MALLA REDDY VISHWAVIDYAPEETH

(Deemed to be University)

Hyderabad

School of Nursing Science and Technology

FELLOWSHIP IN

EMERGENCY AND TRAUMA CARE NURSING

Curriculum 2026

Programme particulars	
Level	Post-registration fellowship (nursing)
Duration	26 weeks (6 months) – 1,000 hours
Structure	Theory 100 h · Simulation laboratory 60 h · Clinical practice 840 h
Eligibility	Registered B. Sc Nursing / M.Sc. Nursing in India, or equivalent
Award	Fellowship certificate of Malla Reddy Vishwavidyapeeth

Approved Curriculum by the Board of Studies, Academic Council and Executive Council

Stage	Body	Date of approval / resolution no.
1	Board of Studies Nursing – School of Nursing Sciences & Technology	
2	Academic Council	
3	Executive Council	

Contents

1. Preamble and Need for the Programme

2. Vision, Mission and Programme Objectives

3. Programme at a Glance

4. Eligibility, Selection and Governance

5. Programme Outcomes

6. Curriculum Framework

7. Detailed Syllabus: Emergency and Trauma Care Nursing

8. Clinical Practice: Postings (840 hours)

9. Essential Emergency and Trauma Care Skills and Logbook

10. Scheme of Assessment

11. Infrastructure, Faculty and Quality Assurance

12. Suggested References

Annexure A: Final Assessment Sheet – MRV Fellowship

Annexure B: Logbook Formats

Annexure C: Certificate of Completion (format)

1. Preamble and Need for the Programme

Malla Reddy School of Nursing Science and Technology recognizes the growing demand for professionally trained nurses who can manage emergency and trauma care in hospital and community settings. Registered nurses are often the first point of contact in an emergency and play a decisive role in early assessment, stabilization, life-saving interventions and continuity of care. Specialized training is therefore essential for safe, timely and evidence-based nursing practice.

The Fellowship in Emergency and Trauma Care Nursing is designed to strengthen the competencies of nurses in triage, advanced life support, trauma management, disaster preparedness and emergency nursing procedures. It enables nurses to identify life-threatening conditions, understand the etiology and pathophysiology of acute and traumatic illness, interpret diagnostic findings, and carry out appropriate nursing and collaborative interventions.

The fellowship also develops skills in patient monitoring, emergency pharmacology, use of advanced medical technology, infection control, ethical decision-making and communication in crisis. Through structured clinical exposure, simulation-based learning and case-based discussion, nurses are prepared to deliver comprehensive, patient-centred and outcome-oriented care in emergency and trauma settings. The programme aims to build professional confidence, clinical judgement and leadership, and so to contribute to better patient outcomes, lower morbidity and mortality, and stronger emergency health services.

1.1 Need

- Road traffic injuries, burns, cardiac emergencies and obstetric emergencies form a large share of emergency attendances, and the first hour of nursing care strongly influences survival.
- Basic nursing programmes give limited exposure to emergency triage, advanced life support and trauma stabilization; a structured, assessed post-registration programme closes this gap.
- Hospitals and emergency medical services need nurses who can lead resuscitation teams, supervise junior staff and teach patients and families.

2. Vision, Mission and Programme Objectives

2.1 Vision

To prepare emergency and trauma care nurses who deliver safe, timely, evidence-based and compassionate care and who lead improvement of emergency health services.

2.2 Mission

- Provide competency-based training with graded clinical responsibility, simulation and supervised practice.
- Promote ethical, patient-centred and safe practice in every emergency setting.
- Develop clinical judgement, teamwork and leadership for emergency and disaster situations.

2.3 Programme objectives

After successful completion of the Fellowship in Emergency and Trauma Care Nursing, the fellow will be able to:

1. Provide safe, timely and evidence-based nursing care to patients in emergency and trauma settings, ensuring quality outcomes and patient safety.
2. Assess, manage and supervise the nursing care of critically ill patients, including those needing advanced life support, trauma stabilization and continuous monitoring.

3. Educate and guide nurses, allied health professionals, patients and family members on emergency preparedness, trauma care procedures and post-emergency rehabilitation needs.
4. Perform triage and take part in disaster and mass-casualty response.
5. Operate and maintain emergency and critical care equipment safely and apply infection-prevention practices.
6. Maintain ethical, legal and professional standards, including accurate documentation and handover.

3. Programme at a Glance

Item	Details
Name of the programme	Fellowship in Emergency and Trauma Care Nursing
Offered by	School of Nursing Science and Technology, Malla Reddy Vishwavidyapeeth (Deemed to be University), Hyderabad.
Duration	26 weeks (6 months), full time
Total hours	Total-1,000 Hrs: Theory-100 Hrs, Simulation laboratory-60 Hrs, Clinical practice-840 Hrs
Credits	33 (at 30 notional hours per credit; 1,000 h ÷ 30 = 33.3, rounded down)
Eligibility	Registered B.Sc Nursing / M.Sc Nursing in India, or equivalent
Mode	Contact classes, simulation, supervised clinical postings in a teaching hospital, logbook
Assessment	MCQ 25 + practical skills (three case scenarios) 60 + logbook 15 = 100 marks; minimum 50% in each component and 50% aggregate
Award	Fellowship certificate by Malla Reddy Vishwavidyapeeth (Deemed to be University)
Medium of instruction	English

4. Eligibility, Selection and Governance

4.1 Eligibility

- Registered B.Sc Nursing or M.Sc Nursing in India, or equivalent qualification.
- Current registration with a State Nursing Council (certificate to be produced at admission).
- Medical fitness certificate and immunization record (hepatitis B at minimum).

4.2 Selection and commencement

The fellowship is established to uphold transparency, fairness and meritocracy in the selection process for the MRV Fellowship Programme. Selection is made by the Fellowship Committee on the basis of academic record, a short interview and document verification. A batch commences once the committee has approved the list of fellows and allotted a guide to each fellow.

4.3 Fellowship Committee

Sl. No.	Role / position	Description / designation
1	Chairperson	The Dean, SNST
2	Subject expert	Dean MRCON, Professor or Associate Professor of SNST
3	Guide / co-guide	Professor, Associate Professor or Assistant Professor from SNST
4	Convener	The Fellowship Coordinator of MRV
5	Ex officio members	The Registrar and the Controller of Examinations, MRV

Functions of the committee: approval of the curriculum and of any additional output or deliverable selection of fellows; allotment of guides; monitoring of attendance, logbooks and clinical postings; conduct of the final assessment; handling of grievances; recommendation of award of the certificate.

4.4Guides

- Guide / co-guide: Professor, Associate Professor or Assistant Professor from SNST with a postgraduate qualification in nursing and experience in emergency or critical care nursing.
- Clinical preceptors: nurses with at least two years of emergency or critical care experience and a valid BLS/ACLS provider certificate.
- Guide-to-fellow ratio not more than 1:1

5. Programme Outcomes

5.1 Programme outcomes (POs)

At the end of the fellowship the fellow demonstrates the following programme outcomes.

PO	Domain	Programme outcome
PO1	Knowledge	Explains the etiology, pathophysiology, diagnostic findings and management of acute, traumatic and life-threatening conditions.
PO2	Assessment and triage	Performs rapid and systematic assessment, triage and monitoring and recognizes life-threatening deterioration.
PO3	Emergency interventions	Performs and assists emergency and life-support procedures (airway, CPR/ACLS, shock, burn and trauma care) safely and competently.
PO4	Communication and education	Communicates and hands over clearly, documents accurately, supports patients and families in crisis and educates patients, families and staff.
PO5	Safety, infection control and ethics	Applies infection-prevention, medication and equipment safety, consent, confidentiality and ethical decision-making.
PO6	Leadership and evidence	Leads and supervises emergency teams, takes part in disaster response and applies evidence and protocols to practice.

6. Curriculum Framework

6.1 Distribution of hours

Unit	Title	Theory (h)	Simulation lab (h)
1	Introduction to Emergency and Trauma Care	12	8
2	Holistic Care in Emergency and Trauma Care	12	4
3	Pain Management	10	8
4	Infection Control in Intensive Care	10	6
5	Management of Emergency Conditions	12	12
6	Intensive Cardiothoracic Nursing	18	12
7	Burns	13	6
8	Obstetrical Emergencies	13	4
	Total	**100**	**60**

Component	Hours	Share
Theory (8 units)	100	10%
Simulation laboratory	60	6%
Clinical practice (postings)	840	84%
Total	**1,000**	**100%**

Average weekly load over 26 weeks: about 4 hours of theory, 2 hours of simulation and 32 hours of clinical practice (about 38 hours a week).

6.2 Schedule of the 26 weeks

Weeks	Activity

Weeks	Activity
1–2	Orientation, BLS certification, Units I and II, infection-control orientation, equipment familiarization; posting in the emergency department begins
3–20	Clinical postings as in Section 8, with theory (Units III–VIII) and simulation sessions scheduled against the posting
21–25	Remaining postings, logbook completion, revision and case-scenario practice
26	Final assessment and exit examination

6.3 Teaching–learning methods

- Interactive lectures, videos and case-based learning
- Simulation laboratory: manikins, defibrillator, ventilator, monitors, trauma and burn stations
- Bedside teaching, supervised procedures and graded responsibility in clinical postings
- Group discussion, role play, peer-led presentations, music therapy and relaxation demonstrations
- Emergency and disaster drills; scenario OSCE practice
- Logbook reflection and guide feedback

7. Detailed Syllabus: Emergency and Trauma Care Nursing

Theory 100 hours · Simulation laboratory 60 hours · Clinical practice 840 hours

For every unit the syllabus gives the learning objectives, content, teaching–learning activities, assessment methods and course outcomes (CO).

Unit I: Introduction to Emergency and Trauma Care

Theory 12 hours · Simulation laboratory 8 hours

Learning objectives

- Understand the evolution, scope and principles of emergency and trauma care.
- Identify the set-up and equipment used in critical care units.
- Apply triage and disaster-preparedness principles.

Content

Introduction to emergency and trauma care

- Historical review
- Concepts of emergency and trauma care
- Principles of emergency and trauma care
- Scope of emergency and trauma care

Critical care unit set-up

- Equipment, supplies, use and care of various types of monitors and ventilators
- Flow sheets

Emergency department organisation and triage

- Organisation and patient flow of the emergency department
- Triage systems (START, ESI, colour-coded systems); pre-hospital care and ambulance transport
- Structured handover (SBAR)

Disaster preparedness and medico-legal aspects

- Mass-casualty incident management; disaster cycle and role of the nurse
- Medico-legal cases, consent, documentation and chain of custody

Teaching–learning activities

Lectures; videos on ICU set-up; hands-on demonstration of monitors; triage table-top drills

Assessment methods

MCQ; Case Presentation; Log book evaluation & viva

Course outcomes (CO)

CO	Course outcome: the fellow will be able to
CO1	Describe the evolution, concepts, principles and scope of emergency and trauma care.
CO2	Identify the layout, equipment, supplies and flow sheets of an emergency or critical care unit and operate monitors and ventilators under supervision.
CO3	Apply a triage system and prepare for disaster and mass-casualty response.
CO4	Follow medico-legal requirements and structured handover in emergency care.

Unit II: Holistic Care in Emergency and Trauma Care

Theory 12 hours · Simulation laboratory 4 hours

Learning objectives

- Apply holistic care principles in trauma settings.
- Recognize the psychological impacts of critical care.
- Prevent burnout in the health team.

Content

Concept of holistic care applied to emergency and trauma care practice

- Psychophysiological and psychosocial impact of the critical care unit on patients: risk factors, assessment, critical care psychosis, prevention and nursing care
- Caring for the patient's family; family teaching

The dynamics of healing in the trauma care unit

- Dynamics of touch, relaxation, music therapy, guided imagery
- Stress and burnout syndrome among health team members

Teaching–learning activities

Group discussion; case study analysis; music therapy demonstration; peer-led presentations

Assessment methods

Case presentation; role play assessment

Course outcomes (CO)

CO	Course outcome: the fellow will be able to
CO1	Apply the principles of holistic care to patients and families in emergency and trauma settings.
CO2	Assess and prevent Psychophysiological and psychosocial problems including critical care psychosis.
CO3	Use relaxation, touch, music therapy and guided imagery as supportive measures.
CO4	Recognize stress and burnout in health team members and use coping and preventive strategies.

Unit III: Pain Management

Theory 10 hours · Simulation laboratory 8 hours

Learning objectives

- Understand pain theories.
- Assess and manage pain and sedation in critically ill patients.

Content

Pain and sedation in the critically ill

- Theories of pain; types of pain; pain assessment; systemic responses to pain
- Pain management; sedation in critically ill patients; placebo effect

Teaching–learning activities

Lectures; pain scale practice; video case scenarios; simulation lab on sedation

Assessment methods

Practical OSCE; short answer test; peer feedback

Course outcomes (CO)

CO	Course outcome: the fellow will be able to
CO1	Explain the theories, types and systemic responses to pain.
CO2	Assess pain and sedation using validated scales in verbal and non-verbal patients.
CO3	Administer and monitor analgesia and sedation safely and manage placebo and adverse effects.

Unit IV: Infection Control in Intensive Care

Theory 10 hours · Simulation laboratory 6 hours

Learning objectives

- Identify and manage infection risks in the ICU.
- Apply infection control practices effectively.

Content

Infection control in intensive care

- Nosocomial infection in intensive care units; methicillin-resistant Staphylococcus aureus (MRSA)
- Disinfection and sterilization
- Standard precautions
- Prophylaxis for staff

Teaching–learning activities

Laboratory demonstration of disinfection; case discussion on MRSA

Assessment methods

Skill demonstration checklist; MCQs

Course outcomes (CO)

CO	Course outcome: the fellow will be able to
CO1	Identify nosocomial infection risks in the ICU, including MRSA.
CO2	Perform disinfection, sterilization and standard precautions correctly.
CO3	Apply staff prophylaxis and surveillance measures.

Unit V: Management of Emergency Conditions

Theory 12 hours · Simulation laboratory 12 hours

Learning objectives

- Manage trauma and shock conditions.

Content

Trauma

- Mechanism of injury; thoracic injuries; abdominal injuries; pelvic fractures; complications of trauma; head injuries
- Primary and secondary survey (ABCDE), airway with cervical-spine protection, spinal and extremity injuries, Glasgow coma scale

Shock

- Shock syndrome; hypovolemic, cardiogenic, anaphylactic, neurogenic and septic shock

Systemic inflammatory response

- The inflammatory response; multiple organ dysfunction syndrome; disseminated intravascular coagulation
- Drug overdose and poisoning; acquired immunodeficiency syndrome

Teaching–learning activities

Trauma simulations; shock management drills; emergency response workshops

Assessment methods

Scenario OSCE; written test; group project

Course outcomes (CO)

CO	Course outcome: the fellow will be able to
CO1	Perform primary and secondary survey and manage thoracic, abdominal, pelvic and head injuries.
CO2	Recognize the types of shock and start resuscitation and nursing management.
CO3	Explain and manage SIRS, MODS and DIC collaboratively.
CO4	Manage drug overdose and poisoning and care for patients with HIV/AIDS using standard precautions.

Unit VI: Intensive Cardiothoracic Nursing

Theory 18 hours · Simulation laboratory 12 hours

Learning objectives

- Manage critical cardiovascular conditions and interventions.

Content

Principles of nursing in caring for patients with cardiothoracic disorders

- Assessment of the cardiovascular system: heart sounds; diagnostic studies (cardiac enzymes, ECG monitoring, Holter, stress test, echocardiography, coronary angiography, nuclear studies)

Causes, pathophysiology, clinical types, features, diagnosis, prognosis, medical, surgical and nursing management of:

- Hypertensive crisis; coronary artery disease; acute myocardial infarction; cardiomyopathy; deep vein thrombosis
- Valvular diseases; heart block; cardiac arrhythmias and conduction disturbances; aneurysms; endocarditis; heart failure
- Cardiopulmonary resuscitation – BCLS/ACLS

Management modalities

- Thrombolytic therapy; temporary and permanent pacemaker; percutaneous transluminal coronary angioplasty; cardio version; intra-aortic balloon pump; defibrillation
- Cardiac surgeries: CABG/MICAS, valvular surgeries, heart transplantation; autologous blood transfusion; radiofrequency catheter ablation

Teaching–learning activities

ECG reading sessions; CPR practice; case-based learning

Assessment methods

Practical demonstration; ACLS skill test; case evaluation

Course outcomes (CO)

CO	Course outcome: the fellow will be able to
CO1	Assess the cardiovascular system and interpret ECG and diagnostic findings.
CO2	Plan nursing management of cardiac emergencies and cardiothoracic disorders.
CO3	Perform BCLS and assist or perform ACLS, including defibrillation, as per protocol.

CO	Course outcome: the fellow will be able to
CO4	Care for patients on thrombolysis, pacemakers, balloon pump and after cardiac surgery.

Unit VII: Burns

Theory 13 hours · Simulation laboratory 6 hours

Learning objectives

- Provide comprehensive care for burn patients.

Content

Burns

- Clinical types, classification, pathophysiology, clinical features, assessment, diagnosis, prognosis; medical, surgical and nursing management
- Fluid and electrolyte therapy – calculation and administration of fluids
- Pain management; wound care; infection control
- Prevention and management of burn complications
- Grafts and flaps; reconstructive surgery; rehabilitation

Teaching–learning activities

Burn care simulation; fluid calculation practice; group activity

Assessment methods

Fluid therapy assignment; wound care checklist; skill demonstration

Course outcomes (CO)

CO	Course outcome: the fellow will be able to
CO1	Classify burns, estimate burn size and assess severity.
CO2	Calculate and administer resuscitation fluids and monitor response.
CO3	Provide wound care, pain relief and infection control to burn patients.
CO4	Prevent complications and plan rehabilitation with the patient and family.

Unit VIII: Obstetrical Emergencies

Theory 13 hours · Simulation laboratory 4 hours

Learning objectives

- Respond to obstetric emergency conditions.

Content

Obstetrical emergencies

- Causes, pathophysiology, clinical types and features, diagnosis, prognosis; medical, surgical and nursing management of:
- Ante partum hemorrhage; pre-eclampsia and eclampsia; obstructed labour and ruptured uterus; postpartum hemorrhage; puerperal sepsis; obstetric shock

Teaching–learning activities

Emergency drills; simulation using manikins; scenario role plays

Assessment methods

Practical exam; group quiz; OSCE

Course outcomes (CO)

CO	Course outcome: the fellow will be able to
CO1	Identify obstetric emergencies and their danger signs.
CO2	Start emergency nursing management of antepartum and postpartum hemorrhage, eclampsia, ruptured uterus and sepsis.

CO	Course outcome: the fellow will be able to
CO3	Take part in obstetric emergency drills and communicate with the team and family.

8. Clinical Practice: Postings (840 hours)

Clinical area	Weeks	Hours
Emergency department (triage, resuscitation, minor and major procedure areas)	8	280
Trauma and surgical ICU / trauma ward	4	140
Cardiac ICU / CCU / cardiothoracic ICU	4	140
Burns unit and plastic surgery ward	3	100
Obstetric emergency / labour room	2	60
Medical and neuro ICU	3	80
Dialysis unit, imaging (CT / MRI), EEG, endoscopy suite and ambulance services	2	40
Total	**26**	**840**

Postings run in the order that suits the roster, but the emergency department posting starts in week 1 and the cardiac and burns postings follow the teaching of Units VI and VII. Postings are for the practical hours only; theory and simulation hours are in addition to those listed here within the 1,000-hour total. Each posting ends with a guide-verified competency sign-off in the logbook.

8.1 Expected learning in each posting

Posting	Focus
Emergency department	Triage, primary and secondary survey, resuscitation, wound and fracture care, medico-legal documentation, handover
Trauma and surgical ICU	Trauma stabilization, airway and ventilator care, haemodynamic monitoring, pain and sedation, infection control
Cardiac ICU / CCU	ECG interpretation, ACLS, thrombolysis, pacemaker, balloon pump, post-cardiac surgery care
Burns unit	Burn assessment, fluid calculation and resuscitation, wound care, pain, infection control, rehabilitation
Obstetric emergency	Eclampsia and hemorrhage protocols, obstetric shock, newborn and family communication
Medical and neuro ICU	Shock, SIRS/MODS, poisoning, Glasgow coma scale, nutrition, blood sugar control
Dialysis, imaging, EEG, endoscopy, ambulance	Observation of procedures, dialysis set-up, safe patient transfer

9. Essential Emergency and Trauma Care Skills and Logbook

The fellow keeps a logbook in which every procedure is recorded, signed by the preceptor and verified by the guide. The minimum numbers below apply to the 840 clinical hours; items marked “Sim” may be completed on a manikin or simulator when the clinical case is not available.

9.1 Procedures observed (O)

No.	Procedure	Minimum
1	CT scan	2
2	MRI	2
3	EEG	2
4	Haemodialysis	2
5	Endoscopic retrograde cholangiopancreatography (ERCP)	2
6	Heart / neuro / GI / renal surgeries	2

9.2 Procedures assisted (A)

No.	Procedure	Minimum	Simulator

No.	Procedure	Minimum	Simulator
1	Advanced life support	5	Sim
2	Basic cardiac life support	5	Sim
3	Arterial line / arterial pressure monitoring / blood sampling	3	
4	Arterial blood gas	5	
5	ECG recording	10	
6	Blood transfusion	5	
7	IV cannulation therapy	10	
8	Arterial catheterization	2	Sim
9	Chest tube insertion	2	Sim
10	Endotracheal intubation	3	Sim
11	Ventilation	5	
12	Insertion of central line / CVP line	3	Sim
13	Connecting lines for dialysis	2	

9.3 Procedures performed (P)

No.	Procedure	Minimun	Sim
1	Airway management: oropharyngeal airway	5	Sim
2	Oxygen therapy	10	
3	CPAP	3	
4	Care of tracheostomy	5	
5	Endotracheal extubation	2	
6	Cardiopulmonary resuscitation, BCLS, ECG	10	Sim
7	Monitoring of critically ill patients: clinical, with monitors, capillary refill time, jaundice assessment, ECG	20	
8	Gastric lavage	3	Sim
9	Assessment of critically ill patients: risk factors, Glasgow coma scale, doll's eye movement, arterial pressure, cardiac output / pulmonary artery pressure monitoring, detection of life-threatening abnormalities	20	
10	Admission and discharge of critically ill patients	10	
11	Nutritional needs: gastrostomy, pharyngeal and jejunostomy feeds, TPN, formula preparation, patient education	10	
12	Blood sugar monitoring and insulin administration	10	
13	Administration of drugs: IM, IV, IV cannulation and fixation, infusion pump, dose calculation, insulin and tuberculin syringes, fluid therapy, blood administration	30	
14	Setting up, starting, monitoring and closing a dialysis machine	3	
15	Infection prevention: hand washing, disinfection and sterilization surveillance, fumigation, universal precautions	10	
16	Collection of specimens	20	
17	Setting, use and maintenance of basic equipment: ventilator, O_2 analyser, monitors, transducers, defibrillator, infusion and syringe pumps, centrifuge	10	

9.4 Logbook

- Entry for every procedure: date, patient identification number, procedure, level (O/A/P), setting (clinical/Sim), outcome, reflection, preceptor signature.
- Guide verification at the end of every posting; Fellowship Coordinator reviews at weeks 8, 16 and 24.
- Case log: at least 10 case studies or case presentations with nursing care plans, from the emergency, trauma, cardiac, burns and obstetric areas.

- The logbook is submitted to the guide one week before the final assessment.

10. Scheme of Assessment

10.1 Final assessment and exit examination

The examination is conducted by the School of Nursing Science and Technology, Malla Reddy Vishwavidyapeeth. The final assessment by the assigned guides has three components.

Component	Details	Marks	Minimum (50%)
I. Multiple choice questions	Written paper; 1 mark per question; blueprint in 10.3	25	12.5
II. Practical skills assessment	Three case scenarios with discussion; 20 marks each	60	30
III. Logbook maintenance	Completeness and regularity; accuracy of entries; guide verification	15	7.5
Total		**100**	**50**

10.2 Criteria to pass

- Minimum 50% in each of the three components and minimum 50% aggregate (50 of 100).
- In terms of the earlier wording: 50% in theory (MCQ) and 50% in practical separately, and 50% in internal assessment. The logbook, which records the continuous assessment by guides and preceptors, is the internal assessment component.
- Minimum 80% attendance in theory, simulation and clinical postings; missed postings must be completed before the final assessment.
- A fellow who fails a component repeats only that component, at the next scheduled assessment within 6 months, once.
- Any additional output or deliverable (for example a case study, audit or teaching session) is decided with the guide and needs prior written approval of the Fellowship Committee.

10.3 MCQ blueprint (25 marks)

Unit	Title	Theory hours	MCQs
1	Introduction to Emergency and Trauma Care	12	3
2	Holistic Care in Emergency and Trauma Care	12	2
3	Pain Management	10	3
4	Infection Control in Intensive Care	10	2
5	Management of Emergency Conditions	12	4
6	Intensive Cardiothoracic Nursing	18	5
7	Burns	13	3
8	Obstetrical Emergencies	13	3
	Total	**100**	**25**

10.4 Practical skills assessment (60 marks)

Each fellow is assessed on three case scenarios in a simulated or clinical setting, with discussion. The cases are drawn so that the three together cover trauma or shock, a cardiac or respiratory emergency, and burns, obstetric or other emergencies. Each case carries 20 marks.

Criterion	Marks
Rapid assessment and triage (primary survey, vital signs, history)	5
Prioritization and nursing care plan	4
Technical skill in the intervention (airway, CPR, IV, monitoring, wound, drug and dose)	6
Safety, infection control and communication / handover	3
Discussion (rationale, complications, evidence)	2
Total per case	**20**

10.5 Logbook assessment (15 marks)

Criterion	Marks
Completeness and regularity	5
Accuracy of entries	5
Guide verification	5
Total	**15**

10.6 Formative assessment

Unit-wise MCQ tests, equipment and skill checklists, case presentations and viva (the assessment methods listed under each unit) are used as formative assessment and feedback during the fellowship; they do not carry marks in the final result. The guide records progress at the end of each posting.

10.7 Award of the certificate

The Fellowship in Emergency and Trauma Care Nursing certificate is awarded by Malla Reddy Vishwavidyapeeth (Deemed to be University) to a fellow who satisfies the criteria in 10.2, on the recommendation of the Fellowship Committee and under the signature of the Controller of Examinations and the Dean.

11. Infrastructure, Faculty and Quality Assurance

11.1 Clinical facilities

- Teaching hospital with a 24-hour emergency department, trauma ICU, cardiac ICU or CCU, burns unit, obstetric emergency service, medical/neuro ICU and dialysis unit, with enough admissions to meet the logbook minimums.
- Imaging, EEG and endoscopy services for the observation postings.

11.2 Simulation laboratory

- Adult CPR/ACLS manikin with defibrillator; airway trainers; IV and arterial puncture arms; central line trainer
- Chest tube and trauma skills stations; burn and wound care models
- Ventilator, multipara monitors, ECG machine, infusion and syringe pumps, suction, oxygen delivery devices
- Obstetric emergency manikin; sedation and pain scale tools

11.3 Classroom and learning resources

- Smart classroom, library and digital resources, and online access to current resuscitation and trauma guidelines
- Learning management system for notes, videos and logbook forms

11.4 Quality assurance

- Fellow feedback on every unit and posting; guide feedback to the committee at mid-point and at the end
- Annual curriculum review by the Fellowship Committee, with updating to current guidelines
- Grievance redressal through the Fellowship Coordinator; escalation to the Dean
- Ethics: informed consent and confidentiality in all patient contact; supervised practice only within the scope of a registered nurse

12. Suggested References

- Emergency Nursing Core Curriculum (Emergency Nurses Association)
- Sheehy's Manual of Emergency Care
- Brunner and Suddarth's Textbook of Medical-Surgical Nursing
- Lewis's Medical-Surgical Nursing: Assessment and Management of Clinical Problems
- Marino's The ICU Book
- Advanced Trauma Life Support (ATLS) Student Course Manual – American College of Surgeons
- Advanced Cardiovascular Life Support Provider Manual and current resuscitation guidelines – American Heart Association
- Textbook of critical care nursing and obstetric nursing in current use at SNST
- WHO and Government of India guidelines on emergency care, infection prevention, burns and obstetric emergencies

Annexure A: Final Assessment Sheet – MRV Fellowship

A. Fellow details

Name of fellow	
Fellowship ID	
Institution / department	
Batch / year	

Component I: Multiple choice questions (25 marks)

Number of questions: _____ Marks obtained: _____ / 25 Result: ☐Pass ☐Fail (minimum 50% required)

Component II: Practical skills assessment (60 marks)

Case	Maximum marks	Marks obtained	Examiner signature
Case 1	20		
Case 2	20		
Case 3	20		
Total	**60**		

Result: ☐Pass ☐Fail (minimum 50% required)

Component III: Logbook maintenance (15 marks)

Criteria: completeness and regularity; accuracy of entries; guide verification. Marks obtained: _____ / 15 Result: ☐Pass ☐ Fail (minimum 50% required)

Overall assessment summary

Component	Maximum marks	Marks obtained	Pass / fail
MCQs	25		
Practical skills	60		
Logbook	15		
Total	**100**		

Final result: ☐Pass ☐Fail (minimum 50% aggregate required)

Additional outputs (if approved by the Fellowship Committee):

_____

Certification

We certify that the above final assessment and exit examination have been conducted strictly in accordance with the approved MRV Fellowship guidelines.

Date: _____

1. Name of guide / examiner	
Signature	
2. Name of guide / examiner	
Signature	

Annexure B: Logbook Formats

B.1 Procedure log

Date	Patient ID	Procedure	Level (O/A/P)	Clinical / Sim	Outcome and reflection	Preceptor signature

B.2 Posting summary

Posting	Dates	Hours completed	Competencies signed off	Guide signature
Emergency department				
Trauma and surgical ICU / trauma ward				
Cardiac ICU / CCU / cardiothoracic ICU				
Burns unit and plastic surgery ward				
Obstetric emergency / labour room				
Medical and neuro ICU				
Dialysis unit, imaging				

B.3 Case study / presentation log

No.	Date	Diagnosis / condition	Area	Guide remarks and signature

Annexure C: Certificate of Completion (format)

MALLA REDDY VISHWAVIDYAPEETH

(Deemed to be University)

This is to certify that

_____

Fellowship ID _____ has successfully completed the 26-week

FELLOWSHIP IN EMERGENCY AND TRAUMA CARE NURSING

at the School of Nursing Science and Technology and has passed the final assessment and exit examination held in _____ with a total of _____ / 100 marks.

Date of issue: _____	Place: Hyderabad
Controller of Examinations	Dean, School of Nursing Science and Technology