

सन २०२५ चा २७वा वार्षिक अहवाल

संलग्नीत महाविद्यालये

केवळ जानेवारी २०२५ ते डिसेंबर २०२५ मधील माहिती सादर करावी

अ.क्र.	शिर्षक										
१	विद्याशाखेचे नाव : नर्सिंग महाविद्यालयाचे नाव : एम के एस एस सिताबाई नरगुंडकर कॉलेज ऑफ नर्सिंग फॉर वूमेन नागपूर महाविद्यालय स्थापना वर्ष : २००७										
२	महाविद्यालयाने संपुर्ण वर्षभरात केलेले उल्लेखनीय कामे (Achievements): Conducted Community Extension Activities in Collaboration with SEARCH, Gadchiroli, Conducted Blood Camps										
३	महाविद्यालयातर्गत आयोजित केलेल्या संशोधन /कार्यशाळा व परिषदेची माहिती (राष्ट्रीय/आंतरराष्ट्रीय)										
	<table border="1"> <thead> <tr> <th>अ.क्र</th> <th>कार्यशाळा/परिषद/प्रशिक्षणाचे नाव</th> <th>राष्ट्रीय/आंतरराष्ट्रीय स्तरावरील</th> <th>संख्या</th> <th>महाविद्यालयाशी संलग्नीत</th> </tr> </thead> <tbody> <tr> <td>१</td> <td>“Advance Nursing Research Methodology” Innovation Challenges and Future Directions</td> <td>National</td> <td>१</td> <td>MUHS & MNC</td> </tr> </tbody> </table>	अ.क्र	कार्यशाळा/परिषद/प्रशिक्षणाचे नाव	राष्ट्रीय/आंतरराष्ट्रीय स्तरावरील	संख्या	महाविद्यालयाशी संलग्नीत	१	“Advance Nursing Research Methodology” Innovation Challenges and Future Directions	National	१	MUHS & MNC
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१	“Advance Nursing Research Methodology” Innovation Challenges and Future Directions	National	१	MUHS & MNC							

४ “Index Research Publication details (with ISSN No.) published in PubMed/Scopus/ Web of Science/UGC CARE only :
Teacher

राष्ट्रीय		आंतरराष्ट्रीय	
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३/१०/२०२५	१	०१/११/२०२५	१
५/१०/२०२५	१	११/१२/२०२५	१
-	-	०८/०८/२०२५	१
-	-	०५/१०/२०२५	१
-	-	४/११/२०२५	१
-	-	०१/०१/२०२५	१
-	-	०३/०२/२०२५	१
-	-	०८/१०/२०२५	१
-	-	२८/११/२०२५	१
-	-	१८/११/२०२५	१
-	-	६/११/२०२५	१
-	-	१/१/२०२५	१
-	-	१९/०३/२०२५	१
-	-	२८/११/२०२५	१

-	-	१८/११/२०२५	१
-	-	०६/०११/२०२५	१
-	-	०५/१०/२०२५	१

Students :

राष्ट्रीय		आंतरराष्ट्रीय	
प्रकाशित केल्याची तारीख	संख्या	प्रकाशित केल्याची तारीख	संख्या
-	-	०८/१०/२०२५	१
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-	-	०५/१०/२०२५	१
-	-	०५/१०/२०२५	१

(टिप : वरीलप्रमाणे प्रकाशित केलेल्या माहितीची यादी सोबत जोडण्यात यावी.)

५ Intellectual Property Rights (IPR)

a) "Copyright" बाबतची तपशिल

Copyright ची संख्या	Copyright बाबत थोडक्यात माहिती	Copyright केल्याची तारीख
०	-	-

b) "Patents" बाबतचा तपशिल

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-	-	-

६ विद्यापीठामार्फत संशोधनाकरीता प्राप्त झालेले अनुदान

अ.क्र	संशोधनाचे अनुदान योजनेचा प्रकार (STRG/LTRG/IMPACT)	विद्यार्थी/शिक्षक	अनुदानाची रक्कम
१	LTRG	शिक्षक	५००००/-

७ महाविद्यालयास संशोधनाकरीता इतर संस्थाकडून प्राप्त झालेले अनुदान (संख्या व रक्कम नमुद करावी) सदर माहिती तारखेनुसार देण्यात यावी.

अ.क्र	संशोधनाचे अनुदान योजनेचा प्रकार (ICMR/AYUSH/DST/DBT/CSIR/DSIR)	अनुदान प्राप्त झाल्याची तारीख	विद्यार्थी/शिक्षक	अनुदानाची रक्कम
	-	-	-	०

८ महाविद्यालयास नॅक दर्जा असल्यास माहिती

NAAC Grade	Cumulative Grade Point (CGPA)	Period	
B+	2.71	SEP 2022	SEP 2027

९ NIRF – अर्ज करण्यात आल्याची तारीख किंवा प्राप्त दर्जा याची माहिती

Applied (Yes/No) : NO (Date)

Discipline	NIRF Ranking
-	-

१० शिष्यवृत्तीचा तपशिल :

विद्यार्थ्यांकरीता विशेष राष्ट्रीय / राज्यस्तरीय शिष्यवृत्तीचा तपशिल –

शिष्यवृत्तीचे नाव	राष्ट्रीय / राज्यस्तरीय
Unnati Ekam	State
Udaan Scholarship	State
Earn and Learn	State
Savitribai Phule girls Scholarship Yojana	State
Samaj Kalyan (DBT) Scholarship	State

११ Institutional Distinctiveness (other than routine work/Two Best Practices followed by the College in Year 2025/ Max. 4 to 5 lines)

१) Alumni-led teaching at MKSSS Sitabai Nargundkar College of Nursing is an effective best practice that enriches nursing education by connecting classroom learning with real clinical experience.

	२) The induction program at MKSSS Sitabai Nargundkar College of Nursing is a best practice that helps newly admitted students smoothly adapt to the academic, clinical, and professional environment.								
१२	Hospital : १) Whether NABH Accredited : Yes Whether Entry Level or Full NABH : YES Hospital registration valid upto : ३१ March २०२८ २) Hospital registered under which pathy : Allopathy (Allopathy/Ayurved/Homoeopathy/Unani)								
१३	महत्वपूर्ण उद्दीष्टे (Distinct Achievements) : College is NAAC Accredited and affiliated with various hospitals and awarded with passport to earning program under the YuWaah initiative of UNICEF.								
१४	MoU with National / International Organization : <table border="1"> <thead> <tr> <th>Name of MoU</th> <th>Name of Organization</th> </tr> </thead> <tbody> <tr> <td>AlmaShines</td> <td>AlmaShines</td> </tr> <tr> <td>ECHO</td> <td>Extention For Community Healthcare Outcomes</td> </tr> <tr> <td>Godavari Foundation</td> <td>Godavari College of Nursing</td> </tr> </tbody> </table>	Name of MoU	Name of Organization	AlmaShines	AlmaShines	ECHO	Extention For Community Healthcare Outcomes	Godavari Foundation	Godavari College of Nursing
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Godavari Foundation	Godavari College of Nursing								

(टिप : सादर केलेल्या माहितीसाठी Supportive Document सोबत जोडण्यात यावे.)



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“A STUDY TO ASSESS THE EFFECTIVENESS OF EDUCATIONAL INTERVENTION ON KNOWLEDGE REGARDING THE BREASTFEEDING PROBLEMS AND THEIR COPING STRATEGIES AMONG POSTNATAL MOTHERS UNDERWENT CESAREAN SECTION IN SELECTED HOSPITALS OF THE CITY: PRE-EXPERIMENTAL STUDY,”

Author 1: - Ms. Switi L. Kolhe

M.SC Nursing, Obstetrics & Gynaecological Nursing,
MKSSS Sitabai Nargundkar College of Nursing for women, Nagpur.

Author 2: - Ms. Priyanka Kosare

Associated Professor
Obstetrics & Gynaecological Nursing,
MKSSS Sitabai Nargundkar College of Nursing for women, Nagpur.

ABSTRACT

Background: Breastfeeding is one of the most effective strategies to ensure a child's health and survival. According to WHO and UNICEF, infants should be exclusively breastfed for the first six months of life and breastfeeding should begin within the first hour after birth. However, several factors may hinder successful breastfeeding, especially among postnatal mothers who undergo cesarean sections. Common breastfeeding difficulties include breast engorgement, nipple pain or trauma, infections such as Staphylococcus aureus and candidiasis, Raynaud's phenomenon, clogged ducts, mastitis, and breast abscesses. The most frequent cause of sore nipples is improper positioning and attachment of the infant. Breast engorgement occurs when breasts become overly filled with milk, resulting in discomfort, tightness, and hardness. After a cesarean section, mothers may experience challenges in initiating breastfeeding due to pain, restricted movement, intravenous infusions, fatigue, or the effects of anesthesia, particularly following emergency procedures. Global WHO surveys across 24 countries in Africa, Latin America, and Asia, as reported by Takahashi et al., indicated a

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This is to certify that the Paper ID: SR25814123316 entitled

A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge Regarding the Prevention of Abortion among Women of Reproductive Age Groups at Selected Rural Areas of the City: A Pre-Experimental Study

Authored

by

Priti S. Nakhale

has been published in Volume 14 Issue 8, August 2025

This paper has passed the Double Blind Review and satisfies the required academic publication standards.



Principal
Sitalal Nargun
College of Nursing for Women

Editor in Chief, International Journal of Science and Research, India



A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge Regarding Burping Techniques on Newborn in Primi Mothers at Selected Hospitals of the City: A Pre-Experimental Study

Ms. Sonali Gulabrao Pande¹ Priyanka kosare²

¹MSC NURSING II YEAR Maharshi karve stree shikshan samstha sitabai Nargundkar college of nursing for women Nagpur

²Associate professor Dept. obstetrics and Gynaecological Maharshi karve stree shikshan samstha sitabai Nargundkar college of nursing for women Nagpur

Abstract—Background of the study Breastfeeding has a number of benefits to both mother and baby that infant formula lacks. Increased breastfeeding to near-universal levels could prevent an estimated 823,000 infant deaths and 20,000 maternal deaths each year. Breast milk contains all the nutrients an infant need in the first six months of life, including antibodies that help protect against infection The neonatal period is a highly vulnerable time for infants, particularly in the first few weeks of life, where proper feeding and related techniques play a crucial role in promoting the health and well-being of the newborn. Among the essential post-feeding practices, burping is significant in preventing common gastrointestinal discomforts such as regurgitation, gas accumulation, and colic. Burping helps to expel the swallowed air during feeding, which if retained, can lead to irritability and feeding refusal in new nonprime parous mothers, due to their lack of prior experience, often face challenges in effectively practicing newborn care techniques, including burping. Postnatal period is a best time to educate a mother regarding burping. Studies have shown that maternal knowledge and confidence in newborn care practices directly influence the health outcomes of their babies. Burping, an essential aspect of infant care, plays a crucial role in relieving gastric discomfort, preventing colic, and ensuring proper digestion. Despite its significance, there is limited research exploring the efficacy and comparative benefits of different burping techniques. Caregivers often rely on traditional methods, which may not always be evidence-based or effective. Understanding the most efficient burping techniques can enhance infant comfort, reduce parental anxiety, and minimize common issues such as regurgitation or excessive crying. In the current healthcare landscape, where evidence-based practices are increasingly prioritized, there is a pressing

need to investigate and validate effective burping practices. Future studies on this topic can provide a foundation for standardized guidelines, ensuring better outcomes for both infants and caregivers. Additionally, this research can inform training programs for healthcare providers, enhancing the support offered to new parents. Addressing this gap in knowledge can contribute to overall infant well-being and improve the quality of neonatal and paediatric care. despite the widespread use of structured teaching programmes, there remains a lack of empirical evidence regarding their effectiveness in improving maternal knowledge and practices regarding burping techniques. By rigorously evaluating the impact of these interventions, this study seeks to fill this gap in the literature and contribute to the development of evidence-based guidelines and interventions in neonatal care. Objectives of the study primary general objective to find out the effectiveness of structure teaching on knowledge regarding burping techniques on new born in primi mothers at selected hospitals of the city. Secondary specific objectives. To assess the knowledge regarding burping techniques on newborn in primi mothers at selected hospitals of the city. To find out the association between pre-test and post-test knowledge score and selected demographic variables of primi mothers at selected hospitals of the city. RESULT the effectiveness of planned teaching on knowledge and practice on burping techniques of newborn was assessed by selecting 60 mothers by using convenience sampling technique. The pre-test was conducted using a structured questionnaire and observation checklist; planned teaching was conducted for each sample. Most of the mothers (n=37, 61.66%) had poor knowledge, (n=12, 20%) had very poor knowledge, whereas 10 (16.66%) had average knowledge, while 1 (1.66%) of mothers had good knowledge while in



“A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME REGARDING THE IMPACT OF INTERNET USAGE ON SELECTED BEHAVIORAL PROBLEMS AMONG ADOLESCENTS IN SELECTED SCHOOL OF CITY: PRE-EXPERIMENTAL STUDY”.

AUTHOR 1: Ms. Bharti Mandaokar

M.SC Nursing, Child Health Nursing,

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AUTHOR 2: Dr. Rupa Verma

Professor cum principal

Child Health Nursing,

MKSSS, Sitabai Nargundkar College of nursing for women, Nagpur

ABSTRACT:

Background: Internet use has risen dramatically worldwide, with rates exceeding 80% in some regions, raising concerns about its impact on adolescent mental health. Studies have reported a significant association between excessive social media use and an increased risk of depression among adolescents. A recent national survey in India found that six out of ten youngsters aged 9–17 spend over three hours daily on social media or gaming, with 17% in Maharashtra using the internet for more than six hours daily. Notably, only 10% of parents reported that their children felt happier after online activities, indicating more negative than positive effects. Problematic Internet Use (PIU) among school-going adolescents has thus emerged as a growing public health concern. The present study was conducted to estimate the pooled prevalence of PIU among school-going adolescents in India and highlight its potential behavioral and psychological implications.

Material and Methods: A pre-experimental design was used in a selected school. Data were collected using a self-structured questionnaire or self-structured rating scale from 80 adolescents aged 13–18 years. The Structured Teaching Program (STP) with booklet was implemented. Pre- and post-test data were analyzed using paired t-tests and chi-square tests.

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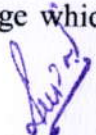
A STUDY TO ASSESS THE QUALITY OF LIFE OF GERIATRIC PEOPLE IN OLD AGE HOME AT NAGPUR WITH A VIEW TO DEVELOP AN INFORMATION BOOKLET ON PREVENTIVE ASPECTS OF GERIATRIC HEALTH PROBLEMS.

**Priyanka Kosrae, Ankita Mhaske, Swati Gaikwad, Vaishnavi Bawanthade, Sneha Pingle,
Manju Sawle**

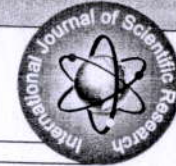
M.SC Nursing, Department of Obstetrics & Gynecological Nursing,
MKSSS, Sitabai Nargundkar College of Nursing for Women, Nagpur.

ABSTRACT: Quality of life described as wellness resulting from combination of physical, functional, emotional, cultural and educational and health care condition and also inadequate social interacting can result poor quality of life in elderly people. Elder people have high chances to suffer from multiple health disorder. Quality of life in elderly population can be affected by many environmental factors. There are so many common diseases which destructing the quality of life standard of old people like depressions, hypertension, arthritis, diabetes mellitus, hearing loss and so on. **OBJECTIVES:** - 1) To assess the prevalence of geriatric health problem on old age home. 2) develop an information booklet on preventive aspect of geriatric health problem 3) To associate health problem with select demographic variable. **MAJOR FINDING OF STUDY:** - 1) In Demographic Variable 80% of old age people were in age group 60-80 years and 20% of them were in age group of 89-100 years 48.80% of old age peoples are females and 51.30% are male. Containing 98.80% belong to urban area 1.20% from rural. 85% old age people live in Joint room. 2) In research finding, 42% of people were having hypertension 28% having DM 1% geriatric people suffering from psychiatric illness. All over study revealed that majority old age have excellent type of quality of life. **CONCLUSION:** - The study concludes that producing preventive booklet on different diseases occurs in old age which is helpful to manage different disease and prevention of that.

KEY WORD: - Quality of life, Geriatric people, Geriatric health problem


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EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON KNOWLEDGE REGARDING PEDIATRIC DRUG AND FLUID CALCULATION AMONG 2ND YEAR GENERAL NURSING AND MIDWIFERY STUDENTS IN SELECTED NURSING INSTITUTIONS



Nursing

Dipti Bondre* Assistant Professor *Corresponding Author

ABSTRACT

Children are among the most vulnerable individuals in any society. The health of children and their families is greatly influenced by their community, and nurses can make a significant contribution by working with the community to promote children's health. As part of the treatment of children, accuracy is always important when calculating and administering medications. For infants and children, accuracy takes on even greater importance. A miscalculation may be dangerous due to the small body size, weight, and body surface area of the infant or child. The objectives of the study were to assess the effectiveness of planned teaching programme on knowledge regarding Pediatric drug and fluid calculation among 2nd year General Nursing and Midwifery students in selected Nursing Institutions of the city. Pre-Experimental Pre-test -Post-test design and convenient sampling technique was followed which included 60 samples. Data was collected using Self-Structured questionnaire. Data analysis was done with descriptive and inferential statistics. Results shows that with regard to level of knowledge of Pediatric drug and fluid calculation. The pre- test mean knowledge score was 8.30, and the pre-test knowledge score was 42(70 %) of students had average knowledge while 12(20 %) had poor knowledge level and 6(10%) had good knowledge Also the post- test mean knowledge score was 18.63 and 8.33% of the students had excellent level of knowledge and 45% had very good level of knowledge score, 38.33% had good knowledge, 5% had good knowledge, 3.33% had poor knowledge level. Thus it was concluded that planned teaching programme on Pediatric drug and fluid calculation was found as an effective teaching strategy.

KEYWORDS

INTRODUCTION

The health of children and their families is greatly influenced by their community, and nurses can make a significant contribution by working with the community to promote children's health. As part of the treatment of children, health care workers need access to drug dosage information.

The use of medicines in infants and children presents a unique set of challenge to the prescriber. Physiological variances between children and adults, including the otogeny of organ maturity and body composition, significantly influence the actions effectiveness and safety of medicines. However, most pharmacokinetic and pharmacodynamic studies provide little, if any, information on drug actions in infants and children, because they are usually conducted in adults. Thus, it is vital to follow paediatrics protocols and guidelines, and use references to verify medication orders to ensure that drug dosage are correct.

Background: Administration of medication in proper amount is the important Nurses responsibility. The ability to perform drug calculation is imperative to patient safety. Drug doses for infant and young children are usually smaller than those given to adult. However there is universally accepted method for calculating a pediatric dose as a fraction of an adult dose. Pediatric dose therefore as commonly on weight of child.

To administer medication safely to clients certain cognitive skills are essential. The nurse accepts full accountability and responsibility for all actions that are taken, this includes the administration of medication. Demonstrating accountability and acting responsibly in professional practice occur. Most of the errors that are made by nurses are medication errors. A medication error is any event that could cause or lead to a client receiving inappropriate medication therapy or failing to receive appropriate medication therapy. Most medication errors occur when a nurse become distracted or fails to follow routine procedures such as checking dose calculations, deciphering illegible handwriting or administering medications with which the nurse is unfamiliar.

According to Sentinel Event Alert for Preventing Pediatric Medication Errors, medication errors are more common in pediatrics than in adults because of weight-based dosage calculations, fractional dosing (eg, mg vs gm) and the need for decimal point. Experts agree that medication errors have the potential to cause harm within the pediatric population at a higher rate than in adult population.

Objectives

Primary Objective:

1. To assess the effectiveness of Planned teaching programme on knowledge regarding pediatric drug and fluid calculation among

2nd year General Nursing and Midwifery students in selected Nursing Institutions of the city.

Secondary Objective:

1. To assess the knowledge score regarding pediatric drug and fluid calculation among 2nd year General Nursing and Midwifery students in selected Nursing Institutions.
2. To evaluate the effectiveness of Planned teaching programme on knowledge regarding pediatric drug and fluid calculation among 2nd year General Nursing and Midwifery students in selected Nursing Institutions of the city.
3. To associate the level of knowledge on pediatric drug and fluid calculation with selected demographic variables in 2nd year General Nursing and Midwifery students.

Hypothesis

H0:- There will be no significant difference between pre- test and post- test knowledge score after giving planned teaching programme on knowledge regarding Pediatric Drug and Fluid calculation among 2nd year General Nursing and Midwifery students in selected Nursing Institutions.

H:- There will be significant difference between pre -test and post- test knowledge score after giving planned teaching programme on knowledge regarding Pediatric Drug and Fluid calculation among 2nd year General Nursing and Midwifery students in selected Nursing Institutions

MATERIALS AND METHODS

Research Approach: The Quantitative approach is used in present study.

Research Design: A Pre-experimental One group pre-test and post-test design was adopted for this study.

Variables:

Independent Variables: Planned teaching programme.

Dependent Variables: knowledge regarding Pediatric drug and fluid calculation

Setting Of The Study: the study was conducted in VSPM Madhuribai Deshmukh Institute of Nursing Education of the Nagpur city.

Population:

All 2nd year general nursing and midwifery students

Samples:

2nd year General nursing and Midwifery students in VSPM Madhuribai Deshmukh Institute of Nursing Education.

Sampling Technique

International Journal of Scientific Research

7

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Cover Page



SYSTEMATIC REVIEW: CHALLENGES FOR NURSES IN PEDIATRIC DRUG DOSAGE CALCULATIONS

Ms. Dipti Prabhakar Bondre

MKSSS, Sitabai Nargundkar College of Nursing for Women, Nagpur

Abstract

Pediatric drug dosage calculations are crucial yet complex tasks performed by nurses. Errors in dosage calculation can lead to severe consequences, including overdosing or underdosing. This systematic review explores the key challenges nurses face while preparing pediatric drug dosages, including mathematical difficulties, lack of standardized protocols, stress, and environmental factors. The review aims to highlight gaps in knowledge, training, and technology integration that could improve medication safety in pediatric care.

Introduction

Accurate drug dosage calculation is vital in pediatric nursing due to the varying weight, age, and physiological conditions of children. Unlike adult dosages, pediatric dosages require individualized calculations, making the process prone to errors. Pediatric patients are more vulnerable to medication errors due to their smaller body mass and immature organ functions, which influence drug metabolism and clearance.

Medication errors in pediatric settings often result from miscalculations, misinterpretation of prescription instructions, and communication breakdowns. The purpose of this review is to systematically analyze the challenges nurses encounter when performing these calculations and identify potential interventions to improve accuracy. This review also emphasizes the significance of continuous training and technology adoption in minimizing calculation errors and ensuring patient safety.

Methodology

A systematic literature review was conducted using databases including PubMed, CINAHL, Scopus, and Google Scholar. Studies published between 2015 and 2024 were considered. The search was performed using keywords such as "pediatric medication errors," "nursing drug calculations," "pediatric dosage challenges," and "medication safety."

Inclusion criteria included peer-reviewed articles, clinical trials, and observational studies focused on pediatric drug calculation challenges faced by nurses. Exclusion criteria included studies unrelated to pediatric nursing or those lacking empirical data. Articles were analyzed for their relevance, research design, and findings. The review follows PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines to ensure a structured and unbiased evaluation of existing literature.

Findings

1. Mathematical Challenges

- Many nurses lack confidence in mathematical skills, particularly when converting units (mg/kg, ml/hr, etc.).
- Errors often stem from decimal placement, unit conversions, and dilution calculations.
- A study by Smith et al. [1] found that 38% of pediatric nurses made at least one calculation error per shift.

2. Lack of Standardized Protocols

- Variations in hospital protocols lead to inconsistencies in drug calculation methods.
- Some hospitals use automated dose calculators, while others rely on manual calculations.



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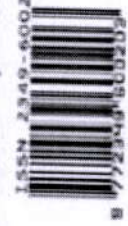
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“A Study to Assess the Effectiveness of WhatsApp-Based Educational Program on Knowledge Regarding Prevention of Infection Among Patients Survived with Multiple Myeloma in Selected Hospital of City – A Pre-Experimental Study.”

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MSC NURSING ONCOLOGY
MKSSS, SNCON NAGPUR


AUTHOR 2. MS. MADHAVI BHURE
ASST. PROFESSOR
MKSSS, SNCON NAGPUR

ABSTRACT

Background: Patients who have survived multiple myeloma remain at high risk of infections due to weakened immunity from both the disease and its treatment. **Objectives:** This study aimed to assess the knowledge regarding infection prevention among multiple myeloma survivors, determine their pre- and post-test knowledge levels, evaluate the effectiveness of a WhatsApp-based educational program, and identify associations between the intervention's effectiveness and selected demographic variables. **Materials and Methods:** A pre-experimental one-group pretest–post-test design was conducted with 110 multiple myeloma survivors attending a selected cancer hospital. Data were collected using a semi-structured knowledge questionnaire, and a WhatsApp-based educational program was delivered. Post-test data were collected seven days after the intervention. Descriptive and inferential statistics, including paired t-tests and chi-square tests, were used for analysis. **Results:** The mean post-test knowledge score was significantly higher than the pre-test score ($p < 0.05$), indicating a marked improvement in knowledge following the intervention. **Conclusion:** The WhatsApp-based educational program effectively enhanced infection prevention knowledge among multiple myeloma survivors. This digital approach offers an accessible and efficient tool that can be integrated into routine follow-up care to improve patient outcomes and promote better infection control practices.

INTRODUCTION

Multiple myeloma (MM) is a malignant plasma cell disorder that compromises immunity, predisposing patients to infections. Advances in treatment have improved survival, but post-treatment infection risk remains a serious concern. Patient education plays a crucial role in preventing infections, and digital platforms such as WhatsApp provide an innovative way to deliver health education remotely and effectively.


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“A STUDY TO ASSESS THE EFFECTIVENESS OF AN INFORMATION BOOKLET ON KNOWLEDGE REGARDING POST OPERATIVE CARE OF HEAD AND NECK CANCER AMONG PATIENTS RELATIVES IN SELECTED CANCER HOSPITALS OF THE CITY: A PRE-EXPERIMENTAL STUDY.”

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AUTHOR 2: Ms. Bhagyashree Gaikwad

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ABSTRACT

Background :- Head and neck cancers constitute a significant health problem globally and are among the leading causes of morbidity and mortality, especially in developing countries like India. According to the World Health Organization (WHO), a large proportion of head and neck cancers are associated with lifestyle factors such as tobacco use, alcohol consumption, and poor oral hygiene. Providing health education through an **information booklet** is a simple, cost-effective, and reliable method of enhancing knowledge among caregivers.

Material and method :-The Quantitative research approach and pre experimental one group pre-test, post-test research design was used in this study. The study was conducted in the selected cancer hospital of the city during year 2024 to 2025. The population of the study was 60 relatives of the head and neck cancer patients in selected cancer hospital of the city who were fulfilling the inclusion and exclusion criteria. The sampling technique used was non-probability purposive sampling.

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The Effectiveness of Planned Teaching Program on the Knowledge Regarding Visual Infusion Phlebitis (VIP) Score Among the Final Year Nursing Students of Selected Nursing Colleges: A Quasi-Experimental Study

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²HOD Medical Surgical Nursing CVTS department, Sitabai Nargundkar College of Nursing for Women, Hingna, Nagpur

Abstract—Background: Visual infusion phlebitis (VIP) is a common complication of intravenous therapy that can affect patient outcomes. Adequate knowledge among nursing students is essential for early identification and prevention.

Objectives: To assess the effectiveness of a planned teaching program on the knowledge regarding VIP score among final-year nursing students.

Methods: A quasi-experimental design was adopted. Seventy final-year nursing students from selected colleges were selected through convenience sampling. A structured questionnaire assessed pre-test and post-test knowledge. The intervention consisted of a planned teaching program on VIP score. Data were analysed using descriptive statistics, paired t-test, and chi-square test for associations.

Results: Pre-test knowledge indicated that 56.56% of students had average knowledge, 33.78% had poor knowledge, and only 9.66% had good knowledge. Post-test results showed a significant improvement, with 96.67% achieving excellent knowledge. Paired t-test revealed a statistically significant difference between pre-test and post-test scores ($t = 37.85, p < 0.001$). Gender and previous knowledge were significantly associated with post-test scores ($p < 0.05$).

Conclusion: The planned teaching program was highly effective in improving knowledge regarding VIP score among final-year nursing students. Integrating such educational interventions into nursing curricula can enhance patient care outcomes.

Index Terms—Visual Infusion Phlebitis, VIP Score, Nursing Students, Planned Teaching Program, Quasi-Experimental Study

I. INTRODUCTION

Intravenous (IV) therapy is one of the most common and essential procedures in healthcare settings, widely used for administering medications, fluids, and blood products. However, IV therapy is not without complications, and one of the most frequent adverse events associated with IV therapy is phlebitis, an inflammation of the vein. Phlebitis can cause pain, redness, swelling, and discomfort for patients, and if left untreated, may lead to serious complications such as thrombophlebitis or infection.

Early detection and timely management of phlebitis are crucial to prevent complications. The Visual Infusion Phlebitis (VIP) Score is a standardized tool used to assess and monitor the severity of phlebitis. It provides a systematic approach for nurses to identify early signs of vein inflammation and take appropriate interventions, thereby improving patient safety and the quality of nursing care.

Nursing students, particularly those in their final year, are future healthcare providers who play a vital role in the administration and monitoring of IV therapy. Adequate knowledge regarding the VIP score is essential to ensure accurate assessment, early detection of phlebitis, and effective patient management. Studies have shown that gaps in knowledge among nursing students regarding phlebitis assessment may compromise patient care outcomes.

Planned teaching programs are structured educational interventions designed to enhance knowledge and skills in a targeted area. Such programs have been proven effective in improving knowledge, clinical



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MEMORANDUM OF UNDERSTANDING

Between

Godavari Foundation's, "Godavari College of Nursing", Jalgaon,

M.S., India

And

MKSSS, "Sitabai Nargundkar College of Nursing for Women", Nagpur,

M.S., India

For

Collaboration in the Field of Research, Education, Shared Courses,

Student & Teacher Exchange

Principal
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Preamble

This Memorandum of Understanding (MoU) is made between Godavari Foundation's, Godavari College of Nursing, Jalgaon and MKSSS, Sitabai Nargundkar College of Nursing for Women's, Nagpur as follows:

Recognizing the mutual interest in research, development, education, training, other facilities, and dissemination of knowledge on a long-term non-commercial basis, and also,

Recognizing the importance of institutional roles in promoting collaboration and contributing to social development and services,

Hereby, the two institutions agree to establish collaboration in the areas of research projects, education, and student-teacher exchange. The terms and conditions are set forth in the following articles. The words "the two institutions" and "collaborating institutions" in the Memorandum of Understanding refer to the "Godavari Foundation's, Godavari College of Nursing, Jalgaon and MKSSS, Sitabai Nargundkar College of Nursing for Women's, Nagpur."

Article 1: FIELD OF COLLABORATION


Collaboration may be established within any field related to science and technology, specifically in research, health care professional education, and patient care. Extensions to other areas will require amendments to this MoU.

Article 2: EXCHANGE OF STAFF AND STUDENTS

2.1 Faculty and students from either institution undertaking short-term programmes, field work, or research at the other institution will be supported by the host institution in obtaining authorization, accommodation, and access to libraries and laboratories, subject to programme approval by both institutions.

2.2 Possibilities for twinning of faculty and students in common research will be explored.

2.3 Proposals concerning research topics, personnel, type, and period of research will be exchanged in advance.


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College of Nursing For Women, Nagpur



2.4 Patient care facilities at both institutions shall be extended to referred patients at subsidized rates.

Article 3: TRAINING OF MKSSS, "SITABAI NARGUNDKAR COLLEGE OF NURSING FOR WOMEN'S, NAGPUR, and STUDENTS

3.1 Godavari Foundation's, Godavari College of Nursing, will provide practical training facilities for MKSSS Sitabai Nargundkar College of Nursing for Women's, Nagpur's, students for a minimum of 6 working days. Training fees, travel, and living allowances will be borne by Sitabai Nargundkar College of Nursing for Women's, Nagpur or the student.

3.2 Likewise, Godavari College of Nursing, Jalgaon's, students may also undergo training at Sitabai Nargundkar College of Nursing for Women's, Nagpur.

Article 4: JOINT SUPERVISION OF STUDENT PROJECTS

4.1 Faculty from both institutes may jointly supervise student research projects.

4.2 Project details will be jointly worked out by both institutions.

4.3 Students must submit proposals for approval from both institutions.

4.4 Joint intellectual property rights will be held on all such projects.

4.5 Publications arising from the research will be done in joint collaboration.

Article 5: RESEARCH PROJECTS

5.1 Both institutions will initiate and share ongoing research activities to encourage collaboration.

5.2 Projects and research teams will be approved by both institutions.

5.3 Projects will be jointly led, with shared responsibility for reporting.

5.4 Intellectual property rights will be jointly held.

5.5 Publications will be jointly produced.

Article 6: INTELLECTUAL PROPERTY RIGHTS (IPR)

6.1 Research results and scientific materials (e.g., reports, articles, books, and patents) will be exchanged freely under mutually agreed terms. Intellectual property developed solely by Godavari College of Nursing, Jalgaon shall be owned by Godavari College of Nursing,



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Jalgaon. Intellectual property developed solely by Sitabai Nargundkar College of Nursing for Women's, Nagpur shall be owned by Sitabai Nargundkar College of Nursing for Women's, Nagpur. Intellectual property jointly developed will be jointly owned, with equal shares and mutual agreement for any commercial use.

Article 7: FUNDING AND FINANCE

7.1 Research results and scientific materials will be exchanged free of charge and, where possible, on a returnable basis.

Article 8: LINK MANAGEMENT AND ADMINISTRATION

Negotiation, implementation, and coordination of the MoU shall be the responsibility of the Principals of both institutions. The MoU becomes effective upon signing by the Principal of Godavari College of Nursing, Jalgaon, and the Principal of Sitabai Nargundkar College of Nursing for Women's, Nagpur.

Article 9: GENERAL PROVISIONS

9.1 Joint research will be conducted in accordance with the laws and regulations of both institutions.

9.2 The institutions will exchange research publications, lists, and official documents while maintaining intellectual property security.


9.3 All publications resulting from the collaboration shall acknowledge both institutions and reference this MoU.

9.4 Godavari College of Nursing, Jalgaon will act as a recognized centre affiliated with Sitabai Nargundkar College of Nursing for Women's, Nagpur and may initiate joint technical manpower training courses.

Article 10: NON-DISCLOSURE

10.1 No institution shall disclose information from joint research or consultancy to media or unauthorized persons without mutual consent and approval by a coordination committee.

Article 11: SETTLEMENT OF DISPUTES


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Disputes shall first be addressed through mutual consultation. If unresolved, the dispute will be referred to arbitration, with the arbitrator appointed by mutual consent. All proceedings will take place at Jalgaon only.

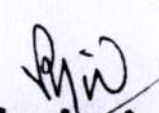
Article 12: VALIDITY PERIOD

12.1 This MoU shall remain valid for a period of five (5) years from the date of signing. Upon expiry, both institutions may enter into a new agreement with similar or modified terms.



Signature of Principal,
Principal

Sitabai Nargundkar
Mksss' Sitabai Nargundkar College of
Nursing for Women's, Nagpur



Principal
Godavari College of Nursing
Signature of Principal,

Godavari Foundation's Godavari College of
Nursing Jalgaon



Principal
Sitabai Nargundkar
College of Nursing For Women, Nagpu





सत्यमेव जयते

INDIA NON JUDICIAL

Government of National Capital Territory of Delhi

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 Certificate Issued Date : 23-Dec-2024 02:11 PM
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 Purchased by : EXTENSION FOR COMMUNITY HEALTHCARE OUTCOMES
 Description of Document : Article 5 General Agreement
 Property Description : Not Applicable
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 First Party : EXTENSION FOR COMMUNITY HEALTHCARE OUTCOMES
 Second Party : MKSSS SITABAI NARGUNDKAR COLLEGE OF NURSING FOR WOMEN NAGPUR
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 Stamp Duty Amount(Rs.) : 100
 (One Hundred only)

सत्यमेव जयते



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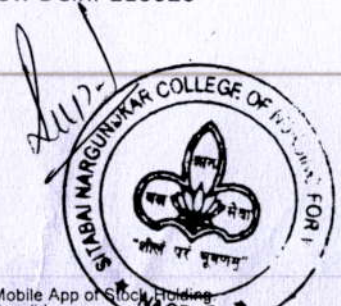
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MKSSS SITABAI NARGUNDKAR
 COLLEGE OF NURSING FOR WOMEN, NAGPUR,
 Mouje Sukali, (Gupchup)
 Hingna - 441110

ECHO INDIA
 Building No. 232A, Ground Floor,
 Okhla Industrial Area
 Phase-3, New Delhi-110020

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 Sitabai Nargundkar
 College of Nursing For Women, Nagpur

Sunny Hand



Statutory Alert:

1 The authenticity of this Stamp certificate should be verified at www.shclstamp.com or using e-Stamp Mobile App of Shcl, Haryana

EXTENSION FOR COMMUNITY HEALTHCARE OUTCOMES EXTENSION FOR COMMUNITY HEALTHCARE OUTCOMES EXTENSION FOR COMMUNITY HEALTHCARE OUTCOMES



Project ECHO® (Extension for Community Healthcare Outcomes)

Statement of Collaboration:

Outlining Project ECHO Collaborations with Replicating Partners

The mission of Project ECHO (Extension for Community Healthcare Outcomes) at the University of New Mexico Health Sciences Center (UNMHSC) is to demonopolize knowledge and amplify the capacity to provide best practice care for underserved people all over the world. In pursuit of this mission, Project ECHO® faculty, staff and partners have dedicated themselves to de-monopolizing knowledge in order to expand access to best-practice medical care across the United States, India and globally.

This is a non-contractual agreement outlining the roles and responsibilities between Project ECHO and any partner replicating our innovative model of care. A contractual companion agreement will also need to be signed by replicating organization legal representatives.

In the spirit of collaboration, ECHO India offers to/commits to the following programs and tools:

1. Host introductory-level Project ECHO® orientation events in India for interested individuals and organizations.
2. Subsequent to orientation, ECHO India will provide a more detailed training in Project ECHO® best practices and tools through an extended, on-site training or via videoconferencing or asynchronous video modules. These include, but are not limited to:
 - a. Disease-specific clinic management
 - b. Recruiting community partners
 - c. IT tools (hardware and software)
 - d. Curriculum resources and training materials, protocols and processes
 - e. Research design and evaluation processes, resources and tools
3. Provide use of existing archived teleECHO™ didactics when available.
4. Provide licensed use of IT tools, evaluation tools (both provider and patient-focused) and curriculum materials developed by Project ECHO®.
5. Provide licensed use of Zoom teleconferencing system (within our capacity and licensed use) to approved replication partners without charge through December 31, 2025. ECHO India has no liability for this product. Use of the Zoom software is exclusively limited for Project ECHO activities, as required by UNMHSC's contract with Zoom.
6. Use the trademarked Project ECHO® logo, customized for your specific program. Replicating partners will use this customized ECHO logo prominently for all ECHO activities, whether printed or online materials, marketing materials or ECHO sessions. For example, it is expected that replicating partners will place a banner of the customized logo in prominent view of the camera and audience during all ECHO activities.
7. Host an ongoing "metaECHO™," a virtual sharing of programmatic best practices among established and new replication partners using program challenges and successes as case studies. In addition, this will facilitate opening new possibilities for Project ECHO® engagement based on metaECHO™ thinking, including literature reviews and global health challenges.

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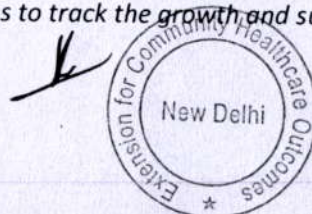
Project ECHO® (Extension for Community Healthcare Outcomes)

8. Will create a program of certification or verification of Project ECHO® replication programs demonstrating fidelity to the ECHO® model, as determined by ECHO India.

In the spirit of mutual responsibility, replicating Project ECHO® partners are expected to:

1. Send team leaders (clinicians and/or administrators) to attend the Project ECHO® orientation and subsequent trainings in Project ECHO® implementation.
2. Use the ECHO name as part of the name of any and all projects which are developed in collaboration with or modeled upon ECHO India, ECHO model or Project ECHO® (i.e. Scan ECHO is the Veteran's Health Administration replication project, CHC Project ECHO is the Community Health Center, Inc.'s replication project in Connecticut).
3. Submit proposed project name for approval by UNMHSC. Expressly forbidden is use of the name "ECHO INSTITUTE" which is reserved specifically for the Project ECHO at UNMHSC.
4. Follow the mission of Project ECHO® which is to demonopolize knowledge and amplify the capacity to provide best practice care for underserved people all over the world. Using Project ECHO® and its licensed materials for unapproved commercial purposes (such as selling any product or process associated with Project ECHO®) is prohibited. Financial arrangements with local or national payers to sustain the ECHO® project are acceptable, while selling the model or products is not.
5. Implement the four-point ECHO model:
 1. Use technology (teleECHO™ multipoint videoconferencing and the internet) to leverage scarce resources and create knowledge networks.
 2. Improve outcomes by reducing variation in processes of care and sharing best practices.
 3. Use case-based learning: guided practice through real-life cases with a multidisciplinary team of subject matter experts to facilitate learning by doing.
 4. Tracking of data to monitor outcomes. It is understood that evaluation is the most difficult and expensive element of the model, and while Project ECHO encourages use of a HIPAA-compliant centralized database in the evaluation of outcomes, it is not a requirement.
6. Use the trademarked Project ECHO® logo, customized for your specific program. Replicating partners will use this customized ECHO logo prominently for all ECHO activities, whether printed or online materials, marketing materials or ECHO sessions. For example, it is expected that replicating partners will place a banner of the customized logo in prominent view of the camera and audience during all ECHO activities.
7. Agree to cite Project ECHO® and the ECHO® model in all publications and written materials describing this work. The use of the trademarked Project ECHO® logo, title and/or model infers appropriate training from experienced faculty and staff at Project ECHO® at UNMHSC or another ECHO superhub.
8. Respect Project ECHO® copyright and intellectual property rights, along with any contracted terms of use, in the use of Project ECHO® didactics, curricula, software, resources and other materials.
9. Use the term "teleECHO™" to differentiate clinic activities from traditional telehealth or telemedicine (e.g. Hepatitis C TeleECHO Clinic; Rheumatology TeleECHO Advanced Training; teleECHO clinics.) We encourage all ECHO® replication partners to continue this differentiation and use the term "teleECHO™" in all written materials and communication.
10. Fully implement and utilize the iECHO clinic management tool to track clinic attendance, didactics, CME, case presentations, etc. This allows all ECHO programs to track the growth and success of the model.

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College of Nursing For Women, Naapur





Project ECHO® (Extension for Community Healthcare Outcomes)

11. Track outcomes (with our assistance and tools, as necessary) to whatever extent possible and participate in the sharing of data outcomes with the objective of improving best practices and disease management worldwide. As more sites adopt the ECHO® model, the opportunity for global collaboration, research and data sharing/aggregation exists. Such collaborations should be conducted under separate agreement.
12. Protect patient confidentiality and privacy considerations in all aspects of Project ECHO® operations and management, in accordance with all local, state and federal mandates.
13. Use additional Project ECHO® IT tools, including iHealth/ECHO Health and teleECHO™ architecture, when appropriate. Any modification of these tools is prohibited without consultation and approval from Project ECHO® at UNMHSC. Commercial use or selling of these tools is prohibited.
14. Provide feedback to ECHO India and the ECHO Institute at UNMHSC via MetaECHO™ and direct communications. Feedback regarding challenges and solutions will be incorporated into Project ECHO® practices and used to improve Project ECHO® replication efforts worldwide. Open and multi-directional communication is highly valued.
15. Collaborate with ECHO India and the ECHO Institute on research opportunities when possible. We request the opportunity to review any presentations, abstracts or manuscripts prior to publication.

MKSSS Sitabai Nargundkar College of Nursing for Women, Nagpur.is committed to this collaboration and working with ECHO India.

(MKSSS Sitabai Nargundkar College of Nursing for Women, Nagpur Authorized Signatory)



[Handwritten signature]

(Date)

9/11/25

ECHO India is committed to this collaboration and working with MKSSS Sitabai Nargundkar College of Nursing for Women, Nagpur.

(ECHO India Authorized Signatory)

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24/12/2024

(Date)

Checked By: *[Handwritten signature]*

Printed name: Shatakshi Shahi

Title: Senior Executive - Legal

Date: 24/12/2024

[Handwritten signature]
Principal
Sitabai Nargundkar
College of Nursing For Women, Nagpur



Project ECHO® (Extension for Community Healthcare Outcomes)

**SUBLICENSEE REPLICATION SITE
INTELLECTUAL PROPERTY TERMS OF USE AGREEMENT**

Effective 24th December 2024, ECHO India ("Superhub Site," as further defined below) and MKSSS Sitabai Nargundkar College of Nursing for Women, Nagpur (a "Sublicensee Replication Site," as further defined below) agree as follows:

BACKGROUND

Project ECHO® (Extension for Community Healthcare Outcomes) ("Project ECHO") has developed a pioneering telementoring and distance learning program designed to improve patient care and create healthcare workforce multiplication. Project ECHO includes intellectual property developed and owned by the Regents of the University of New Mexico ("UNM"). ECHO India ("Superhub Site") has entered into a Project ECHO Intellectual Property Terms of Use Agreement for ECHO India (the "Superhub Site Agreement"), dated June 14 2015, with the Regents of the University of New Mexico, for its public operation known as the Health Sciences Center's ECHO Institute. Pursuant to that Superhub Site Agreement, ECHO India has the right to sublicense certain Licensed Intellectual Property (as defined below) to appropriate Sublicensee Replication sites and MKSSS Sitabai Nargundkar College of Nursing for Women, Nagpur having its address at Mouje Sukali, (Gupchup), Hingna - 441110 (the "Sublicensee Replication Site") desires to enter into this Sublicensee Replication Site Intellectual Property Terms of Use Agreement (the "Agreement") in order to obtain the rights and licenses necessary to conduct Project ECHO Activities and ECHO India desires to provide the rights and licenses to Sublicensee Replication Site to enable it to conduct Project ECHO Activities, all in accordance with Project ECHO's mission, the Superhub Site Agreement, and the terms and conditions of this Agreement.

MISSION STATEMENT


Project ECHO is a movement to demonopolize knowledge and amplify the capacity to provide best practice care for underserved people all over the world.

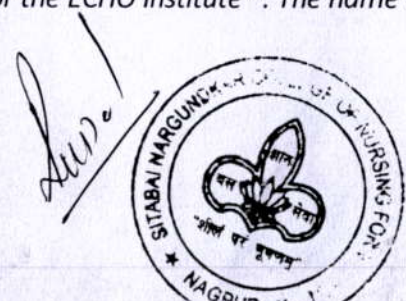
ARTICLE I – DEFINITIONS

A capitalized word or phrase in this Agreement shall have the meaning ascribed to it in the attached Glossary.

ARTICLE II – CONDUCT OF PROJECT ECHO ACTIVITIES

2.1 Conduct of Project ECHO Activities at Sublicensee Replication Site. Subject to the terms and conditions of this Agreement, ECHO India grants to Sublicensee Replication Site the nonexclusive right to conduct Project ECHO Activities, provided that the ECHO name be used as part of or integrated into the name of any and all projects resulting from this collaboration or modeled after Project ECHO or the ECHO Institute™. The name or title of


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Project ECHO® (Extension for Community Healthcare Outcomes)

the project will be determined by the organizational name used in this customized Intellectual Property Terms of Use Agreement.

2.2 Grant of License. In order to permit the conduct of Project ECHO Activities at Sublicensee Replication Site, ECHO India hereby grants to Sublicensee Replication Site a nonexclusive right and license to use and reproduce the Licensed Intellectual Property in the conduct of Project ECHO Activities at no cost. In addition, ECHO India hereby grants to Sublicensee Replication Site a right to use and produce Derivative Works in the replication and facilitation of replication of Project ECHO Activities at no cost. In addition, ECHO India hereby grants to Sublicensee Replication Site a non-exclusive right and license to create Derivative Works, which shall be subject to the terms of Section 4.2. Notwithstanding the foregoing, Sublicensee Replication Site shall not have the authority to sub-license the Licensed Intellectual Property to any third party. Specifically, the license contemplated herein is exclusive to Sublicensee Replication Site and shall not be used or purported to be used by third parties in any way as to create any additional rights or licenses not contemplated and expressly granted in this Agreement.


2.3 Noncommercial Purposes Only. Without the prior written consent of ECHO India, which consent may be withheld or conditioned at ECHO India's discretion, Sublicensee Replication Site shall use the Licensed Intellectual Property and conduct Project ECHO Activities only in a manner consistent with the Project ECHO and ECHO India's mission. Using Project ECHO for commercial purposes is prohibited. By way of example, selling or sublicensing the ECHO model, Licensed Intellectual Property, curriculum materials, software, hardware, access to hardware, or consultation services related to ECHO model, mission, resources or the replication of ECHO projects outside of Sublicensee Replication Site is expressly prohibited. To seek permission for commercial uses or uses outside of the scope of the Project ECHO mission, please contact the Executive Director of ECHO India: Dr. Sunil Anand. Notwithstanding the foregoing, financial arrangements with local or national payers to sustain the ECHO project are acceptable. By way of example, Sublicensee Replication Site may:

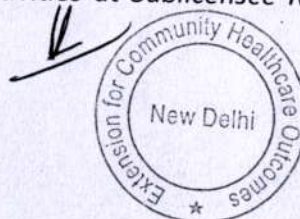
- use ECHO Model™ and Licensed Intellectual Property to develop grants and funding for their own ECHO project, including solicitation of federal, nonfederal and foundation monies.
- receive funding from insurance and third-party healthcare payer organizations to fund patient care, training and other ECHO-related activities.
- receive funding from city, county, state or federal legislative sources including Medicare, Medicaid, departments of health, etc. to support ECHO-related activities.

2.4 Consulting Services. The ECHO Institute may, under separate arrangements with Sublicensee Replication Site, provide consulting services and training to Sublicensee Replication Site with respect to the conduct of Project ECHO Activities at Sublicensee Replication Site.

ARTICLE III – RESPONSIBILITIES OF SUBLICENSEE REPLICATION SITE

3.1 Conduct of Project ECHO Activities at Sublicensee Replication Site. Sublicensee Replication Site shall implement and conduct Project ECHO Activities at Sublicensee Replication Site in accordance with this


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Project ECHO® (Extension for Community Healthcare Outcomes)

Agreement.

3.2 Obligations of Sublicensee Replication Site. In connection with its conduct of Project ECHO Activities, Sublicensee Replication Site shall:

- a) pay and be responsible for all costs and expenses of Sublicensee Replication Site related to the performance by Sublicensee Replication Site of the Project ECHO Activities including the costs of acquisition of any equipment and third party software necessary for the operation of the Project ECHO Activities by Sublicensee Replication Site.
- b) as further described herein, comply with all Applicable Laws and ethical rules, including, but not limited to, the laws governing Intellectual Property Rights in India. Specifically, Sublicensee Replication Site shall have the sole and exclusive responsibility of complying with applicable laws when acting both in and outside of the United States territories. This includes, but is not limited to state, local, and international laws, regulations, compliance and other requirements.
- c) require that the Permitted PCCs and Sublicensee Replication Site Specialists comply with all Applicable Law and ethical rules with respect to their participation in the Project ECHO Activities.
- d) conspicuously brand Project ECHO Activities conducted at Sublicensee Replication Site, including written, online and marketing materials, using the Project ECHO Licensed Brand Marks (Exhibit A) customized for their specific project. Specifically, Sublicensee Replication Site must place a banner with the authorized and approved ECHO logo (customized for Sublicensee Replication Site, per the Licensed Brand Marks) in prominent view of the camera for the conduct of ECHO activities.
- e) incorporate "Project ECHO" into the name or title of the project, which will be determined by the organizational name used in this customized Intellectual Property Terms of Use Agreement. Forbidden is use of the name "ECHO Institute" which is reserved specifically for Project ECHO at UNMHSC.
- f) fully utilize the ECHO software program called iECHO to track all ECHO-related activities at Sublicensee Replication Site. In addition, there may be additional data and information requests from the ECHO Institute which will need to be fulfilled regarding the application and implementation of the ECHO model at Sublicensee Replication Site.
- g) conduct Project ECHO Activities as high quality, professional services consistent with the quality of the Project ECHO Activities conducted by the ECHO Institute and ECHO India. If the quality of the activities at Sublicensee Replication Site falls below standard, Sublicensee Replication Site shall use reasonable efforts to restore such quality within a reasonable period of time. Sublicensee Replication Site agrees to permit representatives of ECHO India and the ECHO Institute to review from time to time the quality of the Project ECHO Activities conducted at Sublicensee Replication Site.
- h) work with ECHO India and ECHO Institute to create mechanisms necessary for sharing and aggregating de-identified data for the purpose of discovering and disseminating best practices in different parts of the world, developing individualized decision-making tools, assessing disease


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Sitabai Nargundkar
College of Nursing For Women, Nagpur





Project ECHO® (Extension for Community Healthcare Outcomes)

patterns in diverse geographic areas and evaluating the overall impact of the ECHO model on healthcare delivery systems around the world.

ARTICLE IV – INTELLECTUAL PROPERTY RIGHTS

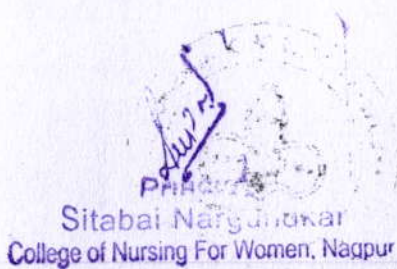
4.1 Ownership of Licensed Intellectual Property. This Agreement does not provide Sublicensee Replication Site with title or ownership to the Licensed Intellectual Property or the Project ECHO Activities, but only the limited rights of use as provided in this Agreement. Sublicensee Replication Site shall reproduce and include in all copies of the Licensed Intellectual Property the copyright notices and proprietary legends of Project ECHO as they appear in the Licensed Intellectual Property and on media containing the Licensed Intellectual Property. Sublicensee Replication Site hereby understands and warrants that the Licensed Intellectual Property is the property of UNM and that its sublicense, as granted by ECHO India pursuant to this Agreement, and any rights related thereto are limited to those included and allowable by this Agreement.

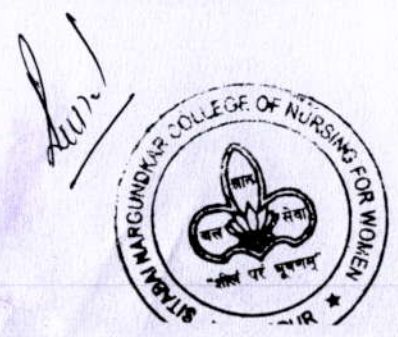
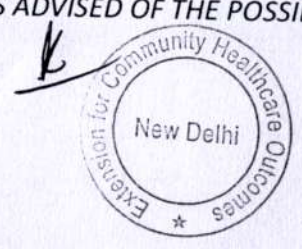
4.2 License Grantback. As part of the consideration for the grant of rights to Sublicensee Replication Site under this Agreement, Sublicensee Replication Site hereby grants to ECHO India and The ECHO Institute/UNMHSC a worldwide, nonexclusive, fully sub-licensable, royalty-free right and license at no cost to use any Derivative Works prepared, developed, or conceived by Sublicensee Replication Site, its agents, employees, or contractors, in the conduct of the Project ECHO Activities by Sublicensee Replication Site or using the Licensed Intellectual Property.

ARTICLE V – DISCLAIMER OF WARRANTIES & LIMITATION OF LIABILITY

5.1 DISCLAIMER OF WARRANTIES. THE LICENSED INTELLECTUAL PROPERTY AND ANY SERVICES PROVIDED BY ECHO INDIA IS PROVIDED 'AS IS.' NO WARRANTIES OR REPRESENTATIONS OF ANY KIND, EXPRESS OR IMPLIED, ARE MADE WITH RESPECT TO THE LICENSED INTELLECTUAL PROPERTY OR ECHO INSTITUTE /UNMHSC AND ECHO INDIA EXPRESSLY DISCLAIM ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY WARRANTIES OF MERCHANTABILITY, TITLE, OR FITNESS FOR A PARTICULAR PURPOSE AND ANY OTHER IMPLIED WARRANTIES WITH RESPECT TO THE CAPABILITIES, SAFETY, UTILITY, APPLICATION OF THE LICENSED INTELLECTUAL PROPERTY OR PROJECT ECHO.

5.2 LIMITATION OF LIABILITY. IN NO EVENT SHALL ECHO INDIA OR ECHO INSTITUTE/UNMHSC BE LIABLE TO MKSSS SITABAI NARGUNDKAR COLLEGE OF NURSING FOR WOMEN, NAGPUR OR ANY THIRD PARTY FOR ANY SPECIAL, CONSEQUENTIAL, INDIRECT, EXEMPLARY, PUNITIVE OR INCIDENTAL DAMAGES (INCLUDING LOST OR ANTICIPATED REVENUES OR PROFITS RELATING TO THE SAME), ARISING FROM ANY CLAIM RELATING TO THIS AGREEMENT OR THE CONDUCT OF THE PROJECT ECHO ACTIVITIES BY SUBLICENSEE REPLICATION SITE, WHETHER SUCH CLAIM IS BASED ON CONTRACT, TORT (INCLUDING NEGLIGENCE) OR OTHERWISE, EVEN IF AN AUTHORIZED REPRESENTATIVE OF SUCH PARTY IS ADVISED OF THE POSSIBILITY OR LIKELIHOOD OF SAME.


Sitabai Nargundkar
College of Nursing For Women, Nagpur





Project ECHO® (Extension for Community Healthcare Outcomes)

ARTICLE VI – TERM AND TERMINATION

6.1 Term. This Agreement will remain valid and in force until the date that is one year after the Effective Date, and thereafter shall automatically renew for consecutive one year terms unless either ECHO India or Sublicensee Replication Site shall provide the other with written notice of non-renewal at least ninety (90) days prior to the anniversary of the Effective Date. Sublicensee Replication Site understands and hereby agrees that pursuant to the ECHO Institute's contract for the Zoom software and ECHO Institute's contract with ECHO India, that software is only available to Sublicensee Replication Site until December 31, 2025 at no cost to Sublicensee Replication Site. After that date, ECHO India shall no longer be responsible for providing access to that software to Sublicensee Replication Site.

6.2 Termination. ECHO India shall be entitled to terminate this Agreement effective immediately upon written notice to Sublicensee Replication Site if Sublicensee Replication Site misuses the Licensed Intellectual Property or otherwise breaches any of the terms of this Agreement. In addition, ECHO India and Sublicensee Replication Site shall be entitled to terminate this Agreement by sixty (60) days written notice in case of breach of any terms and conditions of this Agreement. Upon termination of this Agreement, Sublicensee Replication Site shall immediately cease all use of the Licensed Intellectual Property.

ARTICLE VII – MISCELLANEOUS

7.1 Miscellaneous Terms. The following terms shall apply to this Agreement: (a) in the performance of its duties and obligations under this Agreement, each Party agrees that they shall not, directly or indirectly, violate any U.S. or India law, regulation or treaty, or any other international treaty or agreement, relating to the export or re-export of any material or associated technical data, to which the U.S. or India adheres or with which the U.S. or India complies. Further to the above, Sublicensee Replication Site understands and agrees that UNMHSC and the ECHO Institute are not providing any guidance, counsel, or support related to Sublicensee Replication Site's international activities, as such may be required, and any legal or other requirements related to those activities and the use of the ECHO model in those localities. Nothing in this agreement, express or implied, is intended to confer any rights, remedies, claims, or interests upon a person not a party to this agreement; (b) Sublicensee Replication Site is an independent contractor of ECHO India; (c) Sublicensee Replication Site may not transfer, assign, or sublicense any of its rights, powers, duties, or obligations under this Agreement; (d) this Agreement constitutes the entire agreement between ECHO India and Sublicensee Replication Site with respect to the subject matter hereof, supersedes all prior agreements with respect thereto, and may not be modified except by written agreement; (e) this Agreement shall be construed under and governed by the laws of India without regard to its conflicts of laws principles; (f) any legal action brought under this Agreement must be brought in the Competent Court in Delhi, India; (g) any notices to be given under this Agreement shall be given in writing. (h) upon termination of this agreement, the obligations and responsibilities of clauses 2.1, 2.3 and 3.2 shall survive such termination, i.e. ECHO activities must retain the ECHO name and brand and restrictions on selling ECHO IP to third parties remain in effect.


Principal
Sibai Nargundkar
College of Nursing For Women, Nagpur









Project ECHO® (Extension for Community Healthcare Outcomes)

IN WITNESS WHEREOF, ECHO India and Sublicensee Replication Site have caused this Agreement to be signed by their duly authorized representatives as of the day and year indicated above.

MKSSS Sitabai Nargundkar College of Nursing for Women, Nagpur

ECHO India

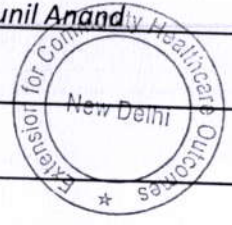
By: _____ By: _____

Authorized Signatory: Dr. Rupa Ashok Verma Authorized Signatory: Dr. Sunil Anand

Title: Principal Title: Executive Director

Date: _____ Date: 24/12/2024

Principal
Sitabai Nargundkar
College of Nursing for Women, Nagpur.



Checked By: _____

Printed name: Shatakshi Shahi

Title: Senior Executive - Legal

Date: 24/12/2024

GLOSSARY

“Agreement” means this SUBLICENSEE REPLICATION SITE INTELLECTUAL PROPERTY TERMS OF USE AGREEMENT.

“Applicable Law” means any Indian or United States, Central, federal, or state statute, law, ordinance, policy, guidance, rule, administrative interpretation, regulation, order, writ, injunction, directive, judgment, decree or other legal requirement, applicable to any of the Parties herein or its business, assets, liabilities, operations, officers, directors, employees, consultants or agents.

“Derivative Works” – any collateral or materials, whether process-orientated, clinical, educational or technical, developed in the process of carrying out Project ECHO activities. Examples might include case presentation templates, evaluation

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resources or tools, clinical didactic presentations, grant-writing resources, community partner recruitment strategies or tools, etc.

“ECHO Institute” means the Project ECHO® Activities conducted at the University of New Mexico Health Sciences Center.

“Effective Date” means the date set out on the opening paragraph of this Agreement.

“Intellectual Property” means any inventions, discoveries, improvements, works of authorship or the like, including patents, patent applications, and certificates of invention; trade secrets, know how or similar rights; copyright materials; trademarks, service marks, logos, and trade dress; and similar property under any laws or international conventions throughout the world.

“Licensed Intellectual Property” means the Licensed Software Programs, the Licensed Brand Marks, the Licensed Materials, and the Licensed Know-How identified on attached Exhibit A and such intellectual property as Sublicensee Replication Site develops after the date of this agreement that it makes available to the ECHO Institute and ECHO India.

“Permitted PCCs” means primary care clinicians that provide health care to significantly underserved or uninsured patient populations, including rural and frontier providers, and providers to prison populations.

“Project ECHO® Activities” means the design, structure, and process constituting the telementoring and distance learning program developed at UNMHSC/Project ECHO® that utilizes teleconferencing, videoconferencing, internet-based assessment tools, online presentations, telephone, fax, and email communications to connect specialists with primary care providers in rural areas and prisons for the purpose of improving patient care.

“Software” means Zoom, Box, Teamwork and the Licensed Software Programs.

“Specialists” means providers employed by or affiliated with Sublicensee Replication Site who are specialists in a medical field in which conducts Project ECHO® Activities.

“Sublicensee Replication Site” means the sublicensee under the present Agreement.

EXHIBIT A

LICENSED INTELLECTUAL PROPERTY

For complete and updated list see “Licensed Intellectual Property”

Licensed Trademarks:

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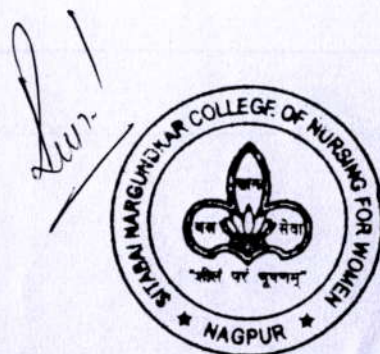
*ECHO® U.S. Trademark Registration No. 4,212,865 (and registration application pending in India);
PROJECT ECHO® and Project ECHO® U.S. Trademark Registration No. 4,212,866 (and registration
application pending in India);
Design of Project ECHO™;
ECHO HEALTH® and ECHO Health® U.S. Trademark Registration 4,696,236 (and registration application
pending in India);
ECHOSYSTEM™ U.S. Trademark Registration Application No. 86/886,884 (and registration application
pending in India);
ECHOSOFT™ U.S. Trademark Registration Application No. 86/886,904 (and registration application
pending in India);
IECHO™ and iECHO™ U.S. Trademark Registration Application No. 87/186157 (and registration
application pending in India);
teleECHO™;
ECHO model™;
ECHO Institute™;
ECHO Care™; and
MetaECHO™*

*Health Care, Electronic Health Care Management, and Advisory Services Software of the ECHO Institute™
("Licensed Software"):*

*iECHO™ – proprietary teleECHO™ clinic management software and database;
iHEALTH™ – proprietary patient case presentation and patient data collection/tracking software and
database; and
ECHO HEALTH™ – proprietary patient case presentation, patient data collection and case management
software and database.*

Other Licensed Materials and Know-How:

*Copyright protected materials including those concerning the set-up and operation of a facility through which
Project ECHO® services are rendered and various didactic and teaching materials of a technical and
instructional nature relating to health care.*



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This Master Subscription Agreement ("Agreement") is made and entered into as of 18/03/2025 by and between Almashines Technologies Pvt. Ltd. ("AlmaShines"), an Indian Company, with office at Ahmedabad and MKSSS's Sitabai Nargundkar College Of Nursing For Women's, Nagpur.

WHEREAS Almashines, is an organization offering services in the form of an online platform for educational institutions to help them connect and engage their alumni. And MKSSS's Sitabai Nargundkar College Of Nursing For Women's, Nagpur is an Education Institute.

1. Services and Support

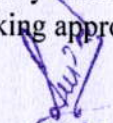
1.1 Provision of Services. Subject to the terms and conditions of this Agreement, Almashines is bound to provide Institute, with the following set of services:

- i) Provide a dedicated platform, Web Based to the institute authorities for facilitating interaction with the alumni and students, primarily.
- ii) Provide Technical maintenance and knowledge support to the Institute authorities to ensure the proper usability and functionality of the services provided by Almashines.
- iii) Provide with a Monthly/Quarterly Report to describe the progress and growth of the community.

During the term of this Agreement, Almashines may make enhancements to the Products and the Services and Institute agrees to use the enhanced versions of the Products and the Services which shall not hamper the functionality and deliverables of the product as per the agreement

Support Services. AlmaShines shall provide technical and knowledge support services against all the requests made via the appointed account manager or clients@almashines.com. The turnaround time for any of these requests shall not exceed 72 Hours.

1.2 Rights for Use of User Data / Institute Representations and Warranties. The User Data, i.e. the information about the members of the community & the content published by them on the platform remains the joint property of institute & AlmaShines. Data shared at the time of set-up is stored on the servers of Almashines and hence, Almashines shall take all security measures necessary to meet the industry standards in this context. Institute must have the right to retrieve & extract the user data. AlmaShines shall commit that the user data shall be managed and handled carefully and shall not be shared with any third party, though AlmaShines can conduct various community engagement campaigns without seeking approval of the institute.


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1.3. Security. Almashines shall provide for the security of the data, created or consumed by all the users. Almashines shall also ensure, that the user data shall not be leaked to any third party. Institute also understands the importance of maintaining the privacy of user data, hence they shall as well take the necessary measures to protect the same.

2. User Liability

On signing for AlmaDirectory, user confirms that he/she is using the product on behalf of a registered alumni body or an institute. User shall have the access to manage the database of users, hence shall take all required data protection measures. If found that the services offered by AlmaShines are being used in any unauthorized manner, AlmaShines holds the authority to discontinue the subscription immediately and the same can be referred for prosecution under Indian Penal Code

3. Term and Termination

3.1 Termination. This Agreement may be terminated as follows:

- (i) Institute may terminate this Agreement at any time by notifying Almashines in writing stating a reasonable cause for such early termination by giving a notice of at least 1 month.
- (ii) Either party may terminate this Agreement immediately by written notice if the other party materially breaches this Agreement and fails to cure its breach after receipt of written notice within 30 days in the case of all other breaches.
- (iii) Either party may terminate this Agreement immediately by written notice of the other party
 - (a) becomes insolvent, (b) makes an assignment for the benefit of creditors, (c) files or has filed against it a petition in bankruptcy or seeking reorganization, (d) has a receiver appointed, or (e) institutes a proceeding for liquidation or winding up. In the case of involuntary proceedings, a party will only be in breach if the applicable petition or proceeding has not been dismissed within 90 days.

3.2 Effect of Termination. Within 7 days of expiration or earlier termination of this Agreement as per 3.1, Institute shall pay to Almashines all undisputed fees for the Services up to and including the date of termination.



4. Proprietary Rights

4.1 Almashines's Proprietary Rights. Exclusive of Institute Information, Almashines (or its third-party licensors, if applicable) will retain all rights, title, and interest in and to the Product, Services, and the Almashines Information and all legally protectable elements or derivative works thereof. Almashines may place copyright and/or proprietary notices, including hypertext links, within the Services. Institute may not alter or remove these notices without Almashines's written permission.

4.2 All the registered users will agree to the 'Terms and Conditions' put by AlmaShines on the platform at the time of registration. Institute also acknowledges that the product is the property of AlmaShines and is being licensed by the institute for the term of this agreement, hence it permits AlmaShines to take the credit of the same, by placing their logo/name within the services. AlmaShines holds the right to project Institute on all its media.

4.2.1 Institute may not have the right to, and agrees not to, attempt to restrain Almashines from using any skills or knowledge of a general nature acquired during the course of providing the Services, including information publicly known or available or that could reasonably be acquired in similar work performed for other clients.

4.3 Institute's Proprietary Rights. Institute will retain all rights, title and interest in and to the legally protectable elements of Institute Information and derivative works thereof.

Almashines Technologies Pvt. Ltd.

By Kapil Dev Advani

Name Kapil Dev Advani

Title: Director

Date : 18 March, 2025

MKSSS's Sitabai Nargundkar College Of
Nursing For Women, Nagpur

By Dr. Rupa Ashok Verma
Principal

Name _Dr. Rupa Ashok Verma_
Title : Principal

Date : 18 March, 2025

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