continue.

Strategy VI

Leave Policy

Trainees

- The paramedical trainees will have Sundays as weekly off.
- Total number of leave for the paramedical trainee excluding Sunday will be 12 days per year
- The trainee can go home 3 times a year, preferably when the patient flow is minimum, at the time of festivals and emergencies.
- Special Permissions will be Granted at the time of emergency situation/illness etc.

Strategy VII

Communication with Parent / Guardian

- The progress and moral issues if any about the Paramedical trainees, must be informed to their Parent / Guardian after one year of Evaluation is completed.
- The Parent / Guardian of the Paramedics should also be informed about her work confirmation and salary after 2 years period of training, through post.

Strategy VIII

Bond period:

- The candidate must undergo the full training for 2 years
- The candidate must work for 3 years in the organization after the completion of 2 years training.
- If the candidate is to leave the organization before 5 years / during her training period, she must repay the 2 years stipend.
- If a candidate gets married within the training period, she cannot continue her course.
- If a paramedic gets married after the training period, and would like to continue to work in the organization, her appointment in our organisation will depend on the availability of vacancy in any of our satellite hospitals and the decision will be under Base hospital management's discretion, taking into account her leave details, Theory and Practical skill, attitude and work behaviour.

Strategy IX

Graduation

The candle lighting ceremony will be held every year in the month of June / July after the Paramedical final exam results are declared. This ceremony can be held in all the satellite hospital itself.

Strategy X

Continuous Medical Education

- CME must be conducted in all the satellite hospitals for the Paramedics.
- All the Paramedics must attend CME ones a year in their respective satellite hospitals to boost their knowledge in clinical and Managerial capacities.

Strategy XI

Reward / Recognition

The Best paramedical staff could be chosen and rewarded, to recognize their competencies and encourage them.

Strategy XII

Creativity Week

To exhibit the talents and creativity in the Paramedics an opportunity will be provided during the hospital day celebration week (**AUROUTSAV**). The paramedics will be given chances to participate in various competitions like Rangoli, singing, dancing, elocution etc.

SELECTION CRITERIA FOR HOUSE KEEPERS

1.Education	12 th (H.S.C) Standard - Passed with a minimum of 700 marks. 3 rd Group / vocational group
2. Age	17-18 Years
3.Experience	Fresh Candidates with no work experience in hospitals.
4. Skills	Able to Talk clearly and politely Manual Dexterity - Knitting, drawing, stitching, gardening, etc.
5. Personality	Independent, responsible, smiling, bold, bright
6. Background	Rural, low income, joint family. No other income for the candidate
7. Health appearance	Smart, clean, tidy, simply dressed. Must be able to pass medical test

SELECTION CRITERIA FOR OPHTHALMIC ASSISTANTS
(Out Patient, Refraction, Ward, and Operation Theatre)

1. Education	12 th (H.S.C) Standard – Passed with a minimum of 800 marks. With science & Maths background (1 st or 2 nd Group)
2. Age	17-18 Years
3. Experience	Fresh Candidates with no work experience in hospitals.
4. Skills	Able to Talk clearly and politely. Understand and speak local languages
5. Personality	Independent, responsible, smiling, bold, bright, Pleasant appearance
6. Background	Rural, low income, joint family. No other income for the candidate
7. Health appearance	Smart, clean, tidy, simply dressed Must be able to pass medical

SELECTION CRITERIA FOR PATIENT COUNSELLOR

1. Education	12 th (H.S.C) Standard – Passed with a minimum of 700 marks. (Any group)
2. Age	17-18 Years
3. Experience	Fresh Candidates with no work experience in hospitals. Experience of helping blind or elderly relatives and neighbors. Experience of family occupation e.g. Farm work. House hold activities
4. Skills	Able to Talk clearly, audibly and politely. Able to develop the conversation Understand and speak local languages.
5. Personality	Independent, responsible, smiling, bold, bright, Pleasant appearance
6. Background	Rural, low income, joint family. No other income for the candidate
7. Health appearance	Smart, clean, tidy, simply dressed Must be able to pass medical

SELECTION CRITERIA FOR RECEPTIONISTS

1. Education	12 th (H.S.C) Standard – Passed with a minimum of 700 marks.
2. Age	18 Years
3. Experience	Fresh Candidates with no work experience in hospitals. Experience of helping blind or elderly relatives and neighbors
4. Skills	Able to Talk clearly and politely Listens well Basic knowledge of English language Computer operation and typing Understand and speak local languages.
5. Personality	Independent, responsible, smiling, bold, bright, Pleasant appearance
6. Background	Rural, low income, joint family. No other income for the candidate
7. Health appearance	Smart, clean, tidy, simply dressed Must be able to pass medical

SELECTION CRITERIA FOR OPTICAL TECHNICIANS

1. Education	12 th (H.S.C) Standard - Passed with a minimum of 700 marks.
2. Age	17-18 Years
3. Experience	Fresh Candidates with no work experience in hospitals.
4. Skills	Able to Talk clearly and politely Manual Dexterity - Knitting, drawing, stitching, etc.
5. Personality	Independent, responsible, smiling, bold, bright, gentle and patient
6. Background	Rural, low income, joint family. No other income for the candidate
7. Health appearance	Smart, clean, tidy, simply dressed. Must be able to pass medical

SELECTION CRITERIA FOR OPTICAL SALES

1.Education	12 th (H.S.C) Standard – Passed with a minimum of 700 marks.
2. Age	17-18 Years
3.Experience	Fresh Candidates with no work experience in hospitals.
4. Skills	Able to Talk clearly and politely Manual Dexterity – Knitting, drawing, stitching,.
5. Personality	Independent, responsible, smiling, bold, bright, Pleasant appearance,
6. Background	Rural, low income, joint family. No other income for the candidate
7. Health appearance	Smart, clean, tidy, simply dressed. Must be able to pass medical

SELECTION CRITERIA FOR AUROLAB

1.Education	12 th (H.S.C) Standard - Passed with a minimum of 700 marks. (Science Background - 1 st & 2 nd Group)
2. Age	17-18 Years
3.Experience	Fresh Candidates with no work experience in hospitals.
4. Skills	Able to Talk clearly and politely Manual Dexterity - Knitting, drawing, stitching,.
5. Personality	I ndependent, responsible, smiling, bold, bright, Patient
6. Background	Rural, low income, joint family. No other income for the candidate
7. Health appearance	Smart, clean, tidy, simply dressed. Must be able to pass medical

SELECTION CRITERIA FOR CATERING

1.Education	10 th (S.S.L.C.) Standard – Passed with a minimum of 250 marks.
2. Age	16 Years
3.Experience	Fresh Candidates with no work experience in hospitals.
4. Skills	Able to Talk clearly and politely Manual Dexterity – Knitting, drawing, stitching, Cooking
5. Personality	Independent, responsible, smiling, bold, bright, Pleasant appearance
6. Background	Rural, low income, joint family. No other income for the candidate
7. Health appearance	Smart, clean, tidy, simply dressed. Must be able to pass medical

TRAINING CALENDAR

Month	Activity	Person Responsible
March	Man Power requirement list given to the Main Hospital through HRD	Respective department Coordinators / in-charge of satellite hospitals and HRD of Base hospitals
April First week	Training Advertisement on the Notice board	Nursing In-charge of Each Aravind Hospital & Training team
May 1 st Week	Issue of Applications for the Passed candidates	Training Team
30 th May	Receiving applications	Training Team
15 th to 21 st June	Interview Conducted in MDU and TVL for 6 days	Training Team
10 th July	1 st Batch OAs and Counseling candidates join	Nursing Team & Trainees
15 th July	1 st Batch HK, Opticals, Catering, candidates join	Nursing Team & Trainees
16 th July	Aurolab Batch join	Nursing Team & Trainees
July to October	Basic Training for 4 months	Faculties / Respective Department In-charge
25 th October	1 st Evaluation of the trainees	Training Team
1st November	1st Transfer (along with the transfer report) - 4th month	Respective Department In-charge
25 th April	2 nd Evaluation	In their respected hospitals
1st May	2nd Transfer (along with the transfer report) - 10th month	Respective Department In-charge
30 th October	3 rd Evaluation (1 year)	In their respected hospitals
1st November	3rd Transfer (along with	Respective Department

Month	Activity	Person Responsible
	the transfer report)- 16th month 1st Transfer for Refraction Trainees	In-charge
25 th April	4 th evaluation	In the respective hospitals and departments
5th May	4th Transfer (along with the transfer report)- 22nd month	Respective Department In-charge
25 th June	Final Exam (Theory & Practical, Viva voci)- 24 th month	Base Hospital, MDU
January / November	CME	Time of Pongal / Deepavali festival
October /November Before Deepavali	Graduation	In their respective hospitals

Note: If a candidate is working in a satellite or base hospital for two years she should be transferred in the month of January to the other satellite hospitals



APPENDIX - 1

OUT PATIENT

First 6 months

WEEK	TOPICS	RESOURCE PERSON
1 st	<ul style="list-style-type: none"> • Introduction to Out patient department (Paying, Free, Camp setting) - Hospital visiting hours (Free) • Method of Communicating with the patient • Infection control / housekeeping in OPD • Receive the Patient case sheet send them for Preliminary vision check 	
2 nd	<ul style="list-style-type: none"> • Method of Vision check-up • Hand washing techniques • Introduction to OPD Instruments • Wiper making • Sterilization procedures in OPD 	
3 rd	<ul style="list-style-type: none"> • Tension Recording (Observation) • Duct Recording (Observation) • Irrigation of the Eye (Observation) • BP Recording 	
4 th	<ul style="list-style-type: none"> • Tonometry cleaning procedure • Duct needle preparing procedure • Preparing doctor room • Bandage and Shade tying & Untying 	
5 th	<ul style="list-style-type: none"> • Tension & Duct Review • Tray arrangement for Tension & Duct • Table arrangement for slit lamp examination • Tension Duct Practice 	
6 th	<ul style="list-style-type: none"> • Vision - Practice • BP Check – practice • Urine Sugar Check • Instillation of Drops • Method of arranging the patient for Junior & Senior doctors 	
7 th	<ul style="list-style-type: none"> • Drug administration • Common Diseases of the Eye • Assisting the free patient to paying hospital (Specialty clinic) • Case sheet identification 	

WEEK	TOPICS	RESOURCE PERSON
8 th	<ul style="list-style-type: none"> • Tension & Duct recording under supervision • BP recording • Foreign body Cause & treatment • Corneal Staining • Assisting in Gonioscopy 	
9 th	<ul style="list-style-type: none"> • Case sheet reading (orientation) • Cataract (Orientation) • Explain the Drug Instruction • Observation with Suture removal 	
10 th	<ul style="list-style-type: none"> • Observation - Counseling • IOL Orientation • Ocular Emergency in OPD • Ocular Emergency in Ward 	
11 th	<ul style="list-style-type: none"> • Eye Lash clipping • Instruct the Post operative Review Patient • Neuro tray Set-up • Color vision test – Orientation 	
12 th	<ul style="list-style-type: none"> • Tension Duct Practice under supervision • BP Practice under supervision • Schimer's test orientation • Systemic disease – Management in OP 	
13 th	<ul style="list-style-type: none"> ◆ Tension Duct Review & Practice under supervision ◆ BP Practice under supervision ◆ Care of patient (Children) in OPD ◆ Retinal Diseases (Orientation) 	
14 th	<ul style="list-style-type: none"> ◆ Vital signs <ul style="list-style-type: none"> ◆ Blood Pressure ◆ Pulse ◆ Respiration ◆ Temperature 	
15 th	<ul style="list-style-type: none"> ◆ Night Duty - Preparing a Surgery patients (Cataract, GA cases & Glaucoma patient) 	
16 th	Glaucoma disease & Surgery	
17 th	<ul style="list-style-type: none"> • Uvea Disease & Treatment • Orbit Disease & Treatment • Neuro diseases & Treatment 	
18 th	<ul style="list-style-type: none"> • Tension & Duct Practice under supervision • Preliminary Examination under supervision 	

WEEK	TOPICS	RESOURCE PERSON
	<ul style="list-style-type: none"> • Assisting the Doctors in OPD • Final Examination under supervision 	
19 th	<ul style="list-style-type: none"> • Laser Treatment <ul style="list-style-type: none"> – Glaucoma – Retina – IOL (YAG Capsulotomy) 	
20 th	<ul style="list-style-type: none"> • Torch light examination • Case sheet checking before sending the patient to the doctors (under supervision) • Contact lens • Ascan K – reading 	
21 st	<ul style="list-style-type: none"> • injections - IM/IV/Subcutaneous • ECG Recording • ICU management 	
22 nd	<ul style="list-style-type: none"> • Managing OPD <ul style="list-style-type: none"> - Patient flow in OPD • Handling Medical Records 	
23 rd	<ul style="list-style-type: none"> • Outpatient stock indent • Medical Indent • Preliminary History taking • Problem Solving 	
24 th	<ul style="list-style-type: none"> • Tension & Duct – Individual practice • BP Recording – Individual practice • Communication • Team work with OPD, Camp work & other department 	

APPENDIX - 2
REFRACTION TRAINEES CLASSES

APPENDIX - 3

WARD TRAINEES CLASSES

WEEK	TOPICS	RESOURCE PERSON
1 st	<ul style="list-style-type: none"> • Room Orientation types of Rooms & Room charges (Free, Camp & Paying) 	
2 nd	<ul style="list-style-type: none"> • Admission & Discharge Procedures • Communication & Method of receiving the Patient 	
3 rd	<ul style="list-style-type: none"> • Introduction to Ward • Instruments and its uses & Sterilization procedure • Trolley Set-up • Dressing Preparation <ul style="list-style-type: none"> ○ Bin Packing ○ Wiper making ○ Pad Cutting ○ Hand Washing Technique 	
4 th	Pharmacology <ul style="list-style-type: none"> • General Pharmacology • Ocular Pharmacology • Types of Drugs & uses 	
5 th	<ul style="list-style-type: none"> • Visual Acuity • Intra Ocular Pressure • Lacrimal Duct Patency • Blood Pressure Examination • Urine Sugar Examination 	
6 th	<ul style="list-style-type: none"> • Read & Understand the Case sheet • Method of Counseling the Patient for Surgery • Pre Operative Preparation Procedures • Method of Assisting the Patient in Ward and Theatre 	
7 th	<ul style="list-style-type: none"> • Vital signs <ul style="list-style-type: none"> ○ Pulse ○ Respiration ○ Temperature ○ Blood Pressure • ECG recording 	

WEEK	TOPICS	RESOURCE PERSON
8 th	<ul style="list-style-type: none"> • Intensive Care Unit Room & its set-up • Importance of GA and its application in Ocular surgery • Method of Preparing the Patient for GA Investigation in GA & Complications 	
9 th	<p>Method of Pre operative Preparation of the patient (Cataract & Glaucoma)</p> <ul style="list-style-type: none"> ○ Pre-operative counseling procedures ○ History Taking ○ Investigation ○ Drug Administration ○ Special counseling in ward ○ Procedure of Pre-operative preparation ○ Instillation of Eye Drops 	
10 th	<p>High Risk Cases (Orientation)</p> <ul style="list-style-type: none"> ○ Asthma ○ Diabetes Mellitus ○ Hyper Tension ○ Cardiac 	
11 th	<p>First Aid in Emergencies (Orientation)</p> <ul style="list-style-type: none"> ○ Oxygen pulsator ○ Nebulizer ○ ECG Monitoring ○ Blood Sugar Investigation 	
12 th	<ul style="list-style-type: none"> • Post operative counseling method • Method of Patient care after the Operation • Instructions to Patient regarding visit of the Doctor • Assisting the Doctors in Ward Rounds • Method of Cleaning the Eye • Bandage tying & Untying • Assisting in Slit Lamp 	
13 th	<ul style="list-style-type: none"> • Post Operative Complication • Post operative Specialty Counseling • Appointment Procedure & its importance 	

WEEK	TOPICS	RESOURCE PERSON
14 th	Retina <ul style="list-style-type: none"> - Diseases - Treatment & Types - History Taking - Investigations - Drug Administration - Counseling Pre & Post Operative) - Method of Positioning the Patient 	
15 th	Cornea <ul style="list-style-type: none"> - Diseases - Treatment & Types - Investigations - Drug Administration - Counseling Pre & Post Operative) - Method of Positioning the Patient 	
16 th	Orbit <ul style="list-style-type: none"> - Diseases - Treatment & Types - Investigations - Drug Administration - Counseling Pre & Post Operative) - Method of Positioning the Patient 	
17 th	Night Duty <ul style="list-style-type: none"> - Roles & Responsibilities - Emergencies (Ocular, General like injuries) - Duties like Eye Ball receiving 	
18 th	Day Care Procedures <ul style="list-style-type: none"> - Day Care Counseling Methods - Charges for Day Care - Pre operative investigations - Drug Administration - Post operative review & Appointments 	
19 th	Lab Investigations (Orientation) <ul style="list-style-type: none"> - Normal Blood Sugar Level - Normal Haemoglobin levels - TC / DC/ESR - Blood Group 	

WEEK	TOPICS	RESOURCE PERSON
20 th	Injections <ul style="list-style-type: none"> - Drug Abbreviations & measurement - Drug Administration procedures through IV/ IM/ Subcutaneous - Drug Side effects - Types of Drugs and its administration 	
21 st	Preparation of Discharge Cases to the Ophthalmologist	
22 nd	<ul style="list-style-type: none"> • Case Sheet preparation / Writing • Ward Administration <ul style="list-style-type: none"> - Infection Control - Stock checking - Stock Maintenance - Instrument Maintenance - Record Keeping <ul style="list-style-type: none"> ○ Register maintenance ○ Case sheet maintenance ○ Indent register maintenance ○ Admission & Discharge (Data Entry in computer) ○ Night Duty Register ○ Review Registers ○ Patient Suggestion Register 	
23 rd	Review of Classes & Presentations	
24 th	Review of Classes, Presentations & Evaluation	

APPENDIX - 4

Operation Theatre Trainees Classes

Week	Activity	Resource Person	Date
1 st	<ul style="list-style-type: none"> • Operation theatre orientation • Important behaviors in the Operation theatre • Importance of Theatre dressing (Mask, Cap etc.) and method of wearing it • Importance of Hand and Leg washing and Cleanliness in theatre 		
2 nd	<ul style="list-style-type: none"> • Method of assisting the patient from Ward to Theatre. • Importance and Method of cleaning the patient's Face, Leg and Hands. • Method of helping the patient to lie on the bed and putting on the cap and socks for the surgery. • Method of communicating and clarifying patient's doubts. • Importance and method of sterilization 		
3 rd	<ul style="list-style-type: none"> • Wiper preparation method & Practice wiper preparation • Orientation to Block room and its activities • Orientation-Case sheet reading • Drugs used for dilatation and constriction of the pupil. • Method of Instillation of Drops and communicating it to the patient 		

Week	Activity	Resource Person	Date
4 th	<ul style="list-style-type: none"> • Importance of dilating and Constricting the pupil and identification of patient for dilating and constriction of the pupil • Drugs used in administering block and its effect on the patient – orientation • Method of mixing Xylocaine+adrenaline+Hyl ase and its uses • Types of Block used in Ocular Treatment and its quantity for application. 		
5 th	<ul style="list-style-type: none"> • Orientation to Drugs administered in cardiac and BP patient at the time of giving block. • Orientation – side effects of administering blocks in some of the patients • Orientation -Method of massaging the eye and its effect if the massage is done more. • Identifying the patient for massage and not massaging the eye and the reason. 		
6 th	<ul style="list-style-type: none"> • Method of clarifying the doubts of the patient • Method of measuring the effect of the block in the patient. • Method and use of instilling antibiotic after administering block and the cleaning procedure with Iodine and its use. • Method and use of cleaning the needle and instruments after administering the block. 		

Week	Activity	Resource Person	Date
7 th	<ul style="list-style-type: none"> • Orientation – Aids and Hepatitis diseases • Method of assisting the patient to the room after surgery • Method and importance of disposing the needle and syringes after administering block • Method of preparing the Block rooms for the next day's surgery 		
8 th	<ul style="list-style-type: none"> • Instruments in the block room – orientation • Method of Cleaning the Block room and its importance • Video show on Cataract surgery • Observation – Cataract Surgery in the theatre 		
9 th	<ul style="list-style-type: none"> • Guidelines about the roles and responsibilities of a Running nurse before entering the theatre (case list surgeons) • Method of carrying the bin bundles into the theatre. • Orientation and important guidelines about lens, sutures and other operation theatre things. • Orientation-Use, importance and maintenance of Theatre equipments 		

Week	Activity	Resource Person	Date
10 th	<ul style="list-style-type: none"> • Orientation about the method of handling Sterile instruments • Demonstration of Hand washing and wearing sterile theatre coat. • Method of Opening the sterile things for surgery. • Method of Hanging the Ringer Lactate IV bottle on the stand and method and importance of pouring Cidex in the handrub technique. 		
11 th	<ul style="list-style-type: none"> • Method of cleaning and sterilizing the room and things in the operation theatre • Guidelines to lay the patient on the operation table at the time of surgery • Orientation to Aseptic Techniques and methods of cleaning the patient's Eye on the Surgery table. • Read the case sheet and explain the details to the Surgeon (Under supervision) 		
12 th	<ul style="list-style-type: none"> • Method of shielding, plastering and bandaging the eye after surgery • Method of assisting the patient after surgery like removing cap and socks • Guidelines to nurses - importance of being alert and active in the operation theatre. • Method of cleaning and handling the equipments 		

Week	Activity	Resource Person	Date
13 th	<ul style="list-style-type: none"> • Importance and method of preparing the surgery things for the next day surgery • Method of folding the surgery linen - Demonstration • Scrubbing, Gowning, and Gloving video show • Hand washing techniques before surgery 		
14 th	<ul style="list-style-type: none"> • Name, use and method of handling of the surgical instruments • Method and importance of wearing Coat and gloves • Demonstrate – Method of wearing Coat and gloves • Demonstrate – trolley set-up 		
15 th	<ul style="list-style-type: none"> • Demonstrate – trolley set-up • Orientation to different types of Ocular Surgeries • Method of being sterile in the surgery theatre • Orientation about complications in ongoing surgery and method of tackling the problems. 		
16 th	<ul style="list-style-type: none"> • Method of cleaning instrument and usage of Ultra sonic cleaning (instru clean and distil water) • Demonstration of Instrument cleaning • Orientation – Phaco and Vitrectomy machine and Foldable lens • Method of preparing and handling the Phaco and Vitrectomy machine 		

Week	Activity	Resource Person	Date
17 th	<ul style="list-style-type: none"> • Method of choosing instruments for different surgeries • Demonstration – Bin packing • Demonstration -Method of dressing • Method cleaning the operation theatre 		
18 th	Orient and Explain : <ul style="list-style-type: none"> • Septic Operation Theatre • Explain -Types of surgeries done in Septic operation theatre • Roles and responsibilities of a running nurse in Septic operation theatre • Instruments used in Septic Operation theatre • Demonstrate & Show – the nurses assisting in the Septic Operation Theatre 		
19 th	Orientation : <ul style="list-style-type: none"> • Retina surgery and different types of retinal surgeries done in our hospital • Instruments required for Retinal surgery and their Names and other accessories things • Assisting the surgeon in Retinal surgeries • Complications that occur during retinal surgeries and method of solving the problem 		

Week	Activity	Resource Person	Date
20 th	Orientation : <ul style="list-style-type: none"> • Glaucoma surgery and different types of Glaucoma surgeries done in our hospital • Instruments required for Glaucoma surgery and their Names and other accessories things • Assisting the surgeon in Glaucoma surgeries • Complications that occur during Glaucoma surgeries and method of solving the problem 		
21 st	Orientation: <ul style="list-style-type: none"> • Cornea surgery and different types of Corneal surgeries done in our hospital • Instruments required for Cornea surgery and their Names and other accessories things • Assisting the surgeon in Corneal surgeries • Complications that occur during Corneal surgeries and method of solving the problem 		
22 nd	Orientation: <ul style="list-style-type: none"> • Squint surgery and different types of surgeries done in our hospital • Instruments required for Squint Surgery and their Names and other accessories things • Assisting the surgeon in Squint surgeries • Complications that occur during Squint surgeries and method of solving the problem 		

Week	Activity	Resource Person	Date
23 rd	Orientation: <ul style="list-style-type: none"> • Orbit surgery and different types of Orbit surgeries done in our hospital • Instruments required for Orbit surgery and their Names and other accessories things • Assisting the surgeon in Orbit surgeries • Complications that occur during Orbit surgeries and method of solving the problem 		
24 th	Orientation & Demonstration <ul style="list-style-type: none"> • Vital signs - BP, Temperature • ECG checking and its importance • Drugs in the ICU • ICU Drugs and its administration in different emergencies 		

4 – 10 months

Block room Nurse:-

1. Cleaning the OT (Block room, preparation room)
2. Importance of Hand Washing
3. Checking the medicine for block room according to patient flow
4. Preparation of ocular dressing and sterilization
5. Trolley set-up for local anesthesia
6. Prepare the patient for local anesthesia. Applying cap & Bandage and overshoe
7. Receive the patient from ward and make in comfortable
8. Checking of patients various types case sheets
9. Instillation of eye drops (antibiotic only)
10. Checking dilation of pupil
11. Assist the doctor in block room
12. Massaging the patient (indication, contra indication for massage)
13. Identification of ocular and general problem – seen the doctors guidance and follow
14. Checking the block and cleaning with Iodine
15. Preparation of patient for injection, IV Mannitol things
16. Make the patients to void (Urination freely)

17. Explain about the medicine
18. Transportation of patient from OT to ward (By wheelchair or stretcher)
19. Patient should be transfused to ward by stretcher
- 20.

1. APPENDIX - 5
Counseling Trainees Classes

Month	Activity	Resource Person
1 st	Orientation to Counseling	
2 nd	Observation - Postings in each counseling unit for 2 weeks Teach - Medical terminologies & Spellings	
3 rd	Review - Observation / Orientation	
4 th	Ocular conditions, treatment & Diagnosis Techniques	
5 th	Observation - Pre operative counseling (Free)	
6 th	Pre-Operative counseling done under Supervision	
7 th	Observation – Post Operative Counseling (Free)	
8 th	Post Operative Counseling done under observation	
9 th	Observations in Camp	
10 th	One day camp – Practice counseling under observation	
11 th	1 month posting in the specialty clinics	
12 th	Counseling done under observation	
13 th	Independent Counseling	

APPENDIX - 4

OPTICALTECHNICIAN

Month	Activity	Resource Person
1 st Month	Power Neutralization	
2 nd Month	Lens Marking and Chipping	
3 rd Month	Glazing	
4 th Month	Glazing	
5 th Month	Frame Adjustment	
6 th Month	Fitting Speed and Quality Care	

