

## **AMALA COLLEGE OF NURSING**

(An undertaking of Amala Cancer Hospital Society) Amala Nagar P.O., Thrissur-680 555, Kerala, India. Website : <u>www.amalanursingcollege.org</u>

## FIRST CYCLE NAAC ACCREDITATION 2022

## **CRITERION 6**

GOVERNANCE, LEADERSHIP AND MANAGEMENT

6.5. Internal Quality Assurance System

6.5.1 Minutes of the IQAC meetings 2017-2018





THE NATIONAL ASSESSMENT AND ACCREDITATION COUNCIL

# MINUTES OF NAAC STEERING COMMITTEE

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#### MINUTES OF THE FIRST MEETING OF NAAC STEERING COMMITTEE

The special committee in staring the quality assurance process and feasibility of applying for

accreditation process was converted to NAAC steering committee

The following were the members of the committee

- 1. Rev Fr Francis Kurissery CMI
- 2. Prof Dr Rajee Reghunath Principal Amala College of Nursing
- 3. Sr Litha Lizbeth Vice principal
- 4. Sr Merly John
- 5. Prof Lakshmi G

The first meeting of the committee was held on 12<sup>th</sup> March 2018 at conference hall Amala College of Nursing at 3 pm The meeting was chaired by Rev Fr Francis Kurissery CMI The major areas of discussion under for the meeting were

#### Regular participation in hospital quality committee

Since Dr Sr Merly john has taken charge as CNO on January 1<sup>st</sup> 2018, Prof Dr Rajee Reghunath suggested that she should regularly participate in all the quality activities of the hospital and other faculty members should also be involved in the quality meetings

#### **Regular training in NABH**

The faculty as well as student should be regularly trained along with the hospital staff in the NABH process, for this training and documentation workshops could be arranged

#### Feasibility study of the NAAC accreditation process

Rev Fr Francis kurissery suggested the principal to conduct a feasibility study of the process of NAAC accreditation for Amala college Of nursing and submit the report by next meting

#### Improving clinical learning experiences of students

Principal suggested that since now our faculty is in charge of the service side there should be a marked improvement in the quality of clinical experience provided r our student s and more cooperation to be obtained from the ward side when the students are posted

#### Regular meeting of steering committee

The committee unanimously agreed that the meetings to be regularized after the report of feasibility from principal and the quality process to be intuited as early as possible

The meeting adjourned at 3.30pm



PRINCIPA



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SL NO	PLAN OF ACTION	ACTION TAKEN	REMARKS
<u>SL NO</u>			
1	Regular participation in	All faculty members	Going on
	hospital quality committee	are involved in the	
		internal audit	
		process as a part of	
		quality team	
2	Feasibility study of the NAAC	Prof Dr Rajee	Ongoing
	accreditation process	Reghunath started	-
	•	studying the various	
		institutions already	
		done NAAC for the	
		process of feasibility	
3	Improving clinical learning	Dr Sr merly John	
	experiences of students	assured action will	
	•	betaken	1

### ACTION TAKEN REPORT

PRINC

