

## **The Format for Annual Quality Assurance Report (AQAR) of the IQAC**

Name of the Institution: MGIMS Sewagram Wardha (Maharashtra)

Year of Report: 2011-2012

Name of Head of Institution: Dr. B S Garg

Ph. No. 07152-284043-55 ext 209 (R)

Mobile: 9422141693

Email:DEAN@mgims.ac.in

gargbs@gmail.com

Name of IQAC coordinator: Dr. Devesh D Gosavi

Ph. No. 07152-284043-55 ext 266 (R) 9422143974

Mobile 9422143974:

Email:gosavi@mgims.ac.in

### **PART A**

#### **Plan of action chalked out by the IQAC in the beginning of the year towards quality enhancement (attach separate sheet if required).**

The plan of action chalked out by IQAC was to have specific benchmarks for all the faculty members to be achieved in phasewise manner.

So it was decided to start working on these benchmarks.

The parameters on which these benchmarks were to be base were identified as

- ) Research paper publication
- ) Attendance at conference
- ) Organising and paricipating in CME, workshops,

### **PART B**

#### **1. Activities reflecting the goals and objectives of the institution**

The Mahatma Gandhi Institute of Medical Sciences, Sevagram is India's first rural medical college founded in 1969.

#### **MISSION STATEMENT:**

In the spirit of its Founder, the Mahatma Gandhi Institute of Medical Sciences, Sevagram today is committed to the pursuit of professional excellence by evolving an integrated pattern of medical education and it seeks to provide accessible and affordable health care primarily to underprivileged rural communities.

## **OBJECTIVES:**

### **MEDICAL EDUCATION**

- To evolve an integrated pattern of medical education
- To provide value-based and cost-effective medical education with a community oriented approach
- To teach and train doctors with a focus on rural orientation

### **HEALTH SERVICE**

- To provide state-of-the-art health care facilities at affordable cost
- To evolve a comprehensive health care delivery system consonant to the needs of the community
- To empower the community by involving them in their own healthcare
- To provide accessible and affordable health care, primarily to underprivileged rural communities

### **RESEARCH**

- To conduct appropriate and community-based research on priority health issues
- To promote research in Indian systems of medicine along with allopathic medicine.

Today, Kasturba Hospital has 660 teaching beds. With a view to meet the needs of the community, 100 service beds and 20 private rooms were added, bringing the total to 780 beds.

### **QUALITY MEDICAL EDUCATION**

- ) The institute strives to produce doctors of high clinical competence, professional attitudes and ethical behavior.
- ) The Institute believes that Gandhian values and principles are relevant even today and it displays a fierce commitment to advancement of medical education without losing the humane touch.
- ) We, at MGIMS, are conscious of the fact that medical education needs to maintain the right balance in the eternal triangle of 'quality, quantity and equity'.
- ) The students and staff of the Institute adhere to a unique code of conduct, where they are expected to wear handwoven khadi, participate in shramdan and attend an all-religion prayer every Friday evening. Non-vegetarian food, alcohol and tobacco are taboo.
- ) The Institute offers MCI recognized degrees and diplomas in 18 postgraduate disciplines and PhDs in seven departments.

- J Rural service is a mandatory criterion for applying for post-graduation in this Institute. The Report of the Task Force on Medical Education of the National Rural Health Mission spells out the need to draw upon MGIMS Sevagram's initiative and expenditure in curriculum innovation and rural placement of its graduates. It suggests launching a participatory exercise with MGIMS and other like-minded institutions so that national guidelines can be formulated.

### **RURAL HEALTH CARE**

- J The Institute primarily caters to the rural populace. Almost three-fourths of the patients who visit our hospital come from rural backgrounds.
- J Kasturba Hospital offers the benefits of modern technology with compassionate health care. In 2011-12, 644343 patients attended the hospital as outpatients and 43340 patients were admitted for various ailments.
- J The Hospital has state-of-the-art intensive care units in Medicine, Surgery, Obstetrics and Gynecology and Pediatrics which provide excellent critical care. A well-equipped hemodialysis unit is available for patients of renal failure.
- J The Sri Satya Sai Accident and Emergency Unit provides succor to patients of trauma. The Institute has the only Blood Component Unit in the district which provides components not only to patients in Kasturba hospital, but also to adjoining private hospitals.
- J Facilities for MRI, CT scan and Mammography are available. The Institute also has a Linear accelerator which is used for treatment of cancer patients. The Alcohol and Drug De-addiction center seeks to rehabilitate patients who are addicted to drugs and alcohol.

### **COMMUNITY SERVICE**

- J Community-based programmes have been consistently implemented to enhance health care services.
- J The Department of Community Medicine has adopted three primary health centres and developed a model of decentralized healthcare delivery at village level through Community-based Organizations and the Panchayati Raj Institutions. It has formed 152 Self-help groups, 11 Kisan Vikas Manch and 60 Kishori Panchayats in the adopted villages.
- J Through innovative strategies, family life education is provided to adolescent girls in all the program villages.
- J The health insurance scheme of the institute has won several accolades as it seeks to create health consciousness in the community.
- J The National Rural Health Mission has lauded the 'positive contribution of MGIMS in maternal health activities conducted in partnership with the Govt. of India'.

- ) In 2006, the Institute was awarded the Mahaveer Award for Excellence in the Sphere of Education and Medicine by the Hon'ble President of India.

## **RESEARCH**

- ) The focus of the Institute has been on community based medical research.
- ) Quality research has been the hallmark of this rural institute and the large number of funded projects awarded to the various departments is ample testimony to the potential of the researchers.
- ) We have consistently received funding from the Indian Council of Medical Research, Department of Science and Technology, Department of Biotechnology, WHO, UNICEF, USAID, Fogarty AIDS Research and Training Program, USA, Canadian Institute of Health Research, Population Health Research Institute, Canada, National Institutes of Health (NIH), National Heart Lung Blood Institute (NHLBI) and other such organizations.

### **1. New academic programmes initiated (UG and PG)**

#### **Undergraduate seats increase to 100 at MGIMS**

- ) MGIMS has been permitted by the Medical Council of India to increase the number of admissions in its undergraduate course from 65 to 100, from the 2012-13 sessions. This permission has been granted by the Medical Council of India based on its evaluation of the Institute's faculty strength, infrastructural facilities and clinical material available for teaching purposes.
- ) Our institute is affiliated to MHUS Nashik, and we continue to run the same undergraduate and postgraduate courses as before.

#### **PG Diploma in Maternal and Child Health started at MGIMS**

- ) The Sushila Nayar School of Public Health has been recognized by the Indira Gandhi National Open University (IGNOU) as a study centre for Postgraduate Diploma in Maternal and Child Health (PGDMCH). It is a one year comprehensive course comprising of reproductive health, child health and public health components of maternal and child health. The first session of the course will commence in July 2012

### **2. Innovations in curricular design and transaction**

#### **Curriculum planning:**

- ) Introduction of teacher diary.
- ) Sharing of schedule of lectures on monthly basis with students.
- ) Faculty prepares lesson plans and submits to Head of Department.

Faculty is advised to prepare lesson plans and submit it to the HOD and display it on the notice board as soon as possible.

### **Innovative Educational methods**

- ) Quiz
- ) MCQ
- ) Workshop
- ) Integrated teaching
- ) Microteaching
- ) Small group teaching
- ) AV aids, charts
- ) Field practice

### **Adoption of technology**

- ) Free Wi-Fi introduced in college, hostels
- ) I-pad and laptop schemes (interest free)
- ) Skills training
- ) Skills lab started
- ) Pediatric resuscitation workshops
- ) Advanced life support workshop carried out in UG research conference
- ) Suture practice workshop by Surgery department

### **Faculty development**

- ) Basic workshop for teachers
- ) Research methodology workshop
- ) Advanced courses attended by faculty

### **Student support**

- ) Mentoring programme
- ) For – low achievers extra teaching- personal attention, extra clinics
- ) For High achievers: quiz, classroom awards.
- ) Students seminar - integrated seminars

### **Faculty development programmes / plans:**

- ) Basic, Advanced, MET

**Research:**

- ) Undergraduate's projects: ICMR
- ) A conference of undergraduate students was organised which was attended by 500 odd undergraduate student participants
- ) Funding for PG thesis from institute as well as MUHS
- ) Sushrut awards for the best thesis of the college

**Assessment:**

- ) Formative tests
- ) Use of OSPE and OSCE

**Community Based Medical Education****) Orientation Camp:****) Social Service Camp:**

The Social Service camp for the 2011 batch of medical students of MGIMS, Sevagram was organized from 7 - 22 October, 2011. MGIMS,

**Activities during the camp:**

- o Adoption of families by the students
- o Health education at family level
- o Health education at community level
- o Health exhibition
- o Provision of blood and stool investigations for all the villagers
- o Provision of curative care through general OPD and specialist OPD
- o Immunization drive in the village to cover all children
- o Social mobilization activities
- o Tree plantation
- o Promotion of soakage pits and kitchen gardens
- o Organization of 'Health baby, Conscious Parents' competition
- o Dietary survey of 65 families in the village
- o Lecture classes for volunteers

**) ROME Camp:**

Reorientation of Medical Education (ROME) camp for 2009 batch students was organized from 8 - 18 January 2012 at RHTC, Bhidi. Medical students of 2009 batch were posted for 11 days training at RHTC, Bhidi.

### **3. Inter-disciplinary programmes started**

- ) We are started with the vertical integration programme. One topic is selected for the month and teachers from different departments deliver their topics.
- ) There is in addition a horizontal integrated programme of pre-clinical subjects. In this weekly student seminars are conducted.
- ) Academy of medical sciences: conducts interdisciplinary programmes on weekly basis. It consists of guest lectures, PG symposia, research presentations, CMEs etc.
- ) PGs are posted in other departments wherein they learn other disciplines which are related to their core subjects.
- ) Special workshop on research methodology is arranged every year PGs to train them in all aspects of research before they start their thesis works.

### **4. Examination reforms implemented:**

The PMT examination is conducted by the institute. Reforms carried out in this field are use of information and technology for the smooth conduction of the examination system.

- I. Online communication with students regarding all the aspects of PMT
- II. Online declaration of results in PMT
- III. New guidelines on exams from MUHS- for revaluation are received and post graduate students can now ask for revaluation of their theory papers.
- IV. We show internal assessment marks to students, give feedback and get their signature on the overall internal assessment marks.

### **5. Candidates qualified: NET/SLET/GATE etc.:**

N/A

### **6. Initiative towards faculty development programme:**

#### **Medical Education Unit**

1. The Medical Education Unit provides in house training to faculty, postgraduates, interns and students on various teaching learning modules, research methodology and communication skills.
2. A Clinical Skills Laboratory is being developed for innovative teaching of clinical skills to students. Cubicles have been made with storage space for manikins and demonstration tables. These cubicles will also be used for conducting OSCE/OSPE.

## **ACTIVITIES ORGANIZED**

### **1. Basic Workshop in Medical Education Technology: 28-30 Apr 2011**

<b>Topic</b>	<b>Faculty</b>
Group Dynamics	Dr AM Mehendale
The learning process, How adults learn	Dr Anshu
Systems approach	Dr A Gupta
Taxonomy of learning	Dr R Solanki
Educational objectives	Dr BK Mehra
Interactive teaching, Microteaching	Dr JE Waghmare
Media in education	Dr AM Mehendale, Dr B Premendran
Small and large group teaching	Dr BK Mehra
Giving feedback	Dr A Gupta
Introduction to Assessment	Dr Anshu, Dr S Singh, Dr Ramji Singh
Assessment of knowledge: LAQ, SAQ	Dr AM Mehendale
MCQs, Item analysis, Question paper setting and blueprinting	Dr S Singh, Dr A Gupta, Dr B Premendran
Skill assessment, viva voce	Dr S Singh, Dr B Premendran

**Participants:** 15

### **2. Workshop on Research Methodology for Postgraduate Students: 3-9 Oct 2011**

<b>Topic</b>	<b>Resource Person</b>
Introduction to research methods, scope of research	Dr AP Kulkarni
Basics of research	Dr BS Garg
Descriptive epidemiological studies	Dr PV Shivkumar
Experimental & quasi-experimental designs	Dr SP Kalantri
Sampling methods & Sample size	Mr MS Bharambe
Bias & confounding	Dr PR Deshmukh
Risk measurement, association & causation	Dr PR Deshmukh
Designing data collection tool	Dr C Maliye
Tests of significance	Mr MS Bharambe
Construction of research proposa	Dr Ramji Singh
Ethical aspects of health research	Dr MVR Reddy

**Participants:** 56



### 3. Workshop on Research Methodology for postgraduate students: 16-22 Nov 2011

<b>Topic</b>	<b>Resource Person</b>
Introduction to Research Methods and Scope of Research	Dr BS Garg
Observational epidemiological studies (Cross-sectional, case-control & cohort)	Dr PV Shivkumar
Diagnostic Accuracy Research	Dr Anshu
Sampling methods & Sample size	Mr MS Bharambe
Literature Search	Dr Pradeep Deshmukh
Qualitative Research	Mr PV Bahulekar
Experimental & quasi-experimental designs	Dr Pradeep Deshmukh
Designing Questionnaire	Mr MS Bharambe
Ethical aspects of research	Dr MVR Reddy
Construction of Research Protocol	Dr Ramji Singh
Data analysis & presentation	Dr B S Garg & Mr MS Bharambe
Critical evaluation of a journal article	Dr Chetna Maliye

**Participants:** 15

### 4. Basic Workshop on Medical Education Technology: 16-18 Jan 2012

<b>Topic</b>	<b>Faculty</b>
Introduction, Group dynamics	Dr AM Mehendale
The learning process	Dr Ramji Singh, Dr Anshu
Systems approach	Dr A Gupta
Taxonomy of Learning	Dr A Tarnekar
Educational objectives	Dr BK Mehra
Lesson plan and Microteaching	Dr K Goswami, Dr JE Waghmare
Media in education	Dr AM Mehendale, Dr A Tarnekar
Large and small group teaching	Dr D Gupta, Dr BK Mehra
One minute preceptor	Dr Anshu
Curriculum Innovation Support Programme	Dr Alka Rawekar
Giving feedback	Dr MVR Reddy, Dr A Gupta
Introduction to assessment	Dr Ramji Singh, Dr S Singh, Dr Anshu
Written assessment: LAQ, SAQ	Dr AM Mehendale
Multiple choice questions	Dr Ramji Singh, Dr Sonia Jain
Question paper setting, Blueprinting	Dr S Singh, Dr Anshu
Long case, OSCE/OSPE, <i>Viva voce</i>	Dr S Singh, Dr BK Mehra, Dr Sonia Jain

**Participants:** 24

## **7. Total number of seminars/workshops conducted.**

Workshops:	14
CMEs:	11
Training programmes:	10
Other activities:	13

## **8. Research projects a) Ongoing; b) Completed**

### **Ongoing Research (Non-Funded):**

#### **Anatomy**

- ) Effect of aspartame on myocardium of mice- a histological study
- ) Effect of immobilization (stress) on spermatogenesis of Swiss albino mice
- ) Cytogenetic study in male infertility
- ) Micro structural changes in enteric mucosa of Swiss albino mice as a result of chronic use of NSAID-Ibuprofen

#### **Anesthesia**

- ) Study of morbidity and mortality patterns in patients with IHD undergoing non cardiac surgery
- ) Study of use of Proseal Laryngeal Mask Airway for laparoscopic surgeries

#### **Biochemistry**

- ) Oxidative stress and CRP in hypertension-a case control study
- ) Comparative assessment of biochemical and immunological markers in tuberculosis
- ) Assessment of immunomodulatory activity and therapeutic potential of filarial proteins in autoimmune diseases

#### **Community Medicine**

- ) An epidemiological study of chronic respiratory morbidity among women (> 40 years) in rural Wardha
- ) A study on quality monitoring of emergency obstetrics care and life saving Anesthetic skills training for medical officers in selected states
- ) A study of health profile of youth in rural Wardha
- ) A study on treatment seeking practices of families for illness of under- 5 children in rural Wardha
- ) An epidemiological study of diarrheal diseases and acute respiratory illnesses among under – 5 children of rural Wardha
- ) An epidemiological study of malnutrition status of children among 6 months to 59 months in rural Wardha, Maharashtra

- ) A study to assess the effect of psychosocial stimulation on physical growth of children of 6-35 months of age in rural Wardha

#### **ENT**

- ) Medical and surgical treatment in chronic rhinosinusitis
- ) Prospective study of sensorineural hearing loss of patients of head and neck
- ) Comparative study of three autologous graft used in surgical management of tubotympanic CSOM
- ) Hearing status in industrial workers (noise exposure)

#### **Medicine**

- ) Prevalence of hypertension in a rural community of central India
- ) Prevalence of metabolic syndrome in students of medical college – an observational study
- ) Accuracy of history and physical examination to detect acute myocardial infarction – A hospital based diagnostic accuracy study
- ) Diagnostic accuracy of portable hemoglobin measurement devices and evaluation of their use for community based anemia detection
- ) Prevalence of diabetes mellitus type 2 in a rural community of central India
- ) Prevalence of severe anemia in rural adult population around Sevagram
- ) Prevalence of hypertension in young adults of central rural India: A population based study
- ) Predicting 30 days mortality among inpatients of hemorrhagic stroke by ICH stroke scale

#### **Microbiology**

- ) Evaluation of blood agar for isolation of *Mycobacteria*
- ) Isolation and detection of *Campylobacter pylori* using phenotypic and genotypic methods
- ) Evaluation of sensitivity methods in *Candida*
- ) Nontuberculous *Mycobacteria* in soil and environmental samples
- ) Utility of clinical parameters, specific screen and PCR for rapid diagnosis of bacterial neonatal sepsis in culture positive cases
- ) Detection of variants of *Vibrio cholerae* O1 from acute diarrheal patients
- ) Speciation and drug susceptibility of non- tuberculosis *Mycobacterial* isolates from symptomatic for pulmonary tuberculosis
- ) Clinico-mycological study of dermatophytosis

#### **Obstetrics & Gynecology:**

- ) Sevagram Project- Unwed pregnant mothers and welfare of their babies
- ) Community based reproductive health care project
- ) Gynaecological cancer relief fund
- ) Well Women Corner
- ) Adolescents family life education

**Orthopedics**

- ) Outcome of total hip arthroplasty in arthritic hip conditions
- ) Results of proximal femoral nail in intertrochanteric fractures

**Pediatrics**

- ) Study of risk factors associated with congenital heart diseases: A case-control study
- ) Evaluation of incidence of anxiety disorders in adolescent age group
- ) Evaluation of accuracy and reliability of AVPU scale and Modified Glasgow Coma Scale to predict in-hospital mortality and neurological morbidity in pediatric ICU patients without trauma aged 3 months and above
- ) Knowledge, attitude and practice of adolescents regarding RTI, STDs and contraception

**Physiology**

- ) Electrophysiological evaluation of Carpal Tunnel Syndrome in population of subjects in diabetics
- ) Effect of noise pollution on hearing in auto-rickshaw drivers- a BAEP study.
- ) Study of production of reactive oxygen species by seminal leucocytes and spermatozoa and its relationship with seminogram parameters in human male infertile subjects

**Psychiatry**

- ) Comparative study of development of metabolic syndrome by the use of typical antipsychotic (Trifluoperazine) and atypical antipsychotic (Olanzapine)

**Radio diagnosis**

- ) Evaluation of intracranial tumours by computed tomography with histo-pathological correlation
- ) The role of high resolution B scale and color Doppler ultrasonography in evaluation of cervical lymphadenopathy
- ) Sonographic evaluation of fetal trans cerebellar diameter in prediction of gestational age and its correlation with other established fetal biometric parameters
- ) Grey scale ultrasound and color Doppler in diagnosis of appendicitis – A radio diagnostic study with histopathological correlation

**Surgery**

- ) Role of laparoscopy in chronic and recurrent abdominal pain
- ) Assessment of results of post-therapy ( surgery/chemotherapy/radiotherapy) in operable gastric / gastroesophageal malignancy
- ) Clinico-pathological and ultrasonographic correlation of acute appendicitis in emergency : a prospective and retrospective study

## Research Projects Completed

### Community Medicine

- ) Non-communicable disease risk factor surveillance among school children district Wardha, Maharashtra
- ) Evaluation of Janani Suraksha Yojana in Wardha and Chandrapur Districts of Maharashtra
- ) A phase IV, Open label, randomized, parallel group, multicentric clinical study to determine and compare reactogenicity of PENTAVAC vaccine (DTPw-HB+Hib) of SIL with Tritanrix-HB-HiB of GSK in Indian Infants
- ) Effect of probiotics VSL#3 on prevention of sepsis in LBW infants during 0-2 month period: A randomised control trial
- ) A study of perinatal mortality in Wardha, Maharashtra, India
- ) Establishment of State Quality Assurance Cell for Emergency Obstetric Training for NIPI States UP, Rajasthan, Bihar, MP and Orissa
- ) Establishment of State Quality Assurance Cell for Emergency Obstetric Training for Non NIPI States Assam, Jharkhand, Maharashtra, and Chhattisgarh

### Medicine

- ) DIABETES HCQS: A double blind randomized controlled trial to determine the efficacy of Hydroxychloroquine vs. Pioglitazone on uncontrolled type 2 Diabetes mellitus patients.
- ) CBHI-ICMR Project: Role of community based health insurance scheme in improving Health - care access and utilization in rural central India.
- ) Sphygmomanometers in MGIMS: Are they right?

### Microbiology

- ) Clinico-epidemiologic and Molecular characterization of Extended – Spectrum Beta Lactamase (ESBL) producing *E.coli*, *Klebsiella* spp. and *Enterobacter* spp causing nosocomial and community Infections

### Obstetrics & Gynecology

- ) Common sicknesses and health seeking practices in a rural community with low resources
- ) Amnisure Project
- ) Trends of sterilization amongst women in low resource settings
- ) Late post-partum eclampsia
- ) Awareness about human immunodeficiency virus/AIDS amongst women of low resource setting

- ) Persistence of perinatal mortality due to congenital malformation in resource -poor setting
- ) Health seeking practices of infertile women
- ) Advanced unwanted pregnancies, pregnancy outcome
- ) Awareness of obstetric emergencies
- ) Women with placenta previa can have safe outcome even at low resources setting
- ) Consequences of Intrapartum meconium
- ) Trends of gynaecological cancer mortality
- ) Burden of sexual violence amongst women low resource setting
- ) Adolescent dilemmas about reproductive health

### **Pediatrics**

- ) Low birth weight neonates and maternal chronic diseases risk factors in a rural population
- ) IndiaCLEN multicentre trial of home versus hospital oral Amoxicillin for management of severe pneumonia in children” (ISPOT STUDY)
- ) Japanese Encephalitis Vaccine phase II / III clinical study: A multicentric open label randomized controlled phase II / III study to evaluate the safety and immunogenicity of Biological E Ltd inactivated JE vaccine in healthy 1-3 years old Indian children
- ) A randomized multicenter open label comparative study to evaluate the immunogenicity and reactogenicity of a new fully liquid pentavalent DTwP-HIB-IPV vaccine with tetravalent DTwP/HIB vaccine co-administered with Salk Based IPV in healthy infants
- ) A multicentric, single blind, parallel, randomized, phase-IV non-inferiority study for immunogenicity and safety of BE’s combined liquid pentavalent DTwP-rHepB-HIB vaccine in comparison with SIIIL’s Pentavac SD™ vaccine
- ) A multicentric double blind single arm randomised phase-IV study to evaluate the safety, reactogenicity and lot consistency of 3 production lots of BE’s combined liquid pentavalent DTwP-rHepB-HIB vaccine
- ) Study of megaloblastic anemia

### **Pharmacology**

- ) Anti -red scorpion venom activity of *Andrographis paniculata* and comparative study of this plant with anti-red scorpion venom in mice
- ) Anti-ulcer activity of Ketotifen in rats
- ) A cross sectional study to assess the knowledge of rational use of medicine, pharmacotherapy and pharmacovigilance in Interns

## Physiology

- ) Prevalence of Martin Gruber anastomosis in Central India
- ) The study of blink reflex alteration in diabetic patients with or without polyneuropathy compared to normal individuals
- ) Study of the effect of yogic exercises on physiological parameters in medical subjects

## 9. Patents generated, if any

- ) Process for isolation and purification of M. tuberculosis excretory-secretory (M. tb ES-31) protein for use in antibody based assay or antigen based assay. Patent No.-184510, granted on June 2, 2001.
- ) A process for the preparation of Brugia malayi microfilarial excretory-secretory (mf ES-22) glycoprotein. Indian Patent No. 224560 granted on October 17, 2008.

## 10. New collaborative research programmes.

Collaborating research is carried out in the various subjects with the involvement of many departments as well as external agencies. They are:

<b>Surveillance of neonatal infection – An ICMR task force study</b>	7.50
Garg BS, Maliye CH, Mendiratta DK, Dikshit S, Khairkar V Funded by ICMR, 2011-15	
<b>National Quality Assurance Cell for EmOC and LSAS</b>	9.64
Garg BS, Maliye CH Funded by World Health Organization, 2010-12	
<b>Sexually Transmitted Infections Clinic</b>	0.20
Kar S Funded by MSACS, NACO, 2009 onwards	
<b>Sub-Distributed Information Centre under BTISnet Programme including additional grant for SEVAMED</b>	12.95
Harinath BC, Kumar S Funded by DBT 2011-12	
<b>HOPE-3 Study: Heart Outcomes Prevention Evaluation</b>	12.76
Kalantri SP, Yelwatkar S Funded by Population Health Research Institute, St. John's Medical College, Bengaluru	
<b>INSPIRE Study: Indian Stroke Prospective Registry</b>	1.27
Kalantri SP, Jain V, Yelwatkar S Funded by Population Health Research Institute, St. John's Medical College, Bengaluru	

<b>INTERSTROKE Study: An Indian pilot case-control study to determine the importance of conventional and emerging risk factors for stroke</b>	4.79
Kalantri SP, Jain V	
Funded by Population Health Research Institute, St. John's Medical College, Bengaluru	
<b>SPREAD Study: A randomized controlled trial in secondary prevention of acute coronary syndrome</b>	0.54
Kalantri SP, Jain V	
Funded by Population Health Research Institute, St. John's Medical College, Bengaluru	
<b>PREPARE Study: A household-level cluster-randomized trial to evaluate primary prevention interventions in CVD in three rural communities (population of 15,000)</b>	5.06
Kalantri SP, Yelwatkar S	
Funded by Population Health Research Institute, St. John's Medical College, Bengaluru	
<b>DIABETES Study: A randomized open trial comparing structured interventions by community health worker to standard care in patients with type 2 diabetes mellitus</b>	1.58
Jain V, Yelwatkar S	
Funded by Population Health Research Institute, St. John's Medical College, Bengaluru	
<b>Multicentric study on antimicrobial resistance monitoring of <i>Salmonella typhi</i> and <i>Salmonella paratyphi</i> – A : An attempt to make national guidelines to treat enteric fever</b>	0.60
Mendiratta DK, Thamke D	
Funded by ICMR, 2010 onwards	
<b>Confirmation of diseases of public health importance under the IDSP (Integrated Disease surveillance Project) State surveillance net work (Referral Lab.)</b>	3.00
Mendiratta DK, Deotale V	
Funded by Government of Maharashtra, 2010-13	
<b>Feasibility and cost-efficiency of decentralizing molecular testing for detection of tuberculosis using LAMP TB</b>	28.67
Mendiratta DK, Deotale V, Narang R	
Funded by FIND, 2011	
<b>Amnisure Project</b>	0.09
Chhabra S	
Funded by Amnisure Company, 2009 onwards	
* <i>Emoluments directly paid by Govt.</i>	
<b>Sentinel Surveillance Unit (Under National Programme for control of Blindness)</b>	2.50
Shukla AK, Singh S, Mehendale AM	
Funded by Ministry of Health & Family Welfare, GOI, 2011-12	
<b>Pathology Rural Population Based Cancer Registry of Wardha District</b>	24.00
Gangane NM	
Funded by ICMR, 2010 onwards	
<b>Expression of vascular endothelial growth factor (VEGF) protein in endometrium of women with menorrhagia and its correlation with endothelial cell proliferation</b>	3.70
Gangane N, Chhabra S, Joshi D	
Funded by ICMR, 2010 onwards	



<b>p53 and ras mutations in oral cancer in Central India</b>	4.50
Gangane N Funded by UICC and NIH, 2010 onwards	
<b>IndiaCLEN multicentre trial of home versus hospital oral amoxicillin for management of severe pneumonia in children” (ISPOT STUDY)</b>	5.41
Bang A, Jain M, Vilhekar KY, Mendiratta DK Funded by USAID & MCH-STAR through IndiaCLEN, 2009-2011	
<b>Japanese Encephalitis Vaccine phase II / III clinical study: A multicentric open label randomized controlled phase II / III study to evaluate the safety and immunogenicity of Biological E Ltd inactivated JE vaccine in healthy 1-3 years old Indian children.</b>	5.0
Jain M, Bang A Funded by SRISTEK, Hyderabad, 2010-2012	
<b>A randomized multicenter open label comparative study to evaluate the immunogenicity and reactogenicity of a new fully liquid pentavalent DTwP-HIB-IPV vaccine with tetravalent DTwP/HIB vaccine coadministered with Salk Based IPV in healthy infants.</b>	7.50
Jain M, Bang A Funded by SRISTEK, Hyderabad, 2010-2012	
<b>A multicentric, single blind, parallel, randomized, phase-IV non-inferiority study for immunogenicity &amp; safety of BE’s combined liquid pentavalent DTwP-rHepB-HIB vaccine in comparison with SIIL’s Pentavac SD™ vaccine</b>	3.50
Jain M, Bang A Funded by SRISTEK, Hyderabad, 2010-2012	
<b>A multicentric double blind single arm randomised phase-IV A multicentric, single blind, parallel, randomized, phase-IV non-inferiority study for immunogenicity &amp; safety of BE’s combined liquid pentavalent DTwP-rHepB-HIB vaccine in comparison with SIIL’s Pentavac SD™ vaccine</b>	3.50
Jain M, Bang A Funded by SRISTEK, Hyderabad, 2010-2012	
<b>A multicentric double blind single arm randomised phase-IV study to evaluate the safety, reactogenicity &amp; lot consistency of 3 production lots of BEs combined liquid pentavalent DTwP-rHepB-HIB vaccine</b>	3.50
Jain M, Bang A SRISTEK, Hyderabad, 2010-2012	

## 12. Research grants received from various agencies

### Anatomy:

1. **Genetic study in human male infertility related to microdeletions of Y chromosome in idiopathic cases of azoospermia and oligospermia** 25.00  
Pal AK  
Funded by ICMR, 2010

### Biochemistry:

1. **Establishment of repository of filarial parasites and reagents** 24.14  
Reddy MVR, Goswami K  
Funded by DBT, 2002-12

2. **National network for genotyping of human lymphatic filarial parasite *Wuchereria bancrofti* from different endemic areas** 3.00  
Reddy MVR  
Funded by ICMR, 2011-12
3. **Funds for Improvement of S & T Infrastructure in Universities and Higher Educational Institutions (FIST) programme** 45.50  
Reddy MVR  
Funded by DST, 2011-15

#### **Community Medicine:**

1. **Development of adaptation package for care for child development** 8.45  
Garg BS, Maliye CH, Bahulekar PV, Raut AV, Taywade M  
Funded by World Health Organization, 2011-13
2. **Surveillance of neonatal infection – An ICMR task force study** 7.50  
Garg BS, Maliye CH, Mendiratta DK, Dikshit S, Khaikar V  
Funded by ICMR, 2011-15
3. **National Quality Assurance Cell for EmOC and LSAS** 9.64  
Garg BS, Maliye CH  
Funded by World Health Organization, 2010-12
4. **Prospective observational study of rotavirus infection in infants in Sevagram** 26.00  
Garg BS, Deshmukh PR, Maliye CH, Raut AV, Taywade M  
Funded by PATH/SIIL, 2011-12

#### **Dermatology:**

1. **Sexually Transmitted Infections Clinic**  
Kar S  
Funded by MSACS, NACO, 2009 onward 0.20

#### **JBTDRC:**

1. **Tropical Disease Research Center Bioinformatics Centre & Arogyadham TB diagnostics**  
Harinath BC  
Funded by KHS, 2011-12 3.00
2. **Assay for circulating tubercular antigen level by sandwich ELISA using cocktail of Affinity Purified Antibodies to ES-31, ES-43, EST-6 Antigens of diagnostic interest, in pulmonary and lymph node tuberculosis and HIV-TB co-infection** 3.13  
Harinath BC (Fellowship project)  
Funded by Tuberculosis Association of India
3. **Sub-Distributed Information Centre under BTISnet Programme including additional grant for SEVAMED** 12.95  
Harinath BC, Kumar S  
Funded by DBT 2011-12

4. **Naturopathy / Yoga Treatment –cum- Propagation Centre** 5.42  
Harinath BC  
Funded by CCRYN, Dept of AYUSH, 2011-12
5. **Arogyadham and Herbal Garden** 8.04  
Harinath BC  
Funded by KHS, 2011-12

#### Medicine:

1. **HOPE-3 Study: Heart Outcomes Prevention Evaluation** 12.76  
Kalantri SP, Yelwatkar S  
Funded by Population Health Research Institute, St. John's Medical College, Bengaluru
2. **INSPIRE Study: Indian Stroke Prospective Registry** 1.27  
Kalantri SP, Jain V, Yelwatkar S  
Funded by Population Health Research Institute, St. John's Medical College, Bengaluru
3. **INTERSTROKE Study: An Indian pilot case-control study to determine the importance of conventional and emerging risk factors for stroke** 4.79  
Kalantri SP, Jain V  
Funded by Population Health Research Institute, St. John's Medical College, Bengaluru
4. **SPREAD Study: A randomized controlled trial in secondary prevention of acute coronary syndrome** 0.54  
Kalantri SP, Jain V  
Funded by Population Health Research Institute, St. John's Medical College, Bengaluru
5. **PREPARE Study: A household-level cluster-randomized trial to evaluate primary prevention interventions in CVD in three rural communities (population of 15,000)** 5.06  
Kalantri SP, Yelwatkar S  
Funded by Population Health Research Institute,  
St. John's Medical College, Bengaluru
6. **DIABETES Study: A randomized open trial comparing structured interventions by community health worker to standard care in patients with type 2 diabetes mellitus** 1.58  
Jain V, Yelwatkar S  
Funded by Population Health Research Institute, St. John's Medical College, Bengaluru

#### Microbiology

1. **Multicentric study on antimicrobial resistance monitoring of *Salmonella typhi* and *Salmonella paratyphi* – A : An attempt to make national guidelines to treat enteric fever** 0.60  
Mendiratta DK, Thamke D  
Funded by ICMR, 2010 onwards
2. **Confirmation of diseases of public health importance under the IDSP (Integrated Disease surveillance Project) State surveillance network (Referral Lab.)** 3.00  
Mendiratta DK, Deotale V  
Funded by Government of Maharashtra, 2010-13

3. **Feasibility and cost-efficiency of decentralizing molecular testing for detection of tuberculosis using LAMP TB** 28.67  
Mendiratta DK, Deotale V, Narang R  
Funded by FIND, 2011
4. **Surveillance of Neonatal Infection** 15.72  
Mendiratta DK, Deotale V  
Funded by ICMR, 2011-15
5. **Sentinel Surveillance Hospitals for Vector Borne Disease** 0.50  
Mendiratta DK, Attal R  
Funded by Government of Maharashtra, 2011
6. **Microbiology & Pediatrics: A population based surveillance of invasive disease caused by and *S.pneumoniae* or *H.influenzae* or *N.meningitidis* in children less than 5 years of age in India (ASIP)** 1.63  
Mendiratta DK, Bang A, Deotale V  
Funded by CMC, Vellore
7. **Obs / Gyn & Microbiology: Prevention of Mother to Child Transmission of HIV/AIDS \***  
Chhabra S, Mendiratta DK  
Funded by Government of Maharashtra, since 17 Sep, 2002 onwards

#### **Obstetrics and Gynaecology:**

1. **Emergency Obstetric Care** 8.40  
Chhabra S, Shivkumar PV  
Funded by Govt. of Maharashtra, Govt. of India, FOGSI, AVNI Foundation, 2008 onwards
2. **Amnisure Project** 0.09  
Chhabra S  
Funded by Amnisure Company, 2009 onwards  
*\* Emoluments directly paid by Govt*
3. **Thiamine Project** 2.50  
Chhabra S, Varma SK  
Funded by Foundation of Collaboration Medicine & Research, USA, 2010 onwards
4. **Maternal Death Audit #**  
Shivkumar PV, Tayade S  
Funded by GOI, FIGO, AVNI, 2010 onwards
5. **Anaemia Project** 37.63  
Chhabra S  
Funded by CCRS (Ayush) GOI, 2011 onwards
6. **HPV Study in women with cervical abnormality \***  
Shivkumar PV, Pal AK, Shivkumar VB  
Funded by Dr. Ambedkar Research Foundation, New Delhi, 2012 onwards  
*\* Emoluments directly # Funds continued from previous years paid by Govt*

### **Ophthalmology:**

1. **Sentinel Surveillance Unit (Under National Programme for control of Blindness)** 2.50  
Shukla AK, Singh S, Mehendale AM  
Funded by Ministry of Health & Family Welfare, GOI, 2011-12

### **Pathology:**

1. **Rural Population Based Cancer Registry of Wardha District** 24.00  
Gangane NM  
Funded by ICMR, 2010 onwards
2. **Expression of vascular endothelial growth factor (VEGF) protein in endometrium of women with menorrhagia and its correlation with endothelial cell proliferation.** 3.70  
Gangane N, Chhabra S, Joshi D  
Funded by ICMR, 2010 onwards
3. **p53 and ras mutations in oral cancer in Central India** 4.50  
Gangane N  
Funded by UICC and NIH, 2010 onwards
4. **“HPV” Ahead** 7.50  
Gangane N  
Funded by IARC, 2011 onwards

### **Pediatrics:**

1. **Clinical evaluation of Ayurvedic coded drug (AYUSH MANAS) in the management of Manas Mandata (Mental retardation)** 37.00  
Jain M  
Funded by Central Council for Research in Ayurvedic Sciences, Dept of AYUSH, MOHFW, Govt of India, 2011-14
2. **Low birth weight neonates and maternal chronic diseases risk factors in a rural population.** 4.69  
Bang A, Joshi R, Vilhekar KY  
Funded by St Johns’ Research Institute, Bengaluru, NIH-NHLBI Center of Excellence, 2009-2012
3. **IndiaCLEN multicentre trial of home versus hospital oral amoxicillin for management of severe pneumonia in children” (ISPOT STUDY).** 5.41  
Bang A, Jain M, Vilhekar KY, Mendiratta DK  
Funded by USAID & MCH-STAR through IndiaCLEN, 2009-2011
4. **Japanese Encephalitis Vaccine phase II / III clinical study: A multicentric open label randomized controlled phase II / III study to evaluate the safety and immunogenicity of Biological E Ltd inactivated JE vaccine in healthy 1-3 years old Indian children.** 5.0  
Jain M, Bang A  
Funded by SRISTEK, Hyderabad, 2010-2012
5. **A randomized multicenter open label comparative study to evaluate the immunogenicity and reactogenicity of a new fully liquid pentavalent DTwP-HIB-IPV vaccine with tetravalent DTwP/HIB vaccine co-administered with Salk Based IPV in healthy infants.** 7.50  
Jain M, Bang A  
Funded by SRISTEK, Hyderabad, 2010-2012

- |    |  |      |
|----|--|------|
| 6. | A multicentric, single blind, parallel, randomized, phase-IV non-inferiority study for immunogenicity & safety of BE's combined liquid pentavalent DTwP-rHepB-HIB vaccine in comparison with SIIL's Pentavac SD™ vaccine.<br>Jain M, Bang A<br>Funded by SRISTEK, Hyderabad, 2010-2012 | 3.50 |
| 7. | A multicentric double blind single arm randomized phase-IV study to evaluate the safety, reactogenicity & lot consistency of 3 production lots of BEs combined liquid pentavalent DTwP-rHepB-HIB vaccine.<br>Jain M, Bang A<br>SRISTEK, Hyderabad, 2010-2012                           | 3.50 |
| 8. | Study of megaloblastic anemia<br>Taksande, KY Vilhekar<br>Funded by MUHS, 2011   | 0.08 |

### **Pharmacology:**

#### **1. Pharmacovigilance Project \***

Varma SK

\* *Emoluments* Funded by Central Govt. of India.

### [13. Details of research scholars](#)

Following is a list of MD scholars and their completed thesis works in the last year.

#### **Anatomy**

**Talhar S; Guide: Dr. Shende MR**

Dermatoglyphics study in primary amenorrhoea

**Gujar V; Guide: Dr. Tarnekar AM**

Effect of aspartame on kidney and urinary bladder of mice - a histological study

#### **Anesthesia**

**Yeole S; Guide: Dr Tidke S**

Ropivacaine for gynaecological surgeries

#### **Biochemistry**

**Andure D; Guide: Dr. Reddy MVR**

Evaluation of recombinant enzyme glutathione S transferase and RAL family protein WbL2 as a combination vaccine against filariasis

**Kamble A; Guide: Dr Kumar S**

Comparative assessment of oxidative stress in local versus systemic causes of infertility

## **Community Medicine**

**Patil R; Guide: Dr. Garg BS**

Epidemiological study of hypertension among school children of rural Wardha

**Koparkar A; Guide: Dr. Mehendale AM**

An epidemiological study of morbidity amongst elderly population in rural Wardha

**Gosavi S; Guide: Dr. Deshmukh PR**

An epidemiological study of injury in rural Wardha

**Ingole A; Guide: Dr. Maliye C**

A study to develop health promoting schools in rural Wardha

**Zade R; Guide: Dr. Dambhare DG**

A study of reproductive health among adolescent girls in Wardha town

## **ENT**

**Kamble A; Guide: Dr. Puttewar MP**

Study of medical and surgical treatment in chronic rhinosinusitis

**Malgonde M; Guide: Dr. Nagpure PS**

Prospective study of sensorineural hearing loss of patients of head and neck

**Gadge S; Guide: Dr. Puttewar MP**

Comparative study of three autologous grafts used in surgical management of tubotympanic CSOM

**Agarwal G; Guide: Dr. Nagpure PS**

Hearing status in industrial workers (noise exposure)

## **Forensic Medicine**

**Wankhade P; Guide: Dr. Tirpude BH**

A study of wrist and elbow joint ossification for age estimation in the population of central India

**Debbarma B; Guide: Dr. Murkey PN**

A study of morphological dimensions and weight of vital intracranial, thoracic, abdominal viscera and correlation of it with body weight and length of deceased in fatal medicolegal cases

**JBTDRC Majumdar A; Guide: Dr Harinath BC**

Studies on mycobacterial excretory - secretory protein antigens of diagnostic interest in HIV-TB coinfection

## **Medicine**

**Jajoo S; Guide: Dr. Kalantri SP**

Patterns and problems of pesticide poisoning in a rural teaching hospital: a retrospective analysis of hospital based data

**Pawde H; Guide: Dr. Jajoo UN**

Revisiting and revolving different criteria to differentiate between transudative and exudative effusion

**Badole S; Guide: Dr. Jain J**

A study to determine of risk factors for patients of chronic liver disease

**Tweiso I; Guide: Dr. Jajoo UN**

A study to determine of risk factors for patient with chronic kidney disease

### **Microbiology**

**Buchunde S; Guide: Dr. Mendiratta DK**

Detection of Metallo-beta-lactamase producing *P.aeruginosa* isolated from patients attending a rural hospital in Central India using phenotypic and genotypic methods

**Chattopadhyay P; Guide: Dr. Narang P**

Evaluation of Direct MTT colorimetric method for AFB positive sputum in order to detect rifampicin resistant *Mycobacterium tuberculosis*

**Purohit M; Guide: Dr. Mendiratta DK**

Prevalence of Metallo - beta - lactamases in clinical isolates of *Acinetobacter baumannii* from a tertiary care rural hospital from central India

**Thate R; Guide: Dr. Deotale V**

A study on bacterial (aerobic), fungal and parasitic etiology of diarrhoea and their correlation with CD4 count in HIV seropositive patients attending rural hospital in Central India

**Ambade V; Guide: Dr. Thamke DC**

Characterisation of *Candida* isolated from patients attending a rural hospital with reference to speciation, virulence markers and antifungal activity

### **Obstetrics & Gynecology**

**Chopra S; Guide: Dr. Chhabra S**

Retrospective analysis of records of cases of fetal growth restriction (FGR) to know the relationship between anemia and FGR and prospective study of pregnant women with FGR to find out correlation between anaemia, cardiac output and FGR/ maternofetal outcome

**Saharan K; Guide: Dr. Shivkumar PV**

A retrospective study of women with cervical abnormalities, their follow up compliance, progression and regression of disease along with a prospective study of benign and premalignant cervical lesions, their clinical and cytohistopathological correlation with special reference to human papilloma virus infection



## **Ophthalmology**

**Potphode A; Guide: Dr. Shukla AK**

Assessment of eye care needs and outcome of cataract surgery in diabetic patients

**Pazare S; Guide: Singh S**

Profile of ocular trauma and visual outcome in patients of open globe injury

## **Orthopaedics**

**Kawalkar A; Guide: Dr. Badole CM**

Outcome of total hip arthroplasty in arthritic hip conditions

**Borle S; Guide: Dr. Jain P**

Results of proximal femoral nail in intertrochantric fractures

## **Pathology**

**Nalinimohan C; Guide: Dr. Sharma SM**

A comparative study of two commonly used staining techniques for demonstration of acid fast bacilli in FNA smears of suspected tubercular lymphadenopathy

**Sougaijam R; Guide: Dr. Ingole NS**

Thrombocytosis: Age dependent etiology and utility of platelet volume indices in differential diagnosis

**Dhumal D; Guide: Dr. Gupta A**

Profile of paediatric malignancies at a rural centre: a ten year study

**Zonunfawni Y; Guide: Dr. Anshu**

Study of anti-thyroid antibodies in benign lesions of thyroid with special reference to Hashimoto's thyroiditis

**Waghmare S; Guide: Dr. Ingole NS**

Hemostatic alterations in liver disease

**Kumar A; Guide: Dr. Sharma SM**

An audit of blood bank services

## **Pediatrics**

**Shrivastava M; Guide: Dr. Jain M**

Study of risk factors associated with birth asphyxia and mortality and morbidity in asphyxiated babies

## **Pharmacology**

### **Reddy P; Guide: Dr. Gupta RK**

Study on effects of piper beetle leaves extract on various pharmacodynamics and biochemical parameters in experimental animals

### **Shinde B; Guide: Dr. Kale R**

Immunomodulatory and antioxidant activity of *Andrographis paniculata* and compare active study of this plant with *Tinospora cordifolia*

### **Giri S; Guide: Dr Varma S**

Study of anti-inflammatory, analgesic and wound healing activity of *Tectona-grandis* stem and leaf extract on rats and mice

### **Vimal D; Guide: Dr Gosavi DD**

Reverse pharmacology of neuropsychopharmacological effects of traditionally used Ayurvedic preparations in experimental animals

## **Physiology**

### **Akulwar A; Guide: Dr Singh R**

Electrophysiological evaluation of carpal tunnel syndrome in population of subjects in diabetics

### **Gathe B; Guide: Dr Singh R**

Effect of noise pollution on hearing in auto-rickshaw drivers- a BAEP study

### **Chatur D; Guide: Dr Chaudhari AR**

The study of production of reactive oxygen species by seminal leucocytes and spermatozoa and its relationship with seminogram parameters in human male infertile subjects

## **Psychiatry**

### **Reddy S; Guide: Dr Behere PB**

Comparative study of development of metabolic syndrome by the use of typical antipsychotic (Trifluoperazine) and atypical antipsychotic (Olanzapine)

## **Radiology**

### **Kale P; Guide Dr Kale SK**

Ultrasonographic evaluation of right iliac fossa masses

### **Malhotra A; Guide: Dr Tayade A**

Evaluation of adnexal masses by Grayscale and Color Doppler ultrasonography with histopathological correlation

### **Lalthanpuii R; Guide: Dr Kale SK**

Ultrasonographic evaluation of first trimester bleeding per vaginum

## **Surgery**

**Rathod A; Guide: Dr Mehra BK**

Role of laparoscopy in chronic and recurrent abdominal pain

**Ghuge CB; Guide: Dr Kamble AT**

Assessment of results of post-therapy (surgery/chemotherapy/radiotherapy) in inoperable gastric/gastroesophageal malignancy

**Patra RK; Guide: Dr Gupta D**

Clinicopathological and ultrasonographic correlation of acute appendicitis in emergency: A prospective and retrospective study

#### 14. Citation index and impact factor of faculty members

See Enclosure 1

#### 15. Honors/Awards to the faculty: National and International

##### **Awards & Fellowships**

**MGIMS** was awarded the **WHO Award for Excellence in Training to Primary Health Care Providers** at the ICICI Lombard and CNBC TV18 India Health Care Awards on 22 Dec 2011.

**MGIMS** was ranked as the **17th best medical school** in the country by the **Outlook** weekly magazine.

**Dr Mrs P Narang** received the **Endowment Oration Award** at the National Conference of Indian Association of Medical Microbiologists held at BHU, Varanasi on 23 Nov 2011.

**Dr S Chhabra** received **Dr BN Purandare Outstanding Service Award** for the year 2011-12 at Mumbai from the Mumbai Obstetric & Gynaecological Society on 7-8 Jan 2012

**Dr MVR Reddy** received the **Dr Sharadini Dahanukar Best Teacher Award** from Maharashtra University of Health Sciences, Nashik

**Dr KY Vilhekar** was awarded “**Excellence in Teaching**” award by Maharashtra IAP at Nashik

**Dr Shreenath Kulkarni**, Asst. Professor from Dept. of Orthopedics, was honored with the **Korean Sicot Award** at the International Orthopedic World Congress held at Prague.

**Dr AP Jain** was awarded a **Fellowship from the Geriatric Society of India** in Nov 2011.

**Dr Nitin Gangane** was awarded the **International Fellowship in Cancer Epidemiology** by the Association of Nordic Cancer Union in June-July 2011

**Dr Anshu** has been awarded **International Fellowship in Medical Education (IFME)** for the year 2012 by the Foundation for Advancement of International Medical Education and Research (FAIMER) to pursue Masters in Health Professions Education (MHPE) from Maastricht University, 2012-14

**Dr Chetna Maliye** received **WHO Fellowship** for the year 2011 for Control strategies of Communicable and Non-Communicable Diseases at the Royal Tropical Institute, Amsterdam, Netherlands.

**Dr Shuchi Jain** received the **Late Dr Pravin Mehta Fellowship in Endoscopy** for 3 months from FOGSI, India on 29 Jan 2012

**Dr Shuchi Jain** was awarded **Fellowship** from the **Indian College of Obstetricians and Gynecologists (ICOG)**, Varanasi on 30 -31 Jan 2012

**Mr Ravi Shankar Prasad Yadav** received **Travel Fellowship Award from Federation of Immunological Societies of South Oceania** and **Fellowship award from Indian Immunological Society** at FIMSA Conference held at New Delhi on 14-17 Mar 2012

**Dr Chetna Maliye** received a **special bursary sponsored by the Centre for Population and Health Sciences**, UK to attend the IEA World Congress of Epidemiology, Edinburgh, Scotland from 7-11 Aug 2011

**Ms Sneha Hande** from Department of Biochemistry was awarded **Rajiv Gandhi National Fellowship** from University Grant Commission, New Delhi

**Ms Kiran Pote** from Department of Biochemistry received **PS Murthy Best Paper Award at AMBICON – 2011**, Gwalior

**Pinaki Chattopadhyay** was awarded **first prize for his paper** at the XVII Maharashtra Chapter Conference of IAMM - 2011 Dept of Microbiology held at Bharati Vidyapeeth, Pune from 23 – 24 Sep 2011.

**Dr Monika Malgonde** secured the **first prize in temporal bone dissection** at the Vidarbha ENT Conference held at Nagpur on 18 Dec 2011

**Dr Pawan Wankhade** stood **first in the poster competition** at the Annual State Conference of Medicolegal Association of Maharashtra held at Pravara Institute, Loni on 20-21 Aug 2011.

**Dr Shruti Aglawe** and **Dr Vinit Gupta** stood **first in the Quiz** in CME on Musculoskeletal Imaging at Sawangi on 25 Dec 2011 in their respective categories

**Dr Richa Chaudhary** and **Dr Sheetal Musmade** stood **first** in the Intercollegiate Pediatrics Quiz on Breast Feeding.

**Dr Monika Malgonde** stood **first in the Dr GM Memorial Essay competition**, conducted at the Vidarbha ENT Conference 2011 at Nagpur

**Dr Swapnil Patond** was awarded **first prize in poster presentation** at the CME and Workshop on Basic Trauma Care held at MGIMS Sevagram from 10-11 Mar 2012

**Dr Monika Malgonde** won the **first prize in Poster competition** at the CME on “Updates on sinus infections’ at MGIMS, Sevagram on 31 Mar 2012

**Mr Neeraj Dodke** and **Ms Deepika Bele** (2008 batch) stood **first** in the Vidarbha level intercollegiate under collegiate quiz competition ‘**Eye-Q-2012**’ held at Govt. Medical College, Nagpur on 12 Feb 2012.

**Mr Pawan Kandhari**, **Ms Pooja Jadhao** and **Mr Nishant Tomar** won the undergraduate **Ob/Gyn Quiz** in Vidarbha Zone.

**Ms Aanchal Bhayana, Mr Rohit Nimje and Mr Ankur Kariya** were **runners up** in the **AMS Medicine Quiz** held at Nagpur.

**Dr Kamana S Pal** and **Dr Aparna Mahajan** stood **second in the PG Quiz** held at the Maharashtra State ENT Conference (MENTCON) at Amravati on 26 Nov 2011

**Dr Pawan Wankhede** won the **second prize in poster presentation** at the CME and Workshop on Basic Trauma Care held at MGIMS Sevagram from 10-11 Mar 2012

**Dr Amit Kaushal** stood **third in the first inter-collegiate PG ENT Quiz** conducted at Nagpur in Apr 2011

**Ms Arti Verma, Mr Yash Paliwal and Mr Sawan Mandyan** stood **third** in the National Inter Medical College Quiz held at Karamsad.

#### 16. Internal resources generated

Internal resources are generated from the KHS grants.

#### 17. Details of departments getting assistance/recognition under SAP, COSIST (ASSIST)/DST, FIST, and other programmes

##### **Biochemistry**

###### **Establishment of repository of filarial parasites and reagents 24.14**

Reddy MVR, Goswami K

Funded by DBT, 2002-12

###### **Funds for Improvement of S & T Infrastructure in Universities and Higher 45.50**

###### **Educational Institutions (FIST) programme**

Reddy MVR

Funded by DST, 2011-15

##### **Community Medicine**

###### **Development of adaptation package for care for child development 8.45**

Garg BS, Maliye CH, Bahulekar PV, Raut AV, Taywade M

Funded by World Health Organization, 2011-13

These are already mentioned in the ongoing projects section

#### 18. Community services

Department of Community Medicine

##### **Women's Self-Help Group**

Self-Help Group is a very effective tool for not only women empowerment, but overall development of the community. The Department of Community Medicine fully appreciates the critical link between women empowerment and health empowerment and considers the involvement of women's

self-help groups (SHGs) to be the key to the success of any health programme. The Department has now achieved the formation of 3-4 SHGs per village in all the villages of its field practice area; viz. PHC Anji, Kharangana, Gaul and Talegaon. With time, the members of SHGs have learnt to manage the group individually and have developed as member owned and member managed institutions. The Department provides assistance to SHGs to add a health action agenda to their primary financial function (finance plus) so that the women are able to determine health priorities and to play a proactive role in health care delivery in their villages. A total of 152 self-help groups were functioning on Mar 31, 2012 in the adopted villages of the Institute: Anji PHC area (42), Gaul PHC area (17), Talegaon PHC area (83), Wardha Urban Health Center adopted area (10). All the SHGs are linked with banks and have updated member account books.

### **Kisan Vikas Manch**

Kisan Vikas Manch (Farmers' club) has evolved as a way to involve men in the health activities at village level. The programme provides learning opportunities to the members to improve their agricultural yield and in turn improve their economic status. The health action agenda is added to the primary purpose so as to empower them to actively participate in the health programme. A total of 11 Kisan Vikas Manchs (KVM) were functioning on Mar 31, 2012 in the adopted villages of the Institute. In Anji PHC area, a federation of all the Kisan Vikas Manchs from the villages has been formed in Dec 2008.

This is being utilized as platform to strength health agenda among the men in the programme. E-Chaupal center has been established at Anji for the federation of KVM. This center will be utilized for training of KVM members. Two issues of newsletter '*Kisan Shakti*' was published during the year. A resource center for Kisan Vikas Manch has been developed at KRHTC, Anji.

### **Health Insurance**

Health insurance has been one of the important activities in the programme villages. The Village Health Nutrition and Sanitation Committee (VHNSC) members have accelerated their activity with respect to insurance coverage in their village with Kasturba Health Society and a total Rs. 986500 has been collected for insurance coverage for the year 2012. This includes coverage of total 323 community-based organizations and 13 villages (fully insured).

### **Continuing Education Programme for the Anganwadi Workers**

Continuing education programmes for the Anganwadi workers are being conducted in the three PHC areas adopted by the Department of Community Medicine. Continuing education programmes aim at improvement of the skills of Anganwadi workers. During these training programmes, effort is made to provide the workers with training on health as well as other issues of early childhood development.

### **Health and Nutrition Day at village level**

The Department promoted *Bal Suraksha Diwas* (Child Survival Day) on a monthly basis in all the villages of the three PHC areas under the Department. The *Bal Suraksha Diwas* is an expansion activity of the existing immunization day being observed in villages through the Primary Health

Centres. Apart from immunization, the activities on the Bal Suraksha Diwas include health checkup and weight checkup of children of 0-3 age group, ANC checkup, PNC checkup and nutrition and health education. The village health workers, members of SHGs and adolescent girls are being encouraged to participate actively during the *Bal Suraksha Diwas*.

The Village Health Nutrition and Sanitation Committees have been entrusted with the responsibility of organizing the day and also ensuring that the beneficiaries access the services. The active participation of the Village Health Nutrition and Sanitation Committee members has led to increased turnouts of beneficiaries during the Health and Nutrition Day at village level and thus increased coverage with maternal and child health services.

#### **Continuing Education Programme for the Health Workers**

Continuing education programme has also been started for the health workers from the three PHC areas (viz. Anji, Gaul and Talegaon). A total of 20 health workers from these PHC areas participate in the one-day continuing education programme every month aimed to improve their skills in delivering the reproductive and child health services in the community.

#### **Family Life Education through Schools**

Propounding the need for Family Life Education (FLE) for adolescent girls, the Department of Community Medicine has facilitated family life education in all the high schools and junior colleges of the three adopted PHC areas. Following this, the trained teachers have started teaching family life education in the respective schools and junior colleges. At RHTC, Bhidi 53 sessions were conducted in 5 schools, at KRHTC Anji 55 sessions were held in 3 schools and at RHTC, Talegaon 62 sessions were conducted in 8 schools.

#### **World Health Day 2011**

A post graduate symposium was organized on 7<sup>th</sup> Apr 2011 on the theme of the World Health Day, "*Antimicrobial resistance: no action today, no cure tomorrow*" to mark the World Health Day 2011. In collaboration with the National Service Scheme, Kasturba Nursing School, and Kasturba Nursing College, poster, slogan and role play contests were also organized.

#### **Social Ophthalmology**

##### **Wardha Lions Eye Centre, Kasturba Hospital, Sevagram**

##### **(Project on Cataract Blindness Control in Wardha District):**

Under this project, daily screening eye camps have been conducted door-to-door in all the villages of 8 blocks of Wardha district covering a population of 8.3 lakhs. Villagers are being screened by doctors for blindness and operable cataract and a blind register is prepared at village level. This year 92,661 villagers have been screened by doctors at their door steps in 855 villages. Individuals older than 50 years of age with visual acuity less than 6/60 due to cataract in either eye who needed cataract surgery were motivated and provided free to-and-fro transport and brought to Kasturba Hospital Sevagram for operation. All services including surgical treatment, medicines, intra-ocular lenses and

glasses were provided free of cost. Computerized data bank is maintained to keep data records pertaining to all patients screened and operated for follow-up.

In the current year, 5809 cataract surgeries were performed. IOL implantation was done in 5780 patients, and conventional cataract surgery was performed in 29 patients. Visual acuity of 92661 persons (aged > 50 years) was tested by trained paramedical workers and 17,982 villagers who had visual acuity <6/60 was examined by eye specialists at their door steps. 6,012 patients were referred to Kasturba Hospital and of these 5,792 patients were provided free transport facility. So far 26,022 poor rural patients from the project area who were suffering from curable blindness have undergone cataract surgery at Kasturba Hospital and 25,120 (96%) of these were successfully implanted with Intra Ocular Lens and their sight has been restored. Use of modern technique of small incision cataract surgery has resulted in early post-operative visual rehabilitation of patients. Through this project benefits of modern cataract surgery have been made accessible to poor, rural patients suffering from curable cataract blindness in Wardha district.

#### **Lions Eye Hospital, Anandwan**

The Department of Ophthalmology, Kasturba Hospital, Sevagram provides technical and manpower support to Lions Eye Hospital, Anandwan, Warora which was established under Sight First Project of Lions Club International Foundation USA. The Satellite Eye Hospital is fully functional and provides eye care services to poor rural patients of Chandrapur district.

#### **Dr. Sushila Nayar Eye Bank**

Dr. Sushila Nayar Eye Bank is functional in the Department of Ophthalmology, Kasturba Hospital. It promotes eye donation activity and provides facilities for corneal transplantation to patients suffering from corneal blindness. It is registered with Government of Maharashtra and affiliated to Eye Bank Association of India. During the year 66 eyes were processed in eye bank. Out of these, 28 eyes were collected from donors in Wardha district and 38 eyes were brought from Govt. Hospital Chandrapur and Lions eye bank Chandrapur. 27 had corneas suitable for transplantation and 27 patients were provided facility for keratoplasty (corneal transplantation) free of cost. Members of two voluntary organizations were trained in grief counseling and motivation for eye donation.

#### **Cataract screening camps**

##### ***Places and No of Patients***

Amravati 654	Wardhamaneri 370
Nanda Fata (Gadchandur) 81	Talegaon Dashashar 37
Saraf Line Wardha 65	Ratanpur 104
Gandhi Jayanti Eye Camp 110	Gondpipari 78
Korpna 94	Ghuggus 56
Ballarpur 86	Warud (Khangaon) 22



Kothari 103  
Ashti (Shahid) 26  
Jivati 51  
Vitthalvada 55  
Talodi (Bhangaram) 98  
Karanja Camp 13  
Rajoli 157  
Bembal 84  
Pombnhurna 62  
Maheshwari Bhavan Wardha 104  
Virur 87  
Arvi 24  
Talodi (Balapur) 45  
Shivani 37  
Mool 46  
Chandur Railway 12

Tivasa 101  
Manora 71  
Murasa 55  
Gadchandur 116  
Chunala 383  
Naleshwar 39  
Junasurla 46  
Durgapur 75  
Visapur 29  
Aheri 50  
Bengali Camp Chandrapur 22  
Kadoli 34  
Brahmapuri 54  
  
Chichpalli 30  
Lakhmapur 20

#### **National Society for Prevention of Blindness**

(M.S. Branch)

President: Dr AP Jain

Secretary: Dr AK Shukla

Treasurer: Dr Smita Singh

Joint Secretary: Dr AM Mehendale

Members: 563

#### **Activities**

- Awareness camps on diabetic retinopathy in 4 blocks of Wardha District covering 20 villages.
- Eye Donation Fortnight, Sept 2011

#### **) UTAWALI PROJECT**

Melghat is a tribal area in Dharni and Chikhaldara of Amravati district. Located 250 Kms north-west from Sevagram, this area attracted wide media coverage because of malnutrition-associated deaths in the last decade. Three-fourths of the population is tribal. Most people, poor, illiterate and struggling to make both ends meet, live in dark ages and have little or no access to health care facilities, education and communication channels. To access specialized neonatal care most people have to travel 160 Kms on a difficult and hilly terrain. Men, women and children trapped by the grimmest poverty and are further hit by inequality of health services. Children, in particular are the worst sufferers. Most of the sickness and deaths are due to malnutrition, pneumonia, malaria and diarrhoea. The institute planned a long term project in this area and posted an Associate Professor in Medicine, Dr Ashish Satav and an

Ophthalmologist, Dr Kavita Satav, who have voluntarily opted to reach the unreached. A base hospital at Dharni -Trimurti Hospital and 36 villages of Melghat have been chosen for research work. These villages are difficult to access, lack proper transport facilities and are located in the midst of dense forest and hills about 50 Kms from Dharni. Health education on malnutrition, breast feeding, diarrhoea and sexually transmitted diseases has been started since the last 8 years. Living and interacting informally with the tribal community has yielded highly satisfying spin offs: people have begun to understand the hazards of malnutrition, alcohol, unsafe sex, reproductive ill health and unscientific medicine. This area is known for the highest under-five child mortality (80 per 1000 live births) and the highest mortality in the age group (16-50 years) in Maharashtra. Neonatal and infant mortality rate (IMR) in rural India is 52 per 1000 live births and 80 per 1000 live births respectively. The standard practice is to admit every ill neonate to the hospital, but Melghat lacks hospitals with facilities for neonatal care. Parents are unwilling to move ill children from home because of traditional beliefs, superstitions and myths associated with illnesses. Hence most sick babies die at home. Because of serious difficulties in transporting sick neonates to hospitals, those who manage to arrive, are generally seriously ill. Tribal Health Research Project, Melghat is providing medical facilities to this area since the last 14 years. Drs. Ashish and Kavita Satav decided to start Mortality Control programme in Melghat that aims at reducing infant mortality rate in Melghat by using a home based child care programme with the help of trained village health workers. This replicable model has been successful in reducing mortality in under-5 children and severe malnutrition significantly. Last year 3958 children below the age of 5 years and 5382 children above that age were treated by village health workers under this programme.

**Medical and Community Services provided:**

At the base hospital at Dharni, 335 inpatients and 2227 outpatients received medical care. 202 pediatric patients and 143 Ob/Gyn patients availed OPD services. Of the ophthalmic patients, 2197 availed outpatient services, while 68 were admitted for various eye ailments. 360 patients were given new spectacles. 119 outpatients and 55 inpatients availed plastic surgery services. The ophthalmologists, plastic surgeons and dental surgeons carried out 114, 55 and 36 surgeries respectively. 3831 pathology and biochemistry investigations and 7557 ophthalmic investigations were conducted in 2011-12. Last years, new doctors' rooms, staff quarters and a training centre were constructed.

### **Camp activities**

Specialist camps were carried out where a large number of patients benefitted. The details of these diagnostic camps are as follows

	No of camps	No of patients
Eye camps	7	188
Gynecology camps	1	141
Pediatric camps	19	199
Tuberculosis camps	2	125
Dental camp	1	105
Heart disease detection camp	1	97

### **Tribal Health Research Project, Melghat**

#### **Community activities**

Health education on malnutrition, pregnancy, growth monitoring, hand washing etc. are regular features of the project's community activities and awareness about these issues has been created in the villages. Monitoring of under-5 children from 17 villages for their nutritional status was conducted and around 4% of them were found to be suffering from severe protein energy malnutrition. Counseling was done for parents of malnourished children and pregnant women. Around 450 kitchen gardens were developed in 17 villages and saplings and seeds were distributed to villagers. The team of Dr Dani, Dr Ashish Satav, Mrs Jayashri Pendharkar, Dr Ajay and Vitthal Pande prepared a manual on home based child care and Samman. Dr Ashish Satav presented his work at the National workshop on malnutrition organized by the Narottam Sekhsaria Foundation, state level workshop on women and child health in Melghat at Amravati and Vidarbha Vaibhav workshop.

#### **Research**

Four randomized control trials are being carried out in Melghat: Home based child care programme, Mortality control programme for economically productive age group, Samman programme for management of severely malnourished children and Umang de-addiction programme. In 2011, Stichting Geron and Cordaid from the Netherlands provided grants of Rs 21 lakhs for the home based child care programme to reduce child deaths and malnutrition. Another group from Mumbai, Caring friends, also provided grants of Rs 11 lakhs for the mortality control programme for the economically productive age group.

#### **Awards & Recognition**

In recognition of their work in Melghat, Dr Ashish Satav and Dr Kavita Satav have been felicitated by many foundations and bodies.

) **Health Insurance Scheme 2012**

) **Key Features**

1. Creates health consciousness in community
2. Aims at integrating development of the community in the village
3. Makes people aware of powers of self-assertion and collective resistance. People contribute for their health and their village
4. Gives more strength to Gram Sabha. Makes it accountable for village health. Forces it to take decisions for village development.
5. Provides health care facilities at doorsteps and arranges for hospitation of those who need it.
6. Avoids charity. Creates awareness of human rights. Brings women out of cloud of darkness, silence and helplessness into the mainstream of development.

	<b>Cards</b>	<b>Members</b>
Family	18106	83415
Village	13016	47323
Jawar	3570	16772
Village institutional	15469	56731
Institutional	402	1501

**Patients seen at Rural and Urban**

**Health Centres**

Center	Patients
Urban Health Centre, Wardha	9311
Rural clinics, Anji PHC area	8059
Rural clinics, Gaul PHC area	3471
Rural clinics, Talegaon PHC area	2970
Rural clinic, Paunar	3213

) **Diagnostic Camps**

This year the institute organized several screening and diagnostic camps. The departments of Community Medicine, Pathology, Microbiology, Ophthalmology, ENT, Dentistry, Surgery, Medicine,

Obstetrics and Gynecology, Pediatrics, Ayurveda, Anesthesia, Psychiatry, Radiotherapy, Orthopedics and Dermatology participated in these camps.

Camps were organized in village Mandaogad, Anji, Talegaon, Kagaznagar. The Social Service camp for the 2011 batch of medical students of MGIMS, Sevagram was organized from 7-22 Oct, 2011. MGIMS, Sevagram has an old tradition of adopting a village for each batch of medical students. For the 2011 batch of medical students, the village Mandaogad from PHC Kharangana of Wardha district was adopted. This village is situated at a distance of 4 Km from Sevagram and 12 Km from Wardha. The total population of the village was 813 and the total number of households was 186. Each student of the 2011 batch of MBBS students was allotted 2-4 families for their camp activities and follow-up activities for the next 4 years. During the camp, blood investigations for Hb, TLC/ DLC, sickling, eosinophilia, microfilaria and urine investigations for albumin and sugar were done for the family members. Blood and urine investigations were carried out for 746 villagers (91.75%). More than three-fourth population of the village was found to have anemia, 50 had sickling and 9 had microfilaria.

One person was found positive for urine sugar, while 18 people had traces of albumin in urine. Stool examination was done for 723 (88.92%) villagers. Out of the total stool samples examined, parasitic infestation was found in 17 (2.35%). The break-up was as follows: *E.histolytica* – 7 (0.86%); *G.lambia* – 4 (0.49%). All persons with any abnormal investigation received free treatment. Daily general OPD was run by the Department of Community Medicine. A total of 1045 patients availed the benefits of the General OPD. Specialists from each specialty from MGIMS, Sevagram also provided specialized services at the camp site in the village. Total 632 patients were treated through the specialist OPD. A total of 110 were referred to Kasturba Hospital Sevagram for free treatment. The following are the number of patients seen by different departments during diagnostic camps:

<b>Department</b>	<b>No. of Patients</b>
Dermatology	341
ENT	646
Orthopedics	390
Pediatrics	213
Ob/Gyn	171
Medicine	1700
Ophthalmology	4102
Surgery	247
Radiation Oncology	309

### ) **Community Camps**

#### **Adopted Villages**

Mandaogad	2011 Batch
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### **Blood Donation Camps**

- Vidarbha Sindhi Vikas Parishad, Wardha
- Yuva Sangharsha Samiti, Nalwadi, Wardha
- Jain Swetambar Shree Sangh, Selu
- Dr Babasaheb Ambedkar Jayanti Utsav Samiti, Pulgaon
- Tilak Sharadotsav Mandal and Subhash Mandal, Hinganghat
- Sant Nirankari Mandal. Hinganghat
- Art of Living Parivar, Sevagram
- Maharogi Sewa Samiti, Warora & Somnath Project, Mul
- Tilak Sharadotsav Mandal and Subhash Mandal, Hinganghat
- Late Hozefa Nadir Friends Club, Wardha
- Bhavan's Lloyds Vidya Niketan, Bhugaon, Wardha
- Late Chandrakantbhai Dahyabhai Patel Memorial Trust, Wardha
- BD College of Engineering Sevagram with Rotary Club, Gandhi City, Wardha
- Youth Congress, Allipur
- Sai Baba Mitra Parivar, Hamdapur
- District and Sessions Judges, District Court, Wardha
- Mahila Vikas Sanstha's New Arts, Commerce and Science College, Wardha
- Shri Krishnadas Jajoo Gramin Seva Mahavidyalaya
- Dhuniwale Ganesh Mandal, Wardha
- Ramkrishna Bajaj Agriculture College, Pipri, Wardha
- Friends Rural Co-operative Credit Society Ltd.,Borgaon Meghe, Wardha
- Dr Vinod Adlakhiya, Jaiswal family, Selu
- Maharashtra Rajya Prathmik Shikshak Samiti, Wardha
- Shri Shastri Chowk Durga Pooja Utsav Samiti, Wardha
- Dept of Community Medicine, Social Service Camp, Mandaogad
- Shrikrishna Shikshan Sanstha, Samudrapur
- Prahar Paksh, Maharashtra, Hinganghat
- Late Shri Motisingh Z Beniwar Shikshan Sanstha, Aajangaon
- Vimukt Gramin Vikas Sanstha, Nandora
- Art of Living Sanstha, Sevagram
- Adarsh Ganesh Mandal, PawanPrahar Paksh, Nandgaon, Hinganghat
- Dr. Sushila Nayar Memorial Blood Donation Camp
- Prahar Paksh, Tas
- Prahar Paksh, Nimbha
- BD College of Engineering, Sevagram.
- Panchsheel Krida Mandal, Burkoni

- Tilak Shardsav Mandal & Subhash Mandal, Hinganghat
- Maheshwari Navyuvak Mandal, Wardha
- New Lucky Sporting Club, Wardha
- Late Hozefa Nadir Friends Club, Wardha
- Shivbha Shetkari Purush Bachat Gat, Sindi (Railway), Tah. Selu
- Maitry Sambandh Samajik Sanstha, Mandgaon
- Shri Gurudev Seva Mandal, Pipri (Pohna)
- Anjani Mata Deosthan, Alodi, Wardha
- Samta Sainik Dal, Hinganghat
- Suresh Deshmukh College of Engineering, Selukate

### ) **Universal Immunization Programme (UIP)**

The Maternal and Child Health Cell in Kasturba Hospital is located in the General OPD. All vaccines under UIP are provided through the maternal and child health cell. In the year 2011-12, 10,222 doses of vaccines were provided to mothers and children. The Department of Community Medicine works together with the District Health system in celebrating Village Health Nutrition Day (VHND) on a monthly basis in all the villages of the three PHC areas under the Department. Apart from immunization, the activities on Village Health Nutrition day include diagnostic, weight and nutritional check-up of children of 0-3 years, ANC check-up, PNC check-up and nutritional and health education. The ASHAs, SHG members and adolescent girls are being encouraged to participate actively during the VHND. The Village Health Nutrition and Sanitation Committee (VHNSC) are entrusted with the responsibility of organizing the day.

### ) **Revised National Tuberculosis Programme**

The GOPD in Kasturba Hospital operates a microscopy and a DOTS centre under the Revised National Tuberculosis Control Programme. Being a tertiary care hospital, the Microscopy centre examines the maximum number of patients out of the 14 microscopy centres in Wardha district. DOTS treatment is provided to three villages near Kasturba Hospital through DOTS centre. A total of 3262 chest symptomatics were screened in the microscopy centre in 2011-12. Based on the sputum examination, 162 patients were identified to be sputum positive pulmonary tuberculosis cases. On behalf of Central TB Division, the Department of Microbiology is conducting a disease survey on the prevalence of tuberculosis in Wardha district. We are the first centre to start data collection as part of a multicentric trial being conducted in five such centers.

### **) National Leprosy Elimination Programme**

The General OPD in Kasturba Hospital also acts as a drug delivery centre for National Leprosy Elimination Programme. In the year 2011-12, 50 patients were registered as cases of leprosy and received treatment.

### **) Integrated Disease Surveillance Programme**

A regular programme for epidemiological surveillance is operational in MGIMS, Sevagram for several years. This programme is further strengthened after launch of IDSP in Wardha district. Under the Epidemiological Surveillance activity, daily data is collected from the Kasturba Hospital based on standard definition given under IDSP. Information regarding all the cases of communicable diseases availing OPD or inpatient services in Kasturba Hospital is reported on telephone to the district health authorities. A weekly report is also submitted to the district health authorities regularly. During the year 2011-12, a total of 721 cases of various communicable diseases were reported to the district health system.

The Department of Community Medicine also provides consultation and helps the district health system in investigation of epidemics in case they occur in Wardha district. It is also a nodal centre to provide training of trainers to district level master trainers for the state of Bihar.

## **MGIMS' Participation in National Health Programmes**

### **Integrated Child Development Services**

Continuing education program for the Anganwadi workers are being done in the three PHC areas adopted by the Department of Community Medicine to improve the skills of Anganwadi workers. During these training programmes, effort is made to provide the workers with training on health as well as other issues of Early Childhood Development. The Department of Community Medicine is a state coordinating centre for the monitoring of ICDS in the state of Maharashtra. So far monitoring has been done in nine districts.

### **National Cancer Control Programme**

The Department of Pathology is coordinating with National Cancer Registry Programme under ICMR, on development of an atlas of cancer, India. In 2001-02, the Department ran a Hospital based Cancer Registry.

From 2003 to 2008 the Department ran a Population based Cancer Registry which collated data from Wardha district, which was the only centre in the country which collected both rural and urban data. From 2010, the Rural Population Based Cancer Registry has been given permanent status under the National Cancer Registry Programme of ICMR.



### **National Rural Health Mission**

The Department of Community Medicine is conducting training of Accredited Social Health Activists (ASHA) for the District Health System, Wardha.

### **Adolescent Health Programme**

The Department of Community Medicine, MGIMS, Sevagram has developed adolescent health programme for school going and non-school going boys and girls. The School Health Programme is operational in schools under the three PHCs adopted by the Department of Community Medicine, MGIMS, Sevagram. Health and Family Life education is provided by trained teachers in these schools. At village level, family life education is provided to the adolescents through Kishori Panchayat. For this purpose, the adolescent girls have been organized and Kishori Panchayats have been formed in all the villages under the three PHCs.

### **National Programme for Control of Blindness**

The Departments of Community Medicine and Ophthalmology run a Sentinel Surveillance Unit under the National Programme for Control of Blindness for Wardha district.

### **National Vector Borne Disease Control Programme**

The Department of Community Medicine is actively involved in the evaluation of mass drug administration of DEC in Wardha district.

### **Emergency Obstetric Care (EmOC)**

The Govt. of India, state government, FOGSI and AVNI foundation have chosen the Department of Obstetrics and Gynecology as a nodal centre for its EmOC programme to prevent maternal morbidity and mortality. Master trainers from 11 states have been trained under this programme.

### **Training workshops organized at Melghat.**

The following training activities were organized last year:

**Theme:** Village health worker training programme: For intervention area on home based child care.

**Dates:** 27 - 28 May 2011, 11-12 Jun 2011

**No. of participants:** 16 village health workers

**Trainers:** Dr Ashish Satav, Dr Ajay Sadanshiv, Dr Kishor Ishware, Namdev Belsare

**Topics:** Home based management of severe acute malnutrition, neonatal care (normal neonatal care, care of low birth weight baby, premature baby and breast feeding problems, birth asphyxia and neonatal sepsis), post neonatal child care (diarrhea, malaria, pneumonia, nutrition and malnutrition)

**Theme:** Village health worker training programme: For control area on home based child care.

**Dates:** 1st of each month

**No. of participants:** 19 village health workers

**Trainers:** Rameshwar Bhalerao, Vitthal Pande

**Topics:** Record keeping, birth and death confirmation have been felicitated by many organizations and have been bestowed with many awards which include Spirit of Humanity National Award from Americare Foundation for Childhood Nutrition, Karamveer Global Social Citizen Award and Alex Memorial Award from Centre of Peace and Development. Dr Ashish Satav is a member of the Bhavishya Alliance, an international trisectorial alliance working for reducing malnutrition in Maharashtra. He is also appointed member of the special study group for tribal health development of Vidarbha statutory board by the Governor of Maharashtra. He is member of several committees including, State policy making committee for antibiotic use by ASHA or anganwadi worker, Navsanjeevan committee for monitoring child health and nutrition, mentoring committee of district National Rural Health Mission and Secretary, Coordination Committee of Counsellor programme for government hospitals in Melghat.

**Theme: Counselor Training and Meeting**

**Dates:** 1 Apr 2011, 30 Apr 2011, 1 May 2011, 31 May 2011, 30 Jun 2011

**No. of Participants:** 32 counselors and one coordinator

**Trainers:** Dr Ashish Satav, Bandya Sane, Rishikesh Khilare

**Topics:** Health education, interpersonal skills, nutrition demonstration, training of yuvaduts to spread awareness about sustainable agriculture, de-addiction and village development through streetplays.

**Theme: Village health worker training programme: For intervention area on home based child care.**

**Dates:** 2-4 Jul 2011, 2-4 Aug 2011, 12-14 Sep 2011

**No. of participants:** 16

**Trainers:** Dr Vibhavari Dani, Dr Ashish Satav, Dr Ishware, Dr Ajay, Samoti, Namdev, Vitthal Pande

**Topics:** Neonatal care (normal neonatal care, care of low birth weight baby, premature baby and breast feeding problems, birth asphyxia and neonatal sepsis), post neonatal children care (diarrhea, malaria, pneumonia), nutrition and malnutrition

**Theme: Yuva doot training programme: For Intervention area on project UMANG**

**Dates:** 19-20 Jul 2011, 25-27 Jul 2011, 2-4 Aug 2011, 13-15 Sep 2011

**No. of participants:** 13

**Trainers:** Manohar Khake, Dr V Dani, Rishikesh Khilare, Arpit Jajodiya, Dr Ashish Satav

**Topics:** De-addiction, village development and kitchen garden, Art of living youth leadership development programme, sanitary napkin use, adolescent health.

**Theme: Counselor training programme**

**Dates:** 19-20 Jul 2011, 2-4 Aug 2011, 12-14 Sep 2011

**No. of participants:** 32

**Trainers:** Bandy Sane, D. Bobde, Manohar Khake, Chandrakant and Ram, Melghat Mitra, Dr. Ashish Satav, Mahadev

**Topics:** Nutrition and malnutrition, counseling skills, communication skills, etc.

**Theme: Village health worker training programme: For control area on home based child care.**

**Dates:** 1 Jul 2011, 1 Aug 2011, 1 Sep 2011

**No. of participants:** 17

**Trainers:** Kasim Saiyyad, Rameshwar

**Topics:** Treatment by PCM and Aspirin, record keeping, communication skills

**Theme: Village health worker training programme: For Intervention area on home based child care and SAMMAN.**

**Dates:** 1-3 Oct 2011, 5-8 Nov 2011

**No. of participants:** 15

**Trainers:** Dr V Dani, Dr Ashish Satav, Vitthal Pande, Dr Ajay Sadanshiv, Dr Kishor Ishware,

**Topics:** Neonatal care (normal neonatal care, care of low birth weight baby, premature baby and breast feeding problems, birth asphyxia and neonatal sepsis), post neonatal children care (Diarrhea, malaria, pneumonia), nutrition and malnutrition, RUTF distribution, etc.

**Theme: Village health worker training programme: For control area on home based child care.**

**Dates:** 5 Oct 2011, 5 Nov 2011, 5 Dec 2011

**No. of participants:** 18

**Trainers:** Rameshwar Bhalerao, Vitthal Pande, Kasim Saiyyad

**Topics:** Form collection, Record keeping, drug distribution

**Theme: Yuvaduts training programme For Intervention area on project UMANG**

**Dates:** 13-15 Oct 2011, 13-15 Nov 2011, 20-21 Dec 2011

**No. of participants:** 15

**Trainers:** Manohar Khake, Rishikesh Khilare, Dr Ashish Satav

**Topics:** De-addiction, village development and kitchen garden, Art of living youth leadership development programme

**Theme: Counselor training programme**

**Dates:** 2-3 Oct 2011, 4-5 Dec 2011

**No. of participants:** 32

**Trainers:** Bandy Sane, Dr Ashish Satav, Mahadev

**Theme: Village health worker training programme: For Intervention area on home based child and adult care.**

**Dates:** 1-4 Jan 2012, 10-13 Feb 2012, 2-4 Mar 2011

**No. of participants:** 15 +3

**Trainers:** Dr V Dani , Dr Ashish Satav, Mrs Jayashree Pendharkar, Dr Ajay Sadanshiv, Dr Kishor Ishware, Kasim Nazir Saiyyad

**Topics:** Neonatal care (normal neonatal care, care of low birth weight baby, premature baby and breast feeding problems, birth asphyxia and neonatal sepsis), post neonatal children care (diarrhea, malaria, pneumonia), nutrition and malnutrition, hypertension, tuberculosis.

**Theme: Village health worker training programme: For control area on Home based child care.**

**Dates:** 1 Jan 1 2012, 1 Feb 2012, 1 Mar 2012

**No. of participants:** 14+2

**Trainers:** Rameshwar Bhalerao, Vitthal Pande

**Topics:** Record keeping, drug distribution

**Theme: Counselor Training and Meeting.**

**Dates:** 1 Jan 2012, 30 Jan 2012, 1 Feb 2012, 29 Feb 2012, 1 Mar 2012

**No. of participants:** 29

**Trainers:** Dr Ashish Satav, Mrs Jayashree Pendharkar, Bandy Sane, Dr Vibhavari Dani, Dr Bobde, Mahadev Chilate

**19. Teachers and officers newly recruited:**

23 new staff members were recruited in 2011-2012

**20. Teaching – Non-teaching staff ratio**

Teaching staff 164

Nonteaching staff 828

Ratio 1:5

## 21. Improvements in the library services

- ) The library is located on the ground floor of the hospital, between the Accident and Emergency (A & E) and the outpatient department [OPD] complex. Each year, the library subscribes to 207 medical journals, 143 of them, international. Journals with very high impact factors such as Lancet, New England Journal of Medicine, JAMA, Annals of Internal Medicine, BMJ and Archives of Internal Medicine, WHO, Global periodicals and publications arrive in the library within 2 weeks of their publication. In addition, the library has subscribed to 2074 e-resources of the **digital library** of Maharashtra University of Health Sciences, Nashik. The existing stock is of 26,407 books. Internet access is provided to the members. The library has also carefully archived old journals- a total of 16,337 hard-bound journals, neatly stacked, occupy them of the library. The journals are alphabetically arranged. Although several journals date as far back as 1960, they can be easily accessed. The books are classified according to the DDC system and catalogued according to AACR II system. Since 1992, the library has been identified as a resource library in Western India within HELLIS Network.
- ) The bar coding system has been introduced in the library
- ) The students have a direct access for E- Medicine
- ) Free access to online journals via MUHS

**Officer In-Charge: Dr S Singh**

**Librarian: Mr. V W Vairagade**

**Budget [2011 – 2012]**

Book (Expenditure):	Rs. 933041
Journals (Expenditure):	Rs. 5347378
Book binding:	Rs. 27836

## 22. New books/journals subscribed and their value

**BOOKS: 26407**

Books added in the year: **555**

Bound volumes of Journals: **16337**

Bound volumes added this year: **404**

**JOURNALS**

Subscribed: **207**

International: **143**

National: **64**

Complimentary: **150**

CD-ROMs:

### 23. Courses in which student assessment of teachers is introduced and the action taken on student feedback:

This was introduced in the medical education technology workshops and different CMEs and workshops organised by the college.

The institute is gradually moving towards starting this as part of all TL activities.

### 24. Feedback from stakeholders

a) **Students** – The Committee for Internal Quality Assurance has formulated a questionnaire which is given to all students on a pre-notified date and the students are encouraged to write their frank feedback on different curricular aspects in a structured manner. The feedback is also obtained by informal discussion of students with their mentors and faculty of individual departments.

b) **Alumni** – A structured feedback form is sent to alumni who are active on the e-group and forms are also circulated to alumni in the institutional news bulletin. Informal feedback is also obtained during the silver jubilee reunion function of each batch of students and through the e-groups of the alumni.

c) **Parents** – Parents feedback is taken at the time of admission and they are informed about the progress of their ward, attendance of their ward and a feedback form is also sent with this report which is analyzed after getting back the filled form.

d) **Employers / industries** – The employers obtain feedback from different stakeholders in the institute like administration, faculty, students, alumni and the NGOs (more than 100) where the students have been posted after completion of their under graduate course.

e) **Academic peers** – Through interaction by regular meetings at University level and other academic fora.

f) **Community** – Regular interactions are done with community leaders, social workers and patients to get necessary feedback on performance of students during diagnostic camps, ROME camp and social service camp.

) All feedback is compiled and analyzed scientifically by the Internal Quality Assurance Cell. This analyzed feedback is submitted to the Dean

) The Dean discusses this feedback individually with departmental heads and takes actions for institutional level and forwarding to MCI.

) The points which require actions at departmental level are discussed in the departmental meetings where the remedies for the problems are sought and the recommendations are

implemented at the institutional level and if required, the recommendations are also sent to the board of studies of Health University for appropriate actions.

- ) Feedback is also obtained from students through their mentors and from alumni through formal and informal routes.

## 25. Unit cost of education

### Unit Cost of Education

*(Unit cost = total annual recurring expenditure (actual) divided by total number of Students enrolled)*

*Year 2008-09*

(a) Including the salary component = Rs.4, 25,540/-

(b) Excluding the salary component = Rs. 94,373/-

## 26. Computerization of administration and the process of admissions and examination results, issue of certificates

### **Hospital Information System (HIS)**

The Hospital Information System (HIS) was designed in 2004 to replace paper-based hospital records. The electronic system oversees the entire spectrum of hospital: registration, insurance, outpatient departments, laboratories, blood bank, wards, Operation Theater, kitchen, Pharmacy, accident, billing counters, and emergency department and Medical Records Department (MRD).

Each year, the system captures data on close to half a million outpatients, 45,000 inpatients, 5000 newborn, 200,000 biochemical tests, 170,000 pathology tests, 47,000 microbiology tests and 79,000 radiographs. Close to 220 computers networked by a secure system run on Oracle platform and are backed by application and database servers. Healthcare workers use the system to enter and save get patient related data- accurate, reliable, fast and easily retrievable -at the point of care. The system has significantly reduced the efforts and time doctors, nurses and technicians were spending to enter access and retrieve data. The other modules of the system include Personal Information System (PIS), Accounts, Students enrollment, and transport.

In addition, in 2012, the HIS also introduced Picture Archival and Communication System (PACS) that helps doctors access radiological images, electronically, at the point of care.

The entire campus now enjoys 24/7 Wi-Fi- a facility available in teaching departments, library, wards, seminar rooms, operation theatre, reading room, all hostels, administrative blocks, guest houses and faculty residences.

## 27. Increase in the infrastructural facilities

### **) MGIMS starts Mother and Child Hospital at Melghat**

The Kasturba Health Society (KHS) has started a new 30 bed hospital for women and children in the tribal area of Utawali, Melghat. Since the last 14 years, KHS has been running an OPD and 6-bed

hospital as part of the Tribal Health Research Project in Melghat. This initiative takes the previous effort forward. The OPD was started in the new hospital on 1 Jan 2012. This initiative has been funded by the Shri Brihad Bharatiya Samaj, a Mumbai-based non-governmental organization.

) **MGIMS goes Wi-Fi**

MGIMS has installed Wi-Fi access all over its campus. Close on the heels of the successful functioning of the Hospital Information System, the availability of the high speed network offers seamless connectivity by 140 access points installed in both indoor and outdoor locations. Students and faculty are now able to access the internet throughout the hospital, hostels and staff residences. It enables them to access evidence based answers to queries related to patient care and academics.

) **PACS installed in Radiology department**

The Hospital Information System successfully installed Computerized Radiography (CR), Radiology Information System (RIS) and Picture Archiving and Communication System (PACS) in the Radiology department. This system enables radiology images to be sent digitally to OPDs and wards and also ensures convenient storage and retrieval of images.

) **Laser Unit acquired in Ophthalmology**

Refractive errors account for 7% cases of blindness which can be corrected by changing curvature of the cornea. Wardha District alone has approximately 1000 such cases and most of which are from the young population. Lasix surgery can correct this refractive error as a outpatient procedure. The institute has acquired an Eximer Laser Unit with Microtome and Corneal Topography System in the Ophthalmology department for this purpose.

[28. Technology Up gradation](#)

**New Equipment Added:**

**Anatomy**

Rotary microtome

**Anesthesia**

Anesthesia workstations

**Biochemistry**

Real time-PCR equipment

2- D electrophoresis system

Normal and submersible electrophoresis systems

& trans-blotting units

Gel Documentation system

Freezer

HbA1C analyzer

Ice Maker

Orbital laboratory shaker

**ENT**

Microscope

KIMO Sound level meter

**Medicine**

Ventilators

Binocular microscope

Computerized blood gas analyzer

Biphasic defibrillator monitor

Multipara monitors

ECG machine

Syringe pump

Infusion pump

Finger Pulse oximeter



Ambulatory BP machine

Automated electronic cell counter

### **Microbiology**

Binocular Microscopes

Micro mist fogger

Single distillation plant with water softener supply

### **Obstetrics and Gynecology**

Examination table

Delivery table

ECG machine

NST machine

Doppler

Suction machine

Ultrasonic instruments cleaning machine

Formalin chamber

Mobile suction machine

Cautery machine

### **Ophthalmology**

Ophthalmic operating microscope

Humphrey field analyzer

Ophthalmic ultrasound system with ultrasonic bio microscope

LASER System

Corneal topography system

### **Orthopedics**

VAC System

Laminar Airflow system

Pulse lavage system

General, spine instrument & THR Set

Electro cautery

### **Pediatrics**

Pediatric & neonatal ventilators

Infusion pumps

Infusion syringes

Nebulizers

### **Pharmacology**

Bicycle ergo graph

Digital Steadiness Tester

Soxhlet Apparatus

Heating Mantal for Soxhlet Apparatus

Digital Display Multiple Choice Apparatus

Flicker Fusion Apparatus

Blood Glucose Monitor

Bio-Pac

HPLC

### **Radio diagnosis**

Color Doppler USG with 3D & 4D

Sonography

CR Radiography System

PACS workstation

### **Surgery**

Ventilator

29. Computer and internet access and training to teachers, non-teaching staff and Students College has a well-developed computer support with all the departments having computers, printers and scanners.

MGIMS has installed Wi-Fi access all over its campus. Close on the heels of the successful functioning of the Hospital Information System, the availability of the high speed network offers seamless connectivity by 140 access points installed in both indoor and outdoor locations. Students and faculty are now able to access the internet throughout the hospital, hostels and staff residences. It enables them to access evidence based answers to queries related to patient care and academics.

### 30: Financial aid to students

- ) Alumni association in the form of tuition fees
- ) KHS , in the form of research grants for PGs
- ) Freeships and scholarships from Government bodies
- ) Other funding agencies like ICMR, MUHS also give financial aid to students for research purpose.

### 31. Activities and support from the Alumni Association

- ) The alumni association is now a registered body.
- ) It organizes get together of the silver jubilee batch in the month of December
- ) It also supports the needy students with some financial assistance.
- ) The alumni of 1984 batch started the best thesis presentation “SUSHRUT “award

### 32. Activities and support from the Parent-Teacher Association:

- ) The parents’ teacher association now is a registered body.
- ) It is involved in the bridging the gap between the students and teachers.
- ) It acts as feedback mechanism for better TL practices.

### 33. Health services:

#### **Hospital:**

#### **OPD Patients' Visits**

Ayurveda	2788	1906	4694	4848
Chemotherapy	1654	-	1654	1261
Dental	6268	7957	14225	12377
Dermatology	16472	11880	28352	21533
Emergency	48886	645	49531	44257
ENT	16661	10098	26759	25257
General OPD	94515	15293	109808	97497
Medicine	38783	36026	74809	65100
Neurosurgery	801	123	924	1352
Obst.& Gynae	13665	24455	38120	34926
Ophthalmology	18971	8234	27205	26259
Orthopedics	21212	12359	33571	30066
Pediatrics	11552	8295	19847	19545
Peripheral Service	-128182	128182	87649	
Physiotherapy	5985	6639	12624	10076
Psychiatry	3657	9356	13013	14201
Radiotherapy	947	12552	13499	11262
Surgery	25257	22269	47526	41853
<b>Total</b>	<b>456256</b>	<b>188087</b>	<b>644343</b>	<b>549319</b>

### In-Patients

<b>OPD</b>	<b>Patients</b>	<b>Visits</b>
<b>Year</b>	<b>2011-12</b>	<b>2010-11</b>
Beds	660	660
Admissions	43340	43204
Adm./Day	119	118
Bed Occupancy. (%)	99.7	99.9
Avg. Stay(days)	5.5	5.6
Deaths	1205	1321
<b>Speciality</b>	<b>2011-12</b>	<b>2010-11</b>
Medicine	9842	10951
Obst. & Gynae	8419	8568
Pediatrics & Neonatology	7970	8041
Surgery	4661	5205
Ophthalmology	6889	5382
Orthopedics	2281	2168
ENT	901	1032
Psychiatry	537	626

Dermatology	870	717
Neurosurgery	293	319
Radiotherapy	677	195

### **MEDICINE**

	<b>2011-12</b>	<b>2010-11</b>
Beds	140	140
Admissions	9842	10951
Adm. /day	27	30
Deaths	764	747
Bed Occupancy (%)	73.2	78.3
Avg. Stay (days)	3.8	3.7

### **PSYCHIATRY**

	<b>2011-12</b>	<b>2010-11</b>
Beds	30	30
Admissions	537	626
Adm. /day	1.0	1.72
Deaths	1	0
Bed Occupancy (%)	42.5	51.4
Avg. Stay (days)	8.7	9.0

### **PEDIATRICS & NEONATOLOGY**

	<b>2011-12</b>	<b>2010-11</b>
Beds	60	60
Admissions	7970	8041
Adm/day	22.0	22.0
Deaths	199	245
Bed Occupancy (%)	199.1	196.0
Avg. Stay (days)	5.5	5.4

### **ORTHOPEDICS**

	<b>2011-12</b>	<b>2010-11</b>
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Beds	60	60
Admissions	2281	2168
Adm./day	6.0	5.9
Deaths	33	19
Bed Occupancy (%)	96.1	92.3
Avg. Stay (days)	9.2	9.3

### **ENT**

	<b>2011-12</b>	<b>2010-11</b>
Beds	30	30
Admissions	901	1032
Adm. /day	2	2.8
Deaths	8	6
Bed Occupancy (%)	56.2	63.8
Avg. Stay (days)	6.8	6.8

### **DERMATOLOGY**

	<b>2011-12</b>	<b>2010-11</b>
Beds	30	30
Admissions	870	717
Adm. /day	2	1.9
Deaths	0	1
Bed Occupancy (%)	40.7	46.9
Avg. Stay (days)	5.1	7.2

### **SURGERY**

	<b>2011-12</b>	<b>2010-11</b>
Beds	120	120
Admissions	4661	5205
Adm. /day	13.0	14.3
Deaths	152	239
Bed Occup (%) 82.7	89.3	
Avg Stay (days) 7.8	7.5	

## **OBSTETRICS & GYNECOLOGY**

	<b>2011-12</b>	<b>2010-11</b>
Beds	90	90
Admissions	8419	8568
Adm/day	23	23.5
Deaths	11	7
Bed Occp (%)	186.7	177.6
Avg Stay (days)	7.3	6.8

## **OPHTHALMOLOGY**

	<b>2011-12</b>	<b>2010-11</b>
Beds	60	60
Admissions	19.0	14.7
Deaths	1	1
Bed Occp (%)	97.8	86.8
Avg. Stay (days)	3.1	3.5

## **RADIOTHERAPY**

## **NEUROSURGERY**

	<b>2011-12</b>	<b>2010-11</b>
Beds	10	10
Admissions	293	319
Adm. / day	1.0	0.87
Deaths	30	54
Bed occp (%)	44.9	68.7
Avg. Stay (days)	5.6	7.9

	<b>2011-12</b>	<b>2010-11</b>
Beds	30	30
Admissions	677	195
Adm. /day	2.0	0.53
Deaths	6	2
Bed occp (%)	20.0	6.1
Avg. Stay (days)	3.2	3.4

### **KHS Utawali Project**

(Jan - Mar 2012)

	<b>OPD</b>	<b>IPD</b>
Ob/Gyn	98	7
Pediatrics	245	5
Ophthalmology	840	40
Medicine	519	60
ENT	30	1
<hr/>		
<b>Total</b>	<b>1968</b>	<b>113</b>
Camp	236	

### **OBSTETRICS & GYNECOLOGY**

		<b>Investigations</b>		<b>Family Planning</b>	
Caesarian sections	1707				
Deliveries	5058	Laparoscopy	05	Female Sterilizations	685
Hysterectomy	587	Cystoscopy	06	MTP	21
Laparotomy	133	D &C, Biopsy	1088	Male Sterilizations	01
Ovarian Tumours	74				

<b>ENT</b>		Minor	133	Caldwell luc	05
Mastoid Exploration	14	Rhinoplasty	03	Polypectomy	14
Tympanoplasty	50	Septorhinoplasty	30	Maxillectomy	05
Stapedectomy	13			DCR	16
Polypectomy	18			Septorhinoplasty	16
Mastoidectomy	17	Endoscopy	102	FESS	13

Others	06	Laryngoscopy & MLS	20	Bronchoscopy	02
Minor	36	Mandible/Maxillectomy	13	Laryngectomy	11
		Oesophagoscopy	17	Others	41
Tonsil & Adenoid	21	Hemiglossectomy	02	Minor	91

## **SURGERY**

### **General**

Hernia	334
Breast	40
Thyroid	39
Amputation	18
Skin graft	24
Varicose	6
I & D	111
Excision	377
Others	56

### **Urology**

Hydrocele	152
Calculi	106
Prostate	59
Bladder	06
Testes	16
Renal	37
TURP	16
Urethra	21
Cystoscopy	68
Others	39

### **Paediatrics**

Hernia	16
Circumcision	54
Hypospadias	6
Hirschsprung ds	4
Others	37

### **CVTS**

Thoracotomy	1
Others	1

### **Oncology**

Gut	12
Breast	82
Thyroid	17
Penis	10
Renal	5
Colon	8
Rectum	13
Stomach	10
Laparotomy	17
Other	21

### **Gut**

Appendix	171
Perforation	72
Obstruction	44
Anal Fissure	15
Gall bladder	44
Colon	4
Haemorrhoids	18
Liver	11
Endoscopy	11
Laparoscopic	236



Others 70

**RADIOTHERAPY**

Head and Neck 251  
 Female Genital tract 155  
 Breast 139

**DENTAL**

Extraction 1705  
 Scaling 1423  
 Major Surgery 42

Speciality	major	simple	Minor	total
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Oesophagus 54  
 Gastrointestinal tract 100  
 Male Genital tract 23  
 Bone / Soft tissue/ Skin 33  
 Lung 23  
 Lymphoma/ Leukemia 24  
 Brain 20  
 Kidney & Bladder 4  
 Hepato-biliary 13  
 Miscellaneous 39  
**TOTAL 874**

Filling 1113  
 Denture 426  
 Ortho 81  
 Others 56

**ANESTHESIA**

General 1749  
 Regional 5057  
 Local 7558  
 IV Anesthesia 969  
 Sedation 568  
**Total 15901**

**OPHTHALMOLOGY**

IOL Implantation 6279  
 ICCE/ECCE 39  
 Glaucoma 141  
 Keratoplasty 27  
 Oculoplasty 29  
 DCR/DCT 135  
 Squint & Orbit 4  
 Retina 20  
 Other extra ocular 358  
 Other intraocular 52

**MEDICINE**

Endoscopy 275  
 Hemodialysis 504

**PERIPHERAL SERVICES**

Community Medicine 27402  
 Community Ophthalmology 92661  
 Rural Diagnostic Camps 8119  
**Total 128182**

Obs. Gynae.	2253	413	2179	4845
surgery	939	403	1055	2397
Orthopaedics	1064	83	220	1367
Ophthalmology	6279	-	3316	9595
ENT	549	-	434	983
Neurosurgery	272	-	-	272
Dental	42	-	1705	1747
Total	11398	899	8909	21206

## **TUBERCULOSIS AND LEPROSY CLINIC**

### **Tuberculosis**

DOTS (Directly Observed Treatment Short-course) for tuberculosis were started in Wardha district on 21 Jul 2002. Under this program, one microscopy centre and one DOTS centre catering to 3 nearby villages have been established in the GOPD. 397 new patients of tuberculosis were detected under DOTS this year. Of the 3262 chest symptomatic screened, 162 were positive for acid fast bacilli.

### **Leprosy**

This year 50 patients with leprosy (32 multi-bacillary and 18 pauci-bacillary) were registered with the leprosy clinic.

### **Epidemiological Surveillance**

The Epidemiological Surveillance Unit collates data daily from the hospital wards based on standard definitions given for each disease. This year, epidemiological surveillance was done for 721 patients suffering from various communicable diseases and their reports were sent to the District authorities.

**Speciality Clinics****AYURVEDA**

Ksharasutra	120
Panchakarma	221

**COMMUNITY MEDICINE**

Anji, Bhidi, Talegaon, UHC	378
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**ENT**

Pure Tone Audiometry	1675
Impedance audiometry	487
Hearing Aid Trial	75
Speech therapy/ Evaluation	902
Voice Clinic (Stroboscopy)	225
Behavioural observation	
Audiometry (BOA)	51
Allergy Clinic (SPT)	57

**OBSTETRICS & GYNECOLOGY**

ANC	26072
PNC	5248
Primary infertility	452
Secondary infertility	280
Oncology	

**OPHTHALMOLOGY**

Intraocular lens	6279
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**Clinical Pathology OPD: 143737**

**Cytology: 23190**

Cervicovaginal smears	2424
FNAC	2537
Cervicovaginal smears (Camp)	524

Retina and diabetes	342
Cornea & Contact lens	355
Glaucoma	185
Trauma	369
Oculoplasty & Orbit	776
Squint & Neuro-ophthalm	101
LVA	43

**MEDICINE**

Cardiology	626
Geriatrics	12347
TB & Chest	32

**DERMATOLOGY**

Hansen's Clinic	144
Psoriasis Clinic	75
Contact Dermatitis Clinic	175
Pigmentary disorders	106

**FORENSIC MEDICINE**

Postmortems	355
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**Investigations****Pathology**

**Total Investigations: 3, 41, 864**

Body fluids	1556
Sputum	131
Endometrium	526
Bronchial wash	08
Miscellaneous	07

Total smears	23190	CBC automated counter	35281
		Peripheral smear	17152
<b>Blood Bank:</b>	<b>90029</b>	PS for malarial parasite	7549
		Blood group & Rh typing	13894
Blood grouping & Rh typing		Bence Jones Proteins	50
In patients	17345x2	Hemoglobin	208
In donors	6738x2	Sickling	4577
Subgrouping: A1 & A2	1683	AEC	665
Blood bags collected	6738	TLC/DLC	118
Total screening tests	33704	BT/CT	1874
Total units issued		Stool (blood)	154
-Whole blood	5700	ESR	2711
-Packed red cells	776	Urine	58567
-Platelet concentrates	622	CBC	329990
-Fresh Frozen Plasma	780	Peripheral smear	18779
Total cross match	6476	ESR	799
Blood donation camps	47	PS for Malarial parasite	236
Blood issued to		Bone marrow	22
-thalassemia patients	323	Sickling	2763
- SCD patients	137	Hb. electrophoresis	1951
<b>Histopathology: 13741</b>		AEC	117
		<b>Coagulation Lab</b>	
Specimens	4192	Prothrombin time	1477
Paraffin blocks	13741	APTT	759
Autopsies	32	Retic count	341
<b>Special Investigations 196</b>		G6PD	58
		Indirect Coombs'	191
Immunohistochemistry	105	Direct Coombs'	32
Antithyroid antibodies	11	AD test	1
Serum ferritin	75	Osmotic fragility	12
		HBs Ag.	5100
		Hb. Elect. (Quantitative)	85
<b>Hematology: 65754</b>		Serum elect. (Quantitative)	41

**Camps: 5222**

Social service camp 5222

**Biochemistry****Total investigations: 211441****Blood/Serum**

Sugar/Glucose	40230
Cholesterol	198
Lipid Profile	2956
Apolipoproteins	19
CPK/CK MB	2460
Chloride	8
Liver Panel	5582
Lipase	679
Amylase	577
Liver enzymes	7521

**Urine**

24 Hrs. Albumin	67
Creatinine	5
Na	93
K	70
Ca. & Chloride	23
Protein: Creatinine ratio	71
Microalbumin	14
Osmolality	61
Others	7
Sec. Osmolality	54
Serum LDH	445
Bilirubin	17169
AIK Phosphatase	586
GTT	641

**Other Fluids**

Sugar	659
Proteins	780
Chloride + phosphate	19
Amylase	37
Albumin	219
Tri-glyceride	7
Glucose, Protein (Pus)	4
LDH, Cho, HCO <sub>3</sub> , Cl.	37
Urea	25027
Creatinine	33014
Sodium	29717
Potassium	30292
Calcium	1262
Lithium	25
Phosphorus (Inorg)	56
ABG	1006
Albumin	907
Renal panel	105

**Hormones**

In arrangement with Thyrocare	7428
Filarial Ag/Ab	156
Seva TB ELISA	309

**Microbiology****Total Investigations: 52,940****BACTERIOLOGY: 19631**

<b>Culture</b>	<b>17886</b>	Biopsy	28
<b>Aerobic</b>	<b>17068</b>	Blood	2759
Aspirate	142	Blood bags	23
Antral wash / BAL	03	CSF	461
Bile	02	Corneal scrapping	10

Discharge	03	Tissue	22
Drain	157	Swabs	3769
Drinking water	97	Urine	8087
Endometrial tissue	07	Whole blood	56
Fluids	471	<b>Microscopy</b>	<b>1745</b>
Miscellaneous	23	DGI	02
Placenta	03	Gram staining	1045
Product of conception	08	Wet mount	533
Pus	506	Hanging drop	165
Semen	14	<b>Anaerobic</b>	<b>818</b>
Infection Control	447	Routine	60
Sputum	197	PHC O.T.	311
Stool	220		

#### **MYCOLOGY: 776**

<b>Culture</b>	<b>110</b>	Sputum	03
Aspirates	02	Tissue	11
Biopsy	01	Swabs	08
Blood	02	Urine	03
CSF	03		
Drain	01	<b>Microscopy 666</b>	
Fluids	06	KOH	666
Nail	06		
Pus	14		
Scraping	50		

#### **MYCOBACTERIOLOGY: 4098**

<b>Culture</b>	<b>1640</b>	<b>Microscopy</b>	<b>2222</b>
LJ / Bactec	290	Fluorescent	22
		MGTI	1350
		Smear for AFB	1890
		LJ & BACTEC	236
		Slit Skin Smear	310

**PARASITOLOGY: 855**

<b>Microscopy</b>	<b>855</b>	Stool (Village Camp)	723	Stool (Dept.)	132
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**SEROLOGY & IMMUNOLOGY: 27580**

<b>Bacteriology</b>	<b>10657</b>	RA	860
ASO	311	TPHA	02
CRP	1542	Malaria	3696
		HIV (routine)	2936
<b>Parasitology</b>	<b>3700</b>	HIV (PPTCT)	5788
<b>Virology</b>	<b>13223</b>	VDRL	5424
Dengue	2013	Widal	2458
HCV	2475	Toxo (ELISA)	04
Leptospira IgM	60	Paul Bunnel	11
		BERA	468
<b>ANATOMY</b>		<i>Reproductive Biology Unit</i>	
Cytogenetic	86	Semen Analysis	323
<b>FORENSIC MEDICINE</b>		<b>PSYCHIATRY</b>	
Toxicology	1077	EEG	348
		IQ Testing	384
<b>MEDICINE</b>		<b>RADIOLOGY</b>	
ECG	10692	X Rays	79770
Echocardiography	235	USG	22485
Ward lab	2375	CT	4192
		MRI	1275
<b>OBS/GYN</b>		IVU	502
USG	6011	Mammography	98
		Barium Swallow	68
<b>PHYSIOLOGY</b>		Barium Meal + FT	18
<i>Neurophysiology Unit</i>		Barium Enema	5
NCV & EMG	232	HSG	13
VEP	85	Sonography / Fistulography	18



### 34. Performance in sports activities

#### **Sports**

The Maharashtra University of Health Sciences, Nashik recognized MGIMS as a centre for organizing the Vidarbha Zone Sports Tournament of MUHS, Nashik from 29- 30 Sep 2011. Fourteen colleges with 7 coaches and 148 players participated in this tournament. Eleven of our students were selected in Vidarbha Zone Team for Inter Zonal Tournament. MUHS, Nashik had organized Inter Zone selection trials for Table Tennis at Solapur, swimming at Nashik, chess at Mumbai and badminton at Ahmednagar where our team participated in these selection trials. This year, seven students were selected in the MUHS, Nashik team and were awarded colours. Mr Vedant Murkey, Ms Aayushi Gupta and Ms Shweta Morwal (2010) participated in the All India Inter University table tennis Tournament at RTM University Nagpur. Ms Niriti Choudhary and Ms Priyanka Meshram (2010) were also selected in the MUHS, Nashik team for the All India West Zone Inter University Swimming Competition. Ms Payal Fendar, Mr Umesh Netam (kho-kho) and Mr Tushar Varshane, Mr Anurag Singh (basketball) participated in the state level Inter-university tournament 'Krida Mahotsav 2011' at Marathwada Agricultural University, Parbhani. Our sports teacher Mr. Girish Bhoware was selected as coach for MUHS, Nashik swimming team for the All India Interuniversity tournaments at Kolkata and team manager of MUHS team for 'Krida Mahotsav 2011' at Marathwada Agricultural University, Parbhani.

### 35. Incentives to outstanding sportspersons

The outstanding students are rewarded with extra coaching in sports. They are allowed some extra attendance if they fall short of it. They are felicitated in the annual day function.

### 36. Student achievements and awards

#### **ICMR SHORT TERM STUDENTSHIP & KISHORE VAIGYANIK PROTSAHAN YOJANA**

##### **M Sridhar Reddy; Guide: Dr K Goswami**

Analysis of Immunomodulatory effect & possible prophylactic and therapeutic potential of filarial abundant larval transcript – 2 (ALT-2) in mice with induced type 1 diabetes

##### **Aditi Kashikar; Guide: Dr K Goswami**

Retrospective evaluation of serum markers of liver function in diagnosis of liver diseases

##### **Prashant Singh; Guide: Dr S Rao**

Knowledge, attitude and practice of breast cancer and breast self-examination among women coming to outpatient department of rural hospital in Central India

##### **Afreen Bari, Guide: Dr Ramji Singh**

Role of sympathetic skin response in early diagnosis of diabetic neuropathy

**V Radhika; Guide: Dr AR Chaudhari**

Oxidative stress in infertile males

**Anurag Singh; Guide: Dr Sachin Pawar**

Polysomnographic study in diabetes mellitus

**Puja Singh; Guide: Dr Vinod Shende**

Study of membrane integrity of sperms by hypo-osmotic swelling test in smokers

**Kirti Kundana; Guide: Dr S Tayade**

Determinant of Intrauterine growth of Restriction

**Aditya Devalla; Guide: Dr. Sushil Kumar Varma**

Prevalence of adverse drug reaction in patients attending out-patient department of rural tertiary care hospital in Central India

**Postgraduate students who secured positions in examinations conducted by Maharashtra University of Health Sciences (MUHS), Nashik in June 2011**

**Dr Amita Sahoo** : First in DA

**Dr Swati Tyagi**: First in DGO

**Dr Vijay Sharma**: Second in MD Anesthesiology

**Dr Amit Kaushal**: Second in MS ENT

**Dr Deepti Goyal**: Second in DGO

**Dr Kanchan Shukla**: Second in DO

**Dr Anjali Joshi**: Second in MD Medicine

**Dr Sankar Chakraborti**: Second in DLO

**Dr Sourish Debbarma**: Third in MS Obs & Gyn

**Dr Vaijyanthi Sharma**: Third in MD Anesthesiology

**Dr Parimal Tayade**: Third in MD Medicine

**Dr Prashant Zode**: Third in DGO

**Ms Sneha Hande** from Department of Biochemistry was awarded **Rajiv Gandhi National Fellowship** from University Grant Commission, New Delhi

**Ms Kiran Pote** from Department of Biochemistry received **PS Murthy Best Paper Award at AMBICON – 2011, Gwalior**

**Pinaki Chattopadhyay** was awarded **first prize for his paper** at the XVII Maharashtra Chapter Conference of IAMM - 2011 Dept of Microbiology held at Bharati Vidyapeeth, Pune from 23 – 24 Sep 2011

**Dr Monika Malgonde** secured the **first prize in temporal bone dissection** at the Vidarbha ENT Conference held at Nagpur on 18 Dec 2011

**Dr Pawan Wankhade** stood **first in the poster competition** at the Annual State Conference of Medicolegal Association of Maharashtra held at Pravara Institute, Loni on 20-21 Aug 2011.

**Dr Shruti Aglawe** and **Dr Vinit Gupta** stood **first in the Quiz** in CME on Musculoskeletal Imaging at Sawangi on 25 Dec 2011 in their respective categories

**Dr Richa Chaudhary** and **Dr Sheetal Musmade** stood **first** in the Intercollegiate Pediatrics Quiz on Breast Feeding.

**Dr Monika Malgonde** stood **first in the Dr GM Memorial Essay competition**, conducted at the Vidarbha ENT Conference 2011 at Nagpur

**Dr Swapnil Patond** was awarded **first prize in poster presentation** at the CME and Workshop on Basic Trauma Care held at MGIMS Sevagram from 10-11 Mar 2012

**Dr Monika Malgonde** won the **first prize in Poster competition** at the CME on “Updates on sinus infections’ at MGIMS, Sevagram on 31 Mar 2012

**Mr Neeraj Dodke** and **Ms Deepika Bele** (2008 batch) stood **first** in the Vidarbha level intercollegiate under collegiate quiz competition ‘**Eye-Q-2012**’ held at Govt Medical College, Nagpur on 12 Feb 2012.

**Mr Pawan Kandhari, Ms Pooja Jadhao** and **Mr Nishant Tomar** won the undergraduate **Ob/Gyn Quiz** in Vidarbha Zone.

**Ms Aanchal Bhayana, Mr Rohit Nimje** and **Mr Ankur Kariya** were **runners up** in the **AMS Medicine Quiz** held at Nagpur.

**Dr Kamana S Pal and Dr Aparna Mahajan** stood **second in the PG Quiz** held at the Maharashtra State ENT Conference (MENTCON) at Amravati on 26 Nov 2011

**Dr Pawan Wankhede** won the **second prize in poster presentation** at the CME and Workshop on Basic Trauma Care held at MGIMS Sevagram from 10-11 Mar 2012

**Dr Amit Kaushal** stood **third in the first inter-collegiate PG ENT Quiz** conducted at Nagpur in Apr 2011

**Ms Arti Verma, Mr Yash Paliwal and Mr Sawan Mandyan** stood **third** in the National Inter Medical College Quiz held at Karamsad.

### 37. Activities of the Guidance and Counselling unit

- ) This is provided either through the mentors appointed for a particular group of students or through the department of Psychiatry.
- ) Yes, the women students are provided academic guidance and personal counseling through mentor system, one to one also.
- ) In the girls' hostel, a lady warden and assistant warden are available 24 hrs.
- ) There is advisory committee for women's students for counseling and guidance.

### 38. Placement services provided to students

#### **Rural Placement Scheme**

The Institute has made it mandatory for all graduates to serve for two years in the villages after internship. They are posted in 96 NGOs approved by the Institute or they may serve in the Primary Health Centres or Rural Health Centres of Government of Maharashtra or Government of India. The rural posting is a prerequisite for post-graduation in MGIMS. Continuous efforts are being made to identify NGOs rendering health care in rural areas. Till January 2012, sixteen batches have completed their post-graduation and have started their post PG academic and professional career. Many of them are serving their alma mater. 53 undergraduates and 15 postgraduates are presently working in different NGOs across the country.

#### **GUJARAT**

Gandhi Lincoln Hospital, Deesa

Kaka-Ba Hospital-Hansot

13, Sanjiv Baug, Ahmedabad

Shrimad Rajchandra Hospital

Opp.S.T.Bus Depot, Dharampur

Shri Sardar Vallabh Bhai Patel,  
Opp.Railway Yard, Chikuwadi, Ankleshwar  
Hanumant Hospital, Mahuva,  
Bhavnagar

#### **HARYANA**

Arpana Hospital & Charities Trust,  
Madhubhan-132037

#### **HIMACHAL PRADESH**

Lady Willington Hospital, Manali, Kullu

#### **MADHYA PRADESH**

Padhar Hospital, Post-Padhar, Baitul  
Sambhav Social Service Organization  
93-A, Balwant Nagar, Gwalior

#### **MAHARASHTRA**

Institute of Health Management Pachod  
Reynold Memorial Hospital, WASHIM  
Kothara Community Hospital Paratwara,  
Amravati  
Arnala Health Trust's Sree Mahalaxmi Hospital  
Tal.Vasai, Distt.Thane-401302  
Christian Hospital, Umri, PO Kelapur, Distt.  
Yeotmal  
Mahatma Gandhi Hospital, New Pargaon  
Sevadharm Trust  
1148, Sadashiv Peth, Pune  
Assisi Seva Sadan, Nagepalli,  
Allapalli, Gadchiroli Distt.  
Shri Sai Baba Sansthan, Shirdi Post  
Shirdi-423109 Tah.Rahta, Distt.Ahmednagar  
Kasturba Rural Health Training Centre, Anji

Rural Health Training Centre, Bhidi  
PHC, Aastha  
PHC, Zuari

#### **ANDHRA PRADESH**

R.D.T.Hospital, Kadiri Road, Bathalapalli-  
515661, Anantpur Distt.  
R.D.T.Hospital, Kalyandurg, Anantpur Distt.

#### **CHHATISGARH**

Jan Swasthya Sahyog, I-4,  
Nehru Nagar, Parijat Colony  
Bilaspur-495001

#### **GUJARAT**

Gandhi Lincoln Hospital, Deesa  
Kaka-Ba Hospital-Hansot 13, Sanjiv Baug,  
Ahmedabad  
Shrimad Rajchandra Hospital  
Opp.S.T.Bus Depot, Dharampur  
Shri Sardar Vallabh Bhai Patel, Opp.Railway  
Yard, Chikuwadi, Ankleshwar

Following is the list of NGOs where MGIMS  
graduates worked in 2011-12:

#### **MANIPUR**

Shija Hospital & Research Institute  
Langol, Imphal

#### **MEGHALAYA**

Khasi Jaintia Presbyterian Hospital,  
PO Box-47, Shillong 2  
Nazareth Hospital, Shillong

**MIZORAM**

Presbyterian Hospital, Durtlang, Aizawal

**PUNJAB**

Kaushalya Devi Pahwa Trust Hambram, Distt,  
Ludhiana

**RAJASTHAN**

Bhoruka Charitable Trust, Tah. Rajgarh,  
Dist.Churu

**UTTAR PRADESH**

Ramakrishna Mission Sevashrama,

Vrindaban, Mathura

Leprosy Mission Hospital

PO Naini, Allahabad

**UTTARANCHAL**

Ramakrishna Mission Sevashrama

PO Kankhal, Haridwar

Govind Vallabh Pant Krishi & Industrial  
University, Bharsar-246123 Via Chipalghat,  
Pauri, Uttaranchal

### 39. Development programmes for non-teaching staff

The non-teaching staffs are routinely trained in the new skills. We organised training for waste proper disposal for the sanitary workers. The workers are given the awards for their efficiency on the annual day. They are given time bound and periodic promotions. Two wards of all staff members are given admission to MBBS according to the merit list

### 40. Good practices of the institution

- ) Wearing Khadi by all students and staff
- ) Shramdan by all students and staff on every Friday
- ) Weekly prayer by students and staff on Friday
- ) An orientation camp for first MBBS students held in the Gandhi Aashram to acquaint them with Gandhian Philosophy
- ) Adoption of villages by each batch students and they are followed till they complete their MBBS
- ) Village camps for the students
- ) Blood donation camps

### 41. Linkages developed with National/ International, academic/research bodies

**MOUs with:**

- ) Cornell University, USA,
- ) Umea University, Sweden
- ) Universidad de La Sabana, in Colombia
- ) University of Indonesia
- ) Maastricht University, Netherlands
- ) Ben Gurion University, Israel

#### 42. Action Taken Report on the AQAR of the previous year

NAAC peer team visit (1<sup>st</sup> cycle) was carried out in April-2011. The grade from NAAC was received in September 2011. The Internal Quality Assurance Cell (IQAC) was constituted according to NAAC guidelines in March-2012 This is the first AQAR being submitted by the institute.

#### 43. Any other relevant information the institution wishes to add.

#### **Section C: Outcomes achieved by the end of the year (attach separate sheet if required).**

1. MGIMS has been permitted by the Medical Council of India to increase the number of admissions in its undergraduate course from 65 to 100.
2. MGIMS has been accredited by the National Assessment and Accreditation Council (NAAC) with Grade A.
3. The Mahatma Gandhi Institute of Medical Sciences Sevagram was awarded the WHO Award for Excellence in training of primary Health Care Providers at the prestigious ICICI Lombard and CNBC TV18 India Health Care Awards 2011.
4. The Kasturba Health Society (KHS) has started a new 30 bed hospital for women and children in the tribal area of Utawali, Melghat.
5. The Outlook magazine has ranked MGIMS among the top twenty best medical colleges in the country.
6. MGIMS has installed Wi-Fi access all over its campus.
7. MGIMS Sevagram was selected as a regional centre for adverse drug reaction (ADR) monitoring under the Pharmacovigilance Programme in Nov 2011 under its expansion and consolidation phase.
8. The Department of Pediatrics got approval from the medical Council of India (MCI) to increase the number of MD seats from one to two.
9. The Department of Surgery got MCI's approval to increase one seat in their MS programme from the existing three seats.

10. The Department of Orthopedics got approval to start their PhD course from MUHS Nashik.
11. The Sushila Nayar School of Public Health has been recognized by the Indira Gandhi National Open University (IGNOU) as a study centre for Postgraduate Diploma in Maternal and Child Health (PGDMCH).
12. The Hospital Information System successfully installed Computerised Radiography (CR), Radiology Information system (RIS) and Picture Archiving and Communication System (PACS) in the Radiology department.

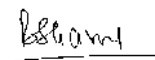
#### **Section D: Plans of the HEI for the next year**

In the first year of post NAAC accreditation various issues were identified and a long term strategy was worked out for quality improvement.

- ) In the field of curriculum more emphasis will be given on interactive teaching learning methods with improved student participation
- ) Mechanism for better feedback collection methods will be implemented
- ) Improvement in the student facilities in hostel will be made
- ) As now the campus is Wi-Fi more emphasis will be on use of ICT in teaching learning methods
- ) Centralized Skill laboratory which is now functional will be put to maximum use
- ) Research methodology workshops will be conducted in more numbers
- ) Efforts will be made to improve faculty participation and research presentations in national and international conferences.
- ) Increased participation of alumni will be sought.



*Dr Devesh Gosavi*  
*Coordinator IQAC*



*Dr BS Garg*  
*Dean, MGIMS, Sevagram*  
*IOAC, Chairperson, IQAC*

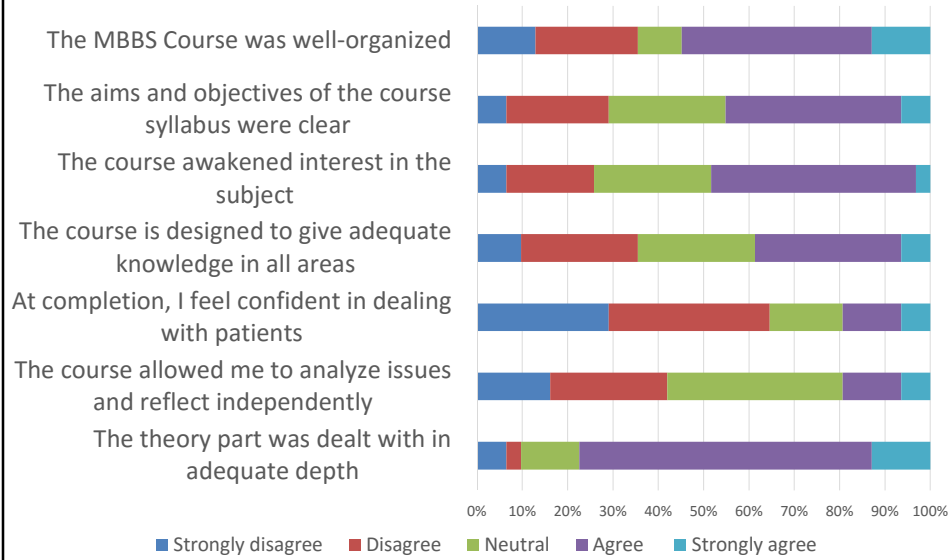


# Students' feedback

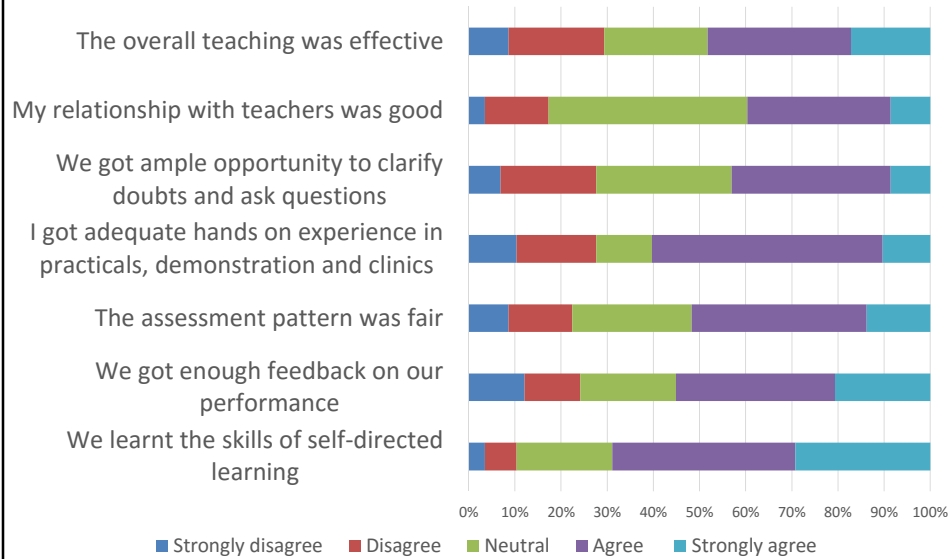
2011-12

**OVERALL FEEDBACK ON ACADEMIC  
ENVIRONMENT AND INFRASTRUCTURE**

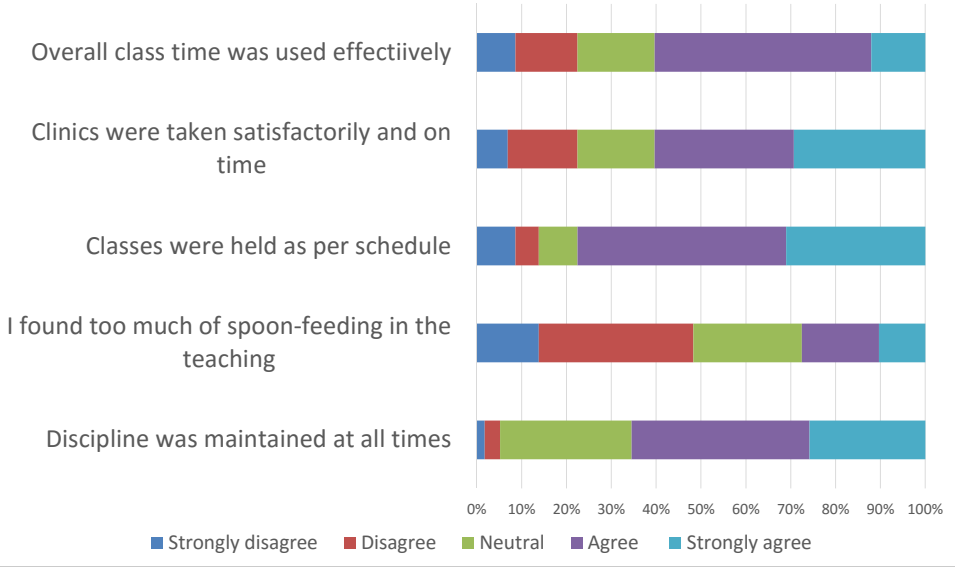
## Course evaluation



## Course evaluation (Contd.)



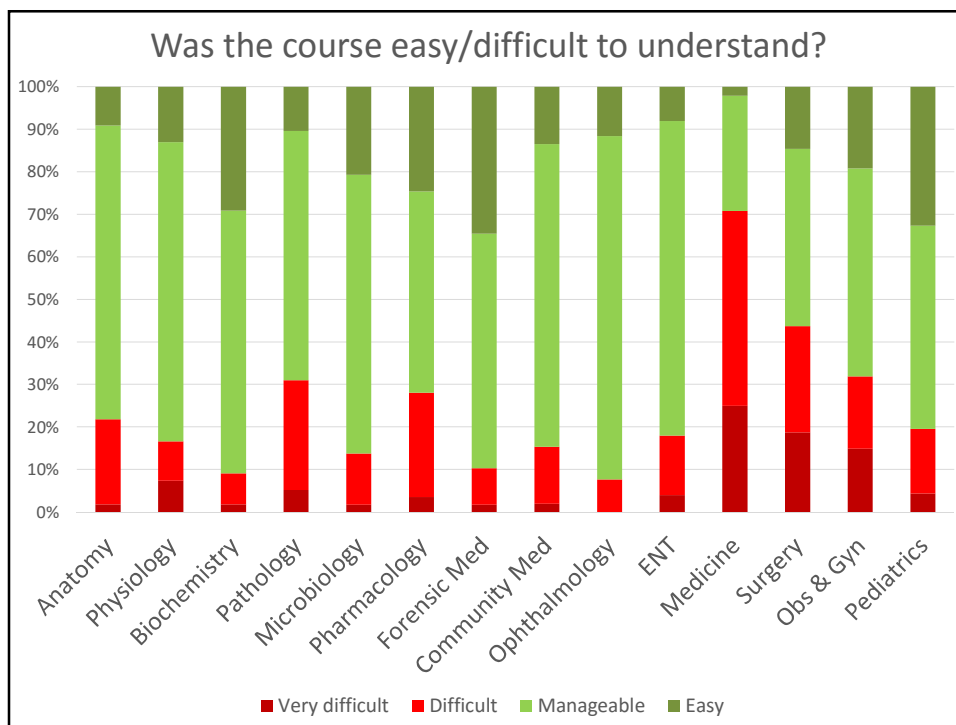
# Course evaluation (Contd.)

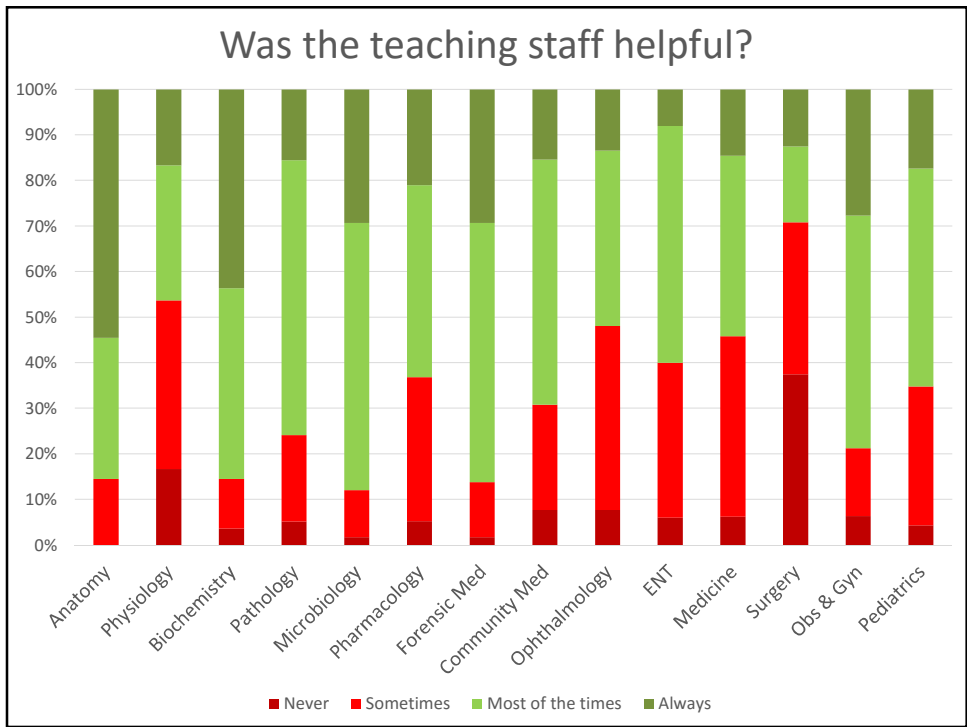
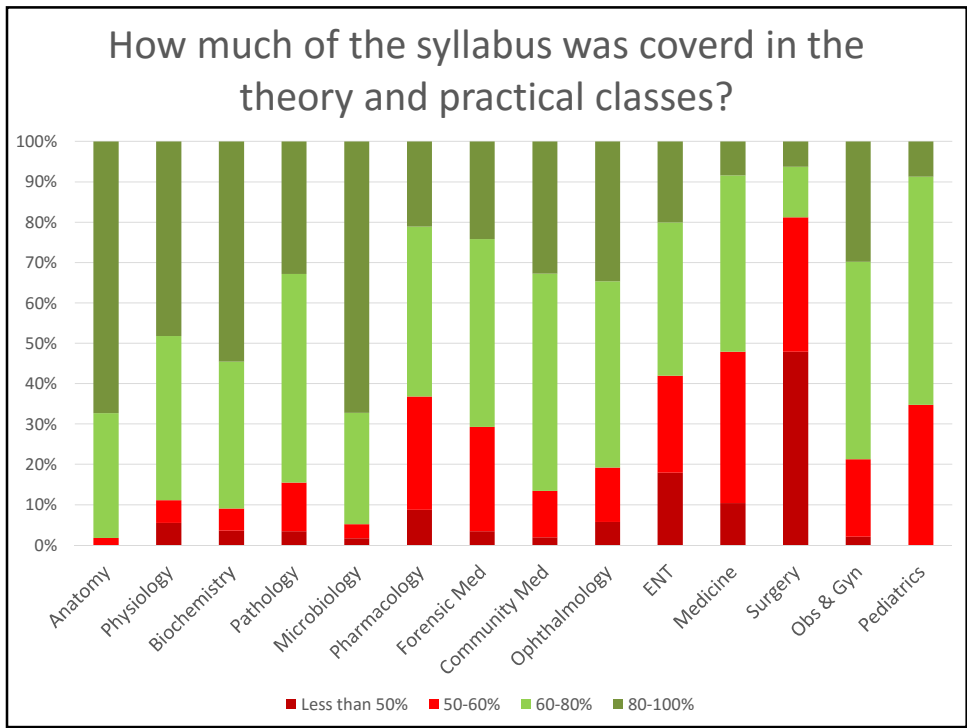


## SUBJECT-WISE FEEDBACK

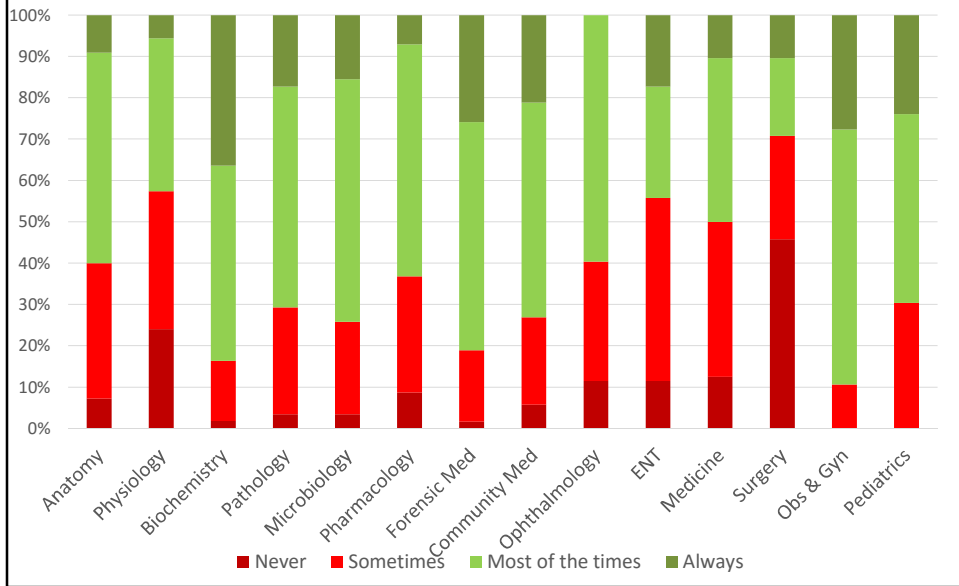
## Feedback received from the following batches for

- 2008: Medicine, Surgery, Obs/Gyn, Pediatrics
- 2009: Community Medicine, ENT, Ophthalmology
- 2010: Pathology, Microbiology, Pharmacology, Forensic Medicine
- 2011: Anatomy, Physiology, Biochemistry

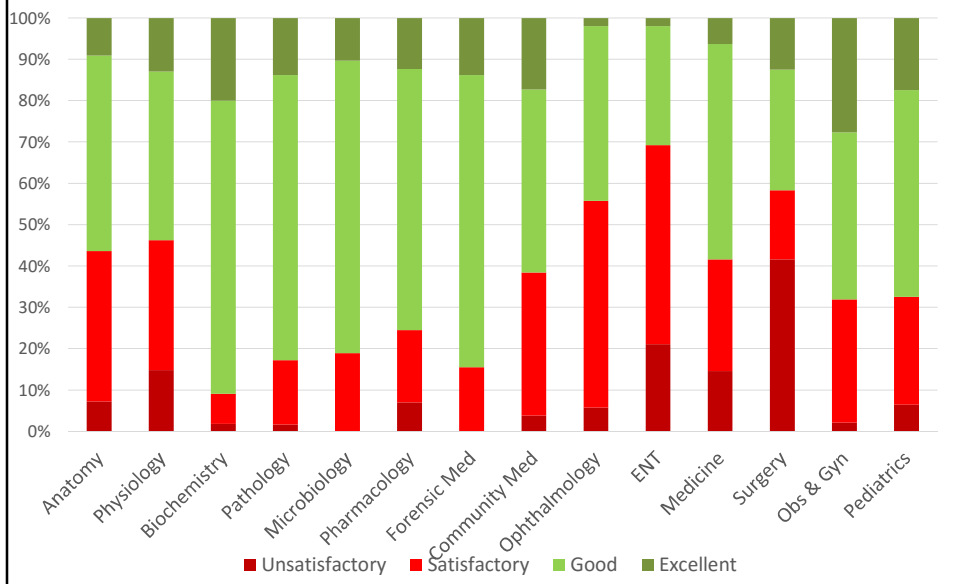


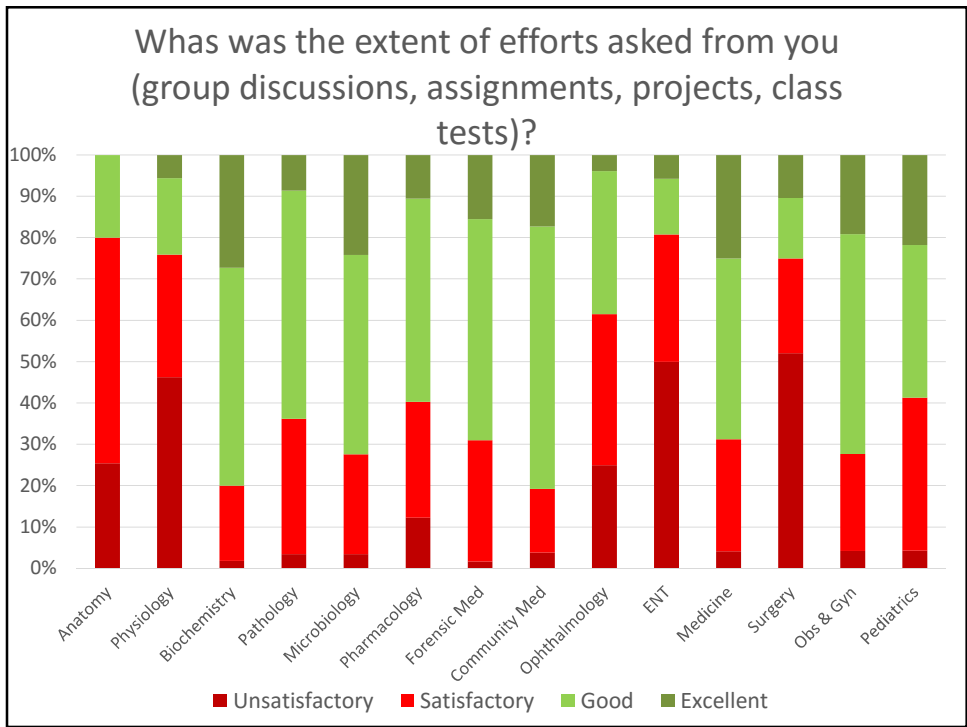
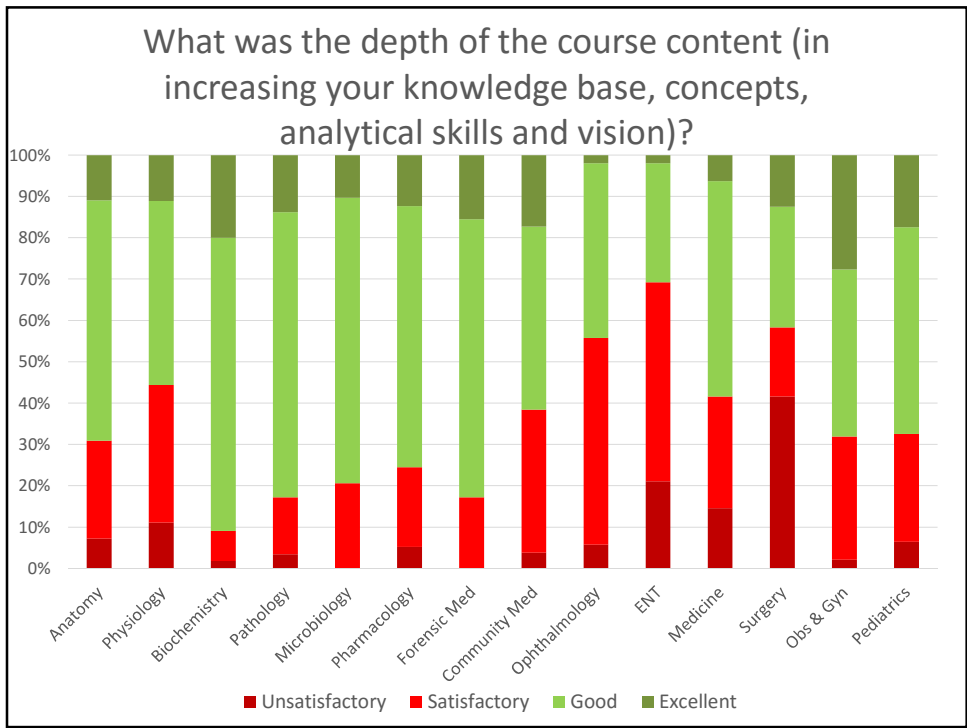


## Were you comfortable with the pace of teaching?

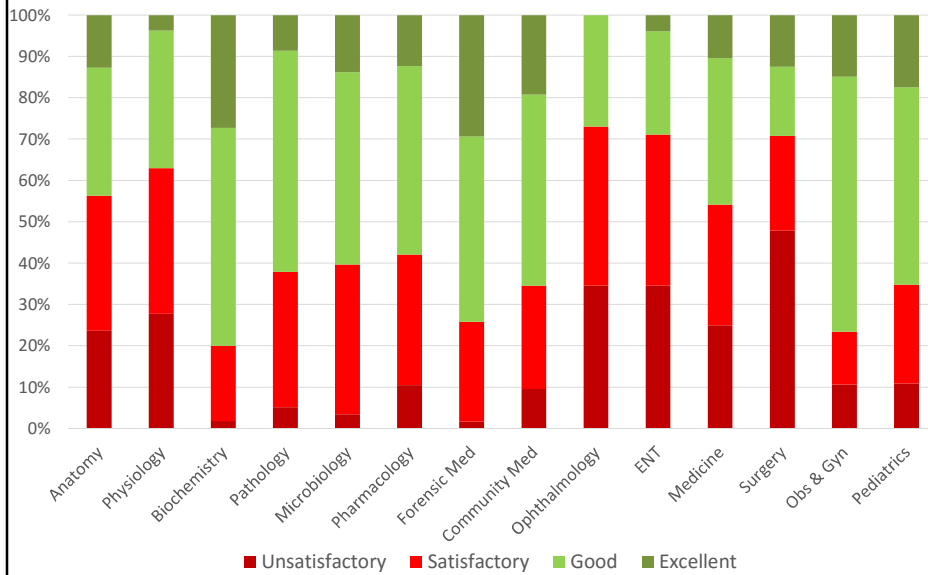


## How would you rate the organization of course overall?

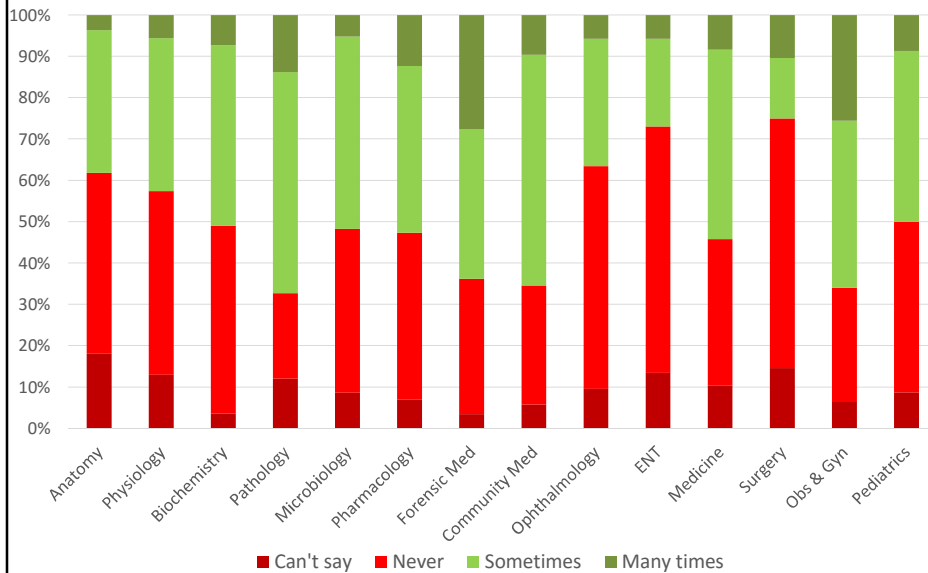




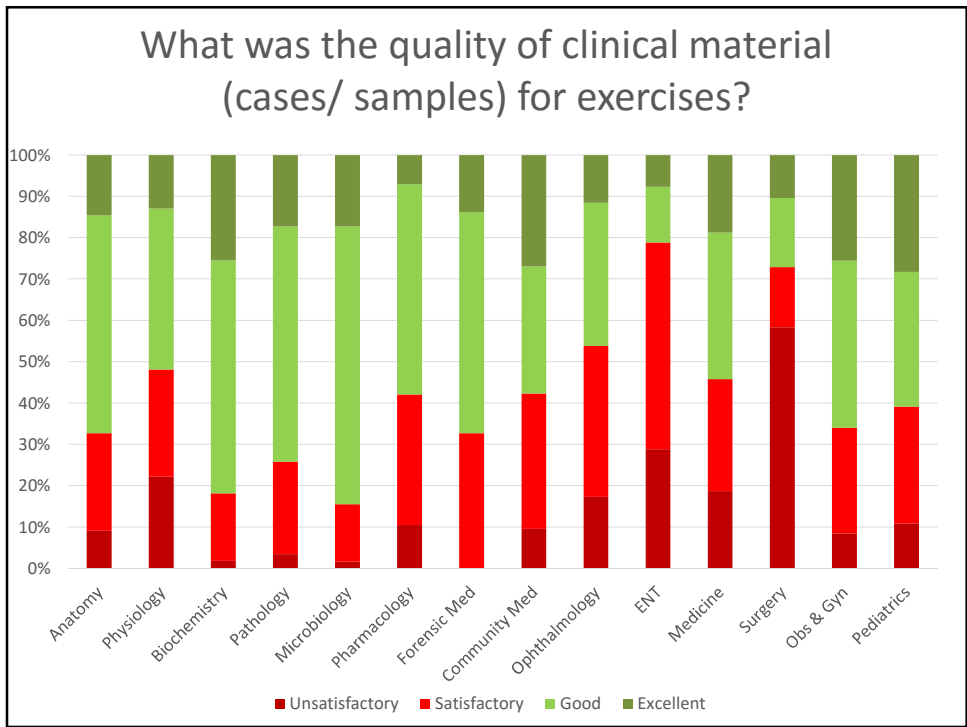
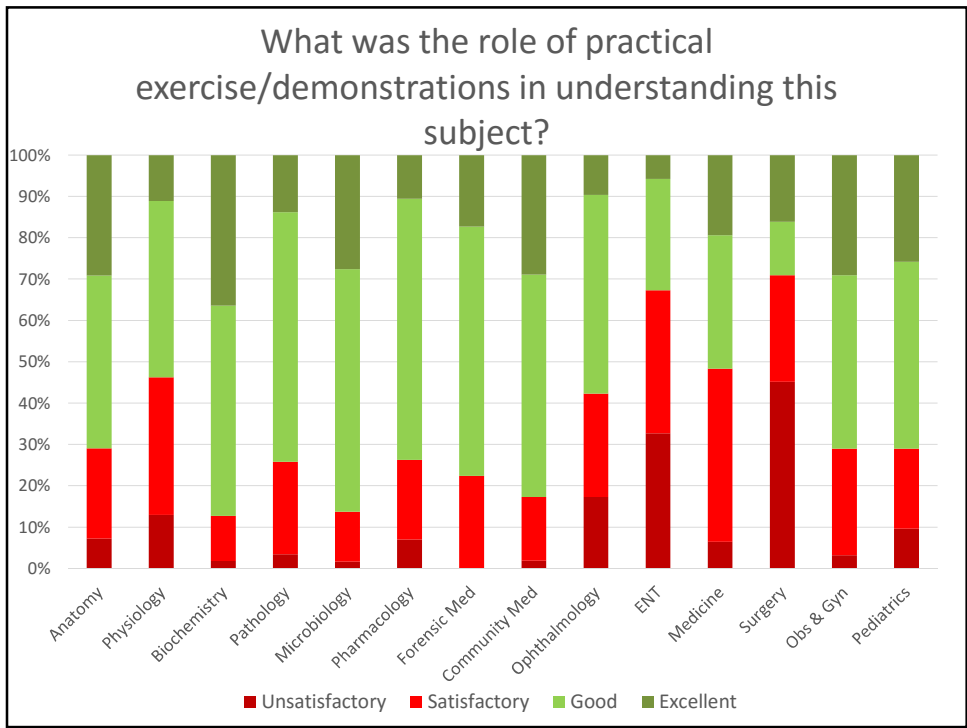
### How was the academic interaction amongst students and between students and teachers?

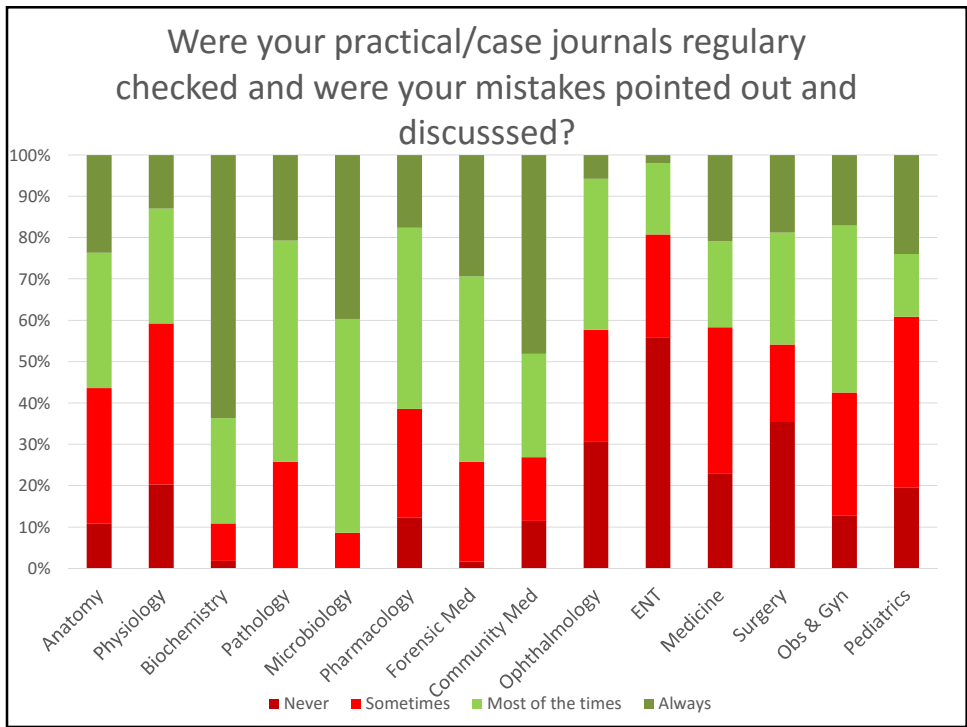
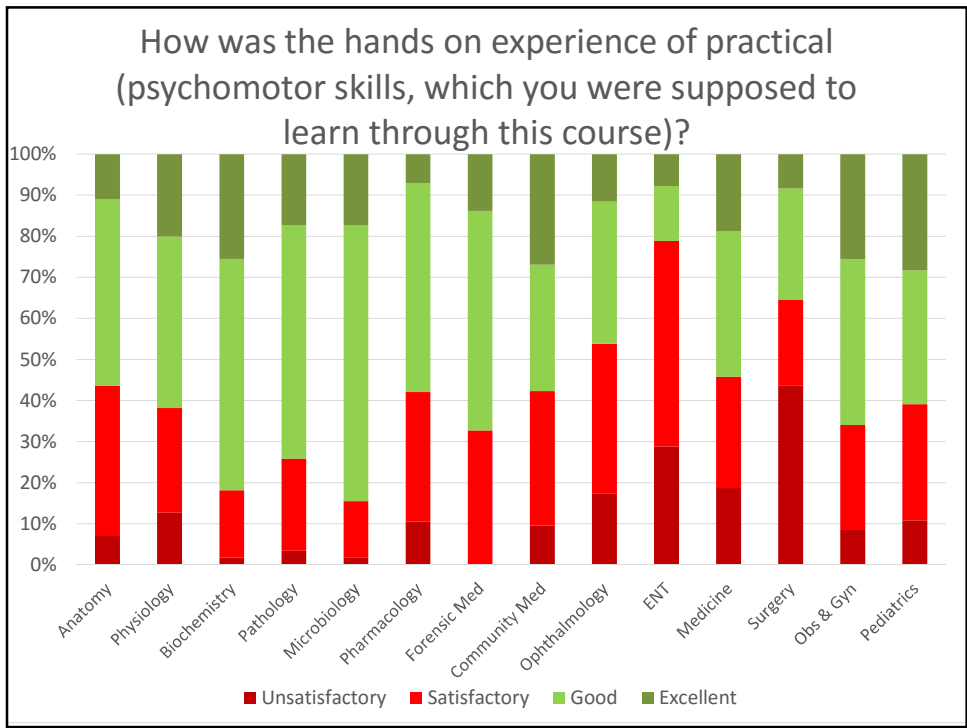


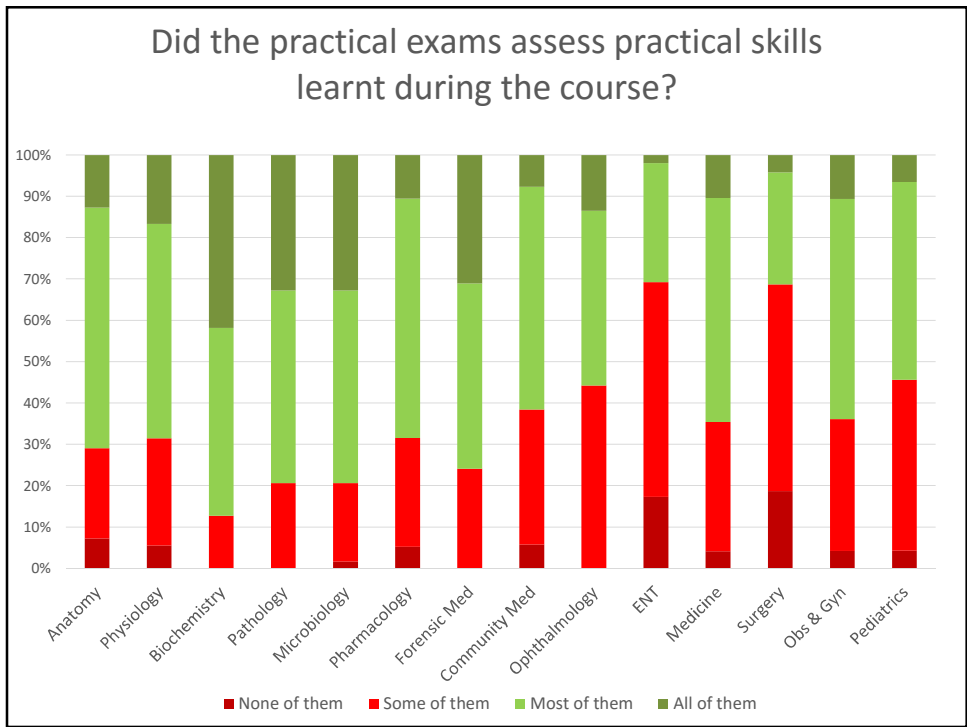
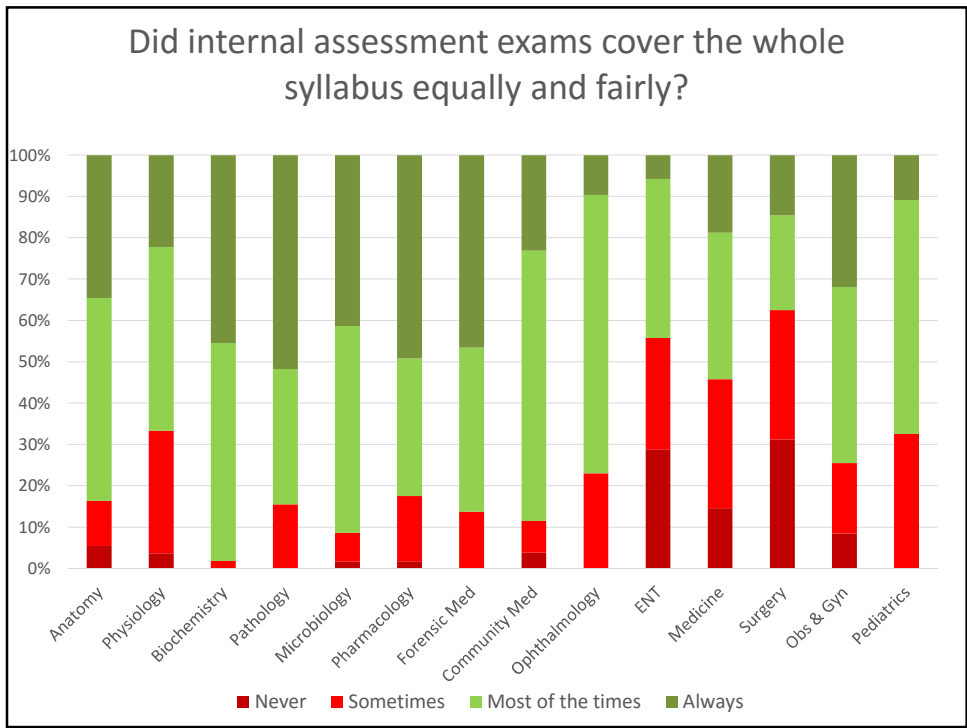
### Was there unnecessary repetition of topics in theory and practical/ clinics?



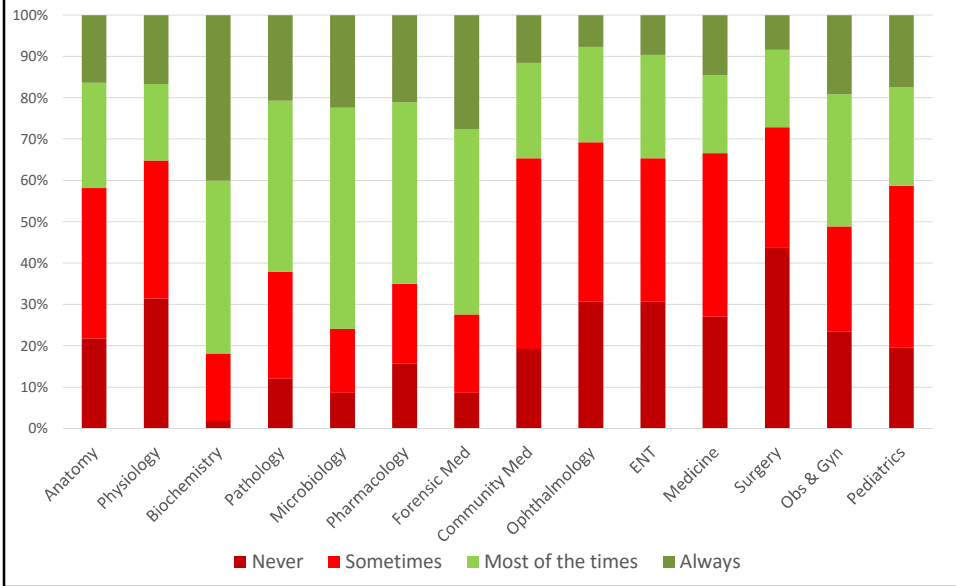








## Was feedback given on your performance in exams?



## What was the overall efficiency of internal assessment system for this subject?

