

The Annual Quality Assurance Report (AQAR) of the IQAC

All NAAC accredited institutions will submit an annual self-reviewed progress report to NAAC, through its IQAC. The report is to detail the tangible results achieved in key areas, specifically identified by the institutional IQAC at the beginning of the academic year. The AQAR will detail the results of the perspective plan worked out by the IQAC. (Note: The AQAR period would be the Academic Year. For example, July 1, 2012 to June 30, 2013)

Part – A

I. Details of the Institution

1.1 Name of the Institution	Mahatma Gandhi Institute of Medical Sciences
1.2 Address Line 1	Sevagram
Address Line 2	Wardha
City/Town	Wardha
State	Maharashtra
Pin Code	442102
Institution e-mail address	dean@mgims.ac.in
Contact Nos.	07152-284343 extn - 209
Name of the Head of the Institution:	Dr KR Patond
Tel. No. with STD Code:	07152-284343 extn - 210

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Name of the IQAC Co-ordinator:

Dr Devesh D Gosavi

Mobile:

9422143974

IQAC e-mail address:

gosavi@mgims.ac.in

1.3 **NAAC Track ID** (For ex. MHCOGN 18879) _____

1.4 Website address:

www.mgims.ac.in

Web-link of the AQAR:

For ex. <http://www.ladykeanecollege.edu.in/AQAR201213.doc>

1.5 Accreditation Details

Sl. No.	Cycle	Grade	CGPA	Year of Accreditation	Validity Period
1	1 st Cycle	A	3.16	2011	5
2	2 nd Cycle				
3	3 rd Cycle				
4	4 th Cycle				

1.6 Date of Establishment of IQAC : DD/MM/YYYY

30/03/2012

1.7 AQAR for the year (for example 2010-11)

2013-14

1.8 Details of the previous year's AQAR submitted to NAAC after the latest Assessment and Accreditation by NAAC (for example AQAR 2010-11 submitted to NAAC on 12-10-2011)

- i. AQAR 26-06-13(received)
- ii. AQAR 28-02-2014 (received)
- iii. AQAR _____ (DD/MM/YYYY)
- iv. AQAR _____ (DD/MM/YYYY)

1.9 Institutional Status

University State Central Deemed Private

Affiliated College Yes No

Constituent College Yes No

Autonomous college of UGC Yes No

Regulatory Agency approved Institution Yes No

(eg. AICTE, BCI, MCI, PCI, NCI)

Type of Institution Co-education Men Women

Urban Rural Tribal

Financial Status Grant-in-aid UGC 2(f) UGC 12B

Grant-in-aid + Self Financing Totally Self-financing

1.10 Type of Faculty/Programme

Arts Science Commerce Law PEI (Phys Edu)

TEI (Edu) Engineering Health Science Management

Others (Specify)

1.11 Name of the Affiliating University (*for the Colleges*)

Maharashtra University of
Health Sciences, Nashik

1.12 Special status conferred by Central/ State Government-- UGC/CSIR/DST/DBT/ICMR etc

Autonomy by State/Central Govt. / University

University with Potential for Excellence

UGC-CPE

DST Star Scheme

UGC-CE

UGC-Special Assistance Programme

DST-FIST

UGC-Innovative PG programmes

Any other (*Specify*)

UGC-COP Programmes

2. IQAC Composition and Activities

2.1 No. of Teachers

8

2.2 No. of Administrative/Technical staff

5

2.3 No. of students

0

2.4 No. of Management representatives

3

2.5 No. of Alumni

5

2.6 No. of any other stakeholder and community representatives

2.7 No. of Employers/ Industrialists

2.8 No. of other External Experts

2.9 Total No. of members

2.10 No. of IQAC meetings held

2.11 No. of meetings with various stakeholders: No. Faculty
Non-Teaching Staff Students Alumni Others

2.12 Has IQAC received any funding from UGC during the year? Yes No

If yes, mention the amount

2.13 Seminars and Conferences (only quality related)

(i) No. of Seminars/Conferences/ Workshops/Symposia organized by the IQAC

Total Nos. International National State

Institution Level

(ii) Themes

2.14 Significant Activities and contributions made by IQAC

1. Organizing Seminars/Conferences/ Workshops/Symposia
2. Creating benchmarks for faculty development
3. Student mentoring cell developed
4. Skills lab development
5. Parent teacher association established
6. Alumni association registered
7. Clinical Forensic Medicine Unit becomes fully functional
8. DELNET established in central library
9. Online version of JMGIMS launched

2.15 Plan of Action by IQAC/Outcome

The plan of action chalked out by the IQAC in the beginning of the year towards quality enhancement and the outcome achieved by the end of the year *

Plan of Action	Achievements
1. Creating benchmarks for faculty development	- Criteria for personal promotion scheme of the institute defined, circulated and implemented. - These include publications, participation in funded research, mentoring, monitoring of workload, participation in institutional and extra-institutional academic and administrative activities
2. To encourage mentoring	- Mentoring cell developed. Mentor-mentee pairs defined. Teachers trained in mentoring activities
3. To register alumni association	- Alumni association is now a registered body
4. Preparation of teacher's diary	- Template of teacher's diary prepared and circulated to faculty for comments and changes
5. To give students clinical practice	- Centralized Skills laboratory established in the institute
6. To increase communication with parents	- Parent teacher association established

* Attach the Academic Calendar of the year as Annexure.

2.15 Whether the AQAR was placed in statutory body Yes No

Management Syndicate Any other body

Provide the details of the action taken

This was placed in the Local Management Committee as an annual report meeting held on 30-08- 2014 and approved.

Part – B

Criterion – I

I. Curricular Aspects

1.1 Details about Academic Programmes

Level of the Programme	Number of existing Programmes	Number of programmes added during the year	Number of self-financing programmes	Number of value added / Career Oriented programmes
PhD	7			
PG	20			
UG	1			
PG Diploma	6			
Advanced Diploma				
Diploma				
Certificate	3			
Others	1			
Total				
Interdisciplinary				
Innovative				

- 1.2 (i) Flexibility of the Curriculum: CBCS/Core/Elective option / Open options
(ii) Pattern of programmes:

Pattern	Number of programmes
Semester	
Trimester	
Annual	All programmes are Annual

1.3 Feedback from stakeholders* Alumni Parents Employers Students
(On all aspects)

Mode of feedback : Online Manual Co-operating schools (for PEI)

**Please provide an analysis of the feedback in the Annexure*

1.4 Whether there is any revision/update of regulation or syllabi, if yes, mention their salient aspects.

No, as this institute is affiliated to MUHS Nashik. However feedback about necessary changes required in the curriculum is submitted to the University through Board of Studies Members and Management Council members of the institute.

1.5 Any new Department/Centre introduced during the year. If yes, give details.

1. Centralized Skills laboratory established
2. Clinical Forensic Medicine Unit established
3. New building for Medicine Department, OPD and Wards constructed
4. Extension OPD started in Gandhi Memorial Leprosy Foundation daily

Criterion – II

2. Teaching, Learning and Evaluation

2.1 Total No. of permanent faculty

Total	Asst. Professors	Associate Professors	Professors	Others
159	68	29	61	

2.2 No. of permanent faculty with Ph.D. -

6

2.3 No. of Faculty Positions Recruited (R) and Vacant (V) during the year

Asst. Professors		Associate Professors		Professors		Others		Total	
R	V	R	V	R	V	R	V	R	V
9	10	0	10	1	0	0	0	10	20

2.4 No. of Guest and Visiting faculty and Temporary faculty - 12

9 3 0

2.5 Faculty participation in conferences and symposia:

No. of Faculty	International level	National level	State level
Attended	3	31	36
Presented papers	9	97	47
Resource Persons	2	30	29

2.6 Innovative processes adopted by the institution in Teaching and Learning:

) Skills Lab training introduced for undergraduates with use of mannequins and simulators started

2.7 Total No. of actual teaching days

240

during this academic year

2.8 Examination/ Evaluation Reforms initiated by the Institution (for example: Open Book Examination, Bar Coding, Double Valuation, Photocopy, Online Multiple Choice Questions)

Examination reforms have been initiated by University based on recommendations of institutional faculty who are Board of Studies members: (a) online paper setting has been started by MUHS (b) Double valuation of papers has begun. (c) Students are provided photocopy of their answer sheets on request from University (d) Paper revaluation has been stopped

2.9 No. of faculty members involved in curriculum restructuring/revision/syllabus development

6

2

3

as member of Board of Study/Faculty/Curriculum Development workshop

2.10 Average percentage of attendance of students

70% for theory and 80% for practicals

2.11 Course/Programme wise distribution of pass percentage :

Title of the Programme	Total no. of students appeared	Division				
		Distinction %	I %	II %	III %	Pass %
I MBBS	99	4	71	24		99
II MBBS	89	8	71	10		95.3
III MBBS Part-1	63	1	41	15		95.4
III MBBS Part-2	65	0	43	12		89.5

2.12 How does IQAC Contribute/Monitor/Evaluate the Teaching & Learning processes :

-) Once the regular IQAC meetings are conducted, the quality control mechanisms are formulated. This message is disseminated to the faculty through the Curriculum Committee notifications and circulars or during College Council meetings. Feedback collected is fed into the cycle and changes are made as required.
-) This process takes care of planning time tables, schedules, coordinating between departments, assessment schedules etc.

-) IQAC collects and analyzes student feedback
-) Internal vigilance squad is in place
-) Others as per university rules

2.13 Initiatives undertaken towards faculty development

<i>Faculty / Staff Development Programmes</i>	<i>Number of faculty benefitted</i>
Refresher courses	26
UGC – Faculty Improvement Programme	Not applicable
HRD programmes	
Orientation programmes	3
Faculty exchange programme	
Staff training conducted by the university	3
Staff training conducted by other institutions	57
Summer / Winter schools, Workshops, etc.	24
Others(concultural meeting)	34

2.14 Details of Administrative and Technical staff

Category	Number of Permanent Employees	Number of Vacant Positions	Number of permanent positions filled during the Year	Number of positions filled temporarily
Administrative Staff	65	31	-	30
Technical Staff	87	10	-	10

Criterion – III

3. Research, Consultancy and Extension

3.1 Initiatives of the IQAC in Sensitizing/Promoting Research Climate in the institution

- The IQAC coordinates organization of Research Methodology workshops for postgraduate guides and new post-graduate students
- Promotes and provides guidance to undergraduate students to apply for research scholarship under ICMR-STS scheme, MUHS Research grant scheme
- Postgraduate students are now given grants of upto Rs 25000 each by Kasturba Health Society for their thesis purpose, based on the quality of their projects.

3.2 Details regarding major projects

	Completed	Ongoing	Sanctioned	Submitted
Number	41	45	45	-
Outlay in Rs. Lakhs		220.76		

3.3 Details regarding minor projects(society grant for thesis)

	Completed	Ongoing	Sanctioned	Submitted
Number	46	47 (PG thesis)	47	46
Outlay in Rs. Lakhs	304000/-			

3.4 Details on research publications

	International	National	Others
Peer Review Journals	55	69	-
Non-Peer Review Journals			
e-Journals	1		
Conference proceedings			

3.5 Details on Impact factor of publications: Pubmed indexed: 35

Range Average h-index Nos. in SCOPUS

3.6 Research funds sanctioned and received from various funding agencies, industry and other organisations

Nature of the Project	Duration Year	Name of the funding Agency	Total grant sanctioned	Received
Major projects				
Minor Projects	2013	KHS	304000/-	304000/-
Interdisciplinary Projects				
Industry sponsored				
Projects sponsored by the University/ College				
Students research projects	2013-14	ICMR-STs	40,000	40,000

(other than compulsory by the University)				
Any other(Specify)				
Total				

See annexure

3.7 No. of books published i) With ISBN No. Chapters in Edited Books

ii) Without ISBN No.

3.8 No. of University Departments receiving funds from

ICMR 4 UGC-SAP CAS DST-FIST
DPE DBT Scheme/funds

3.9 For colleges Autonomy CPE DBT Star Scheme
INSPIRE CE Any Other (specify)

3.10 Revenue generated through consultancy

Institutional policy states that though we are involved in consultancy to national and international groups, individuals do not accept any revenue.

3.11 No. of conferences /CMEs

organized by the Institution

Level	International	National	State	University	College
Number	0	11	14		24
Sponsoring agencies					

3.12 No. of faculty served as experts, chairpersons or resource persons

3.13 No. of collaborations International National
 Any other

1. Maastricht University Netherlands

2. Jakarta university, Indonesia

3. Ben Gurion university Israel

3.14 No. of linkages created during this year - nil

3.15 Total budget for research for current year in lakhs :

Total	<input type="text" value="9002.57 lacs"/>
GOI	50%
State Gov	25%
Management	25%

3.16 No. of patents received this year -- Nil

Type of Patent		Number
National	Applied	
	Granted	
International	Applied	
	Granted	
Commercialised	Applied	
	Granted	

3.17 No. of research awards/ recognitions received by faculty and research fellows Of the institute in the year

Total	International	National	State	University	Dist	College
47	0	21	5	11	8	2

3.18 No. of faculty from the Institution who are Ph. D. Guides
and students registered under them

3.19 No. of Ph.D. awarded by faculty from the Institution

3.20 No. of Research scholars receiving the Fellowships (Newly enrolled + existing ones)

	JRF <input type="text"/>	SRF <input type="text"/>	Project Fellows <input type="text"/>	Any other <input type="text"/>
Biochemistry		2 SRF	4 JRF	PF 1
Microbiology		1 SRF		

Pathology

3.21 No. of students Participated in NSS events:

University level	<input type="text"/>	State level	<input type="text" value="130"/>
National level	<input type="text"/>	International level	<input type="text"/>

3.22 No. of students participated in NCC events:

University level	<input type="text"/>	State level	<input type="text"/>
National level	<input type="text"/>	International level	<input type="text"/>

3.23 No. of Awards won in NSS:

University level	<input type="text" value="2"/>	State level	<input type="text"/>
National level	<input type="text"/>	International level	<input type="text"/>

3.24 No. of Awards won in NCC:

University level	<input type="text"/>	State level	<input type="text"/>
National level	<input type="text"/>	International level	<input type="text"/>

3.25 No. of Extension activities organized

University forum	<input type="text"/>	College forum	<input type="text" value="2"/>	
NCC	<input type="text"/>	NSS	<input type="text" value="1"/>	Any other <input type="text"/>

3.26 Major Activities during the year in the sphere of extension activities and Institutional Social Responsibility

-) **Orientation camp:** Carried out each year where the newly admitted batch of students stay for a fortnight in Bapu Kutti. They are ingrained Gandhian values and taught the value of ethics, simplicity and morality. They perform shramdan and spin khadi. Classes on Anatomy, Physiology and Biochemistry are also conducted.
-) **Village adoption scheme and Social service camp:** Students of each batch adopt a nearby village. Students stay in the village for a fortnight. They are taught to survey the lifestyle of villagers and study sanitation, hygiene and nutrition. Specialists visit the camp and screen villagers for common

ailments like anemia, sickle cell disease, diabetes, microfilaria, parasites etc. Ophthalmic screening is done for refractory errors and gynaecological screening is also done.

- J **ROME camp:** Final year students stay in the Rural Training Centres. They are taught about the health care delivery system at the primary and secondary levels. They are also taught about National Health Programmes in the camp
- J **Mother and Child hospital started for tribal people at Utavali, Melghat:**
- J **Extension OPD started in Gandhi Memorial Leprosy Foundation Wardha**
- J The Ministry of Health and Family Welfare, Govt of India has approved the setting up of a 100 bedded model Maternal and Child Health (MCH) wing for comprehensive reproductive, maternal, newborn and child and adolescent health (RMNCH+A) at MGIMS Sevagram. The project proposal submitted through the Govt of Maharashtra is estimated to cost Rs 20 crores. This centre will provide quality maternal and child health services covering the whole perspective of RMNCH+A and will showcase all the technical protocols including infection prevention. The 100 bedded MCH wing will include the outpatient department, antenatal and postnatal wards, operation theatres, sick newborn critical unit, labour rooms, obstetric intensive care units, skills labs and other such areas. Construction of the project has begun and is expected to be completed by 2015. MGIMS Sevagram is a key partner with Govt of India and Govt of Maharashtra and is involved in various national health programmes related to implementation of RMNCH+A such as Emergency Obstetric Care (EmOC) training, life saving anesthetic skills (LSAS) training, facility based newborn care etc.
- J **MGIMS efforts lead to government directive to issue printed postmortem reports:** Illegible and undecipherable handwriting of doctors in forensic reports results in delay in dispensing justice in courts and the criminal justice system is adversely affected. Dr IL Khandekar (In-charge of the Clinical Forensic Medicine Unit (CFMU) and Associate Professor, Dept of Forensic Medicine at MGIMS) had filed a public interest litigation (PIL) in the High court asking for computerization of all medicolegal reports. This PIL was based on his detailed study report earlier submitted to the government. A circular issued by the Director of Public Health, Maharashtra has directed all doctors in Maharashtra to issue only typed postmortem reports, while citing directives of Nagpur Bench of Bombay High court in PIL filed by Dr Khandekar. The circular lays the responsibility of the proper implementation of its directive on the Civil Surgeons, District Health Officers and in charges of hospitals. MGIMS has developed forensic medicine software to generate organized printed reports.
- J **National Human Rights Commission (NHRC) asks Centre to upgrade emergency medical services based on MGIMS report:** In a detailed study report 'Emergency Medical Service in India: a cause of concern' submitted to the National Human Rights Commission (NHRC), Dr IL Khandekar, In-charge of the Clinical Forensic Medicine Unit (CFMU) at MGIMS Sevagram stated that every year about 1.5 lakh people die in road accidents due to lack of emergency medical services. Not only are ambulances ill-equipped to deal with emergencies, but doctors too are not adequately trained in handling such cases. The report recommends upgradation of existing casualties of all hospitals, mandatory periodic accreditation of casualties, standard operating protocols for handling emergency patients in casualty, recognition of casualty as a specialized department by the Medical Council of India and the appointment of only those doctors and nurses in casualty who are trained in emergency medical care for at least six months. The NHRC has taken serious cognizance of this report and directed the Union Ministry of Health and Family Welfare to upgrade the Emergency Medical Service in the country.

Criterion – IV

4. Infrastructure and Learning Resources

4.1 Details of increase in infrastructure facilities:

Facilities	Existing	Newly created	Source of Fund	Total
Campus area	73379sq m	New medicine department constructed and operationalized		73379sq m
Class rooms	7	-		7
Laboratories	11	-		11
Seminar Halls	22	-		22
No. of important equipments purchased (1-0 lakh) during the current year.				
Value of the equipment purchased during the year (Rs. in Lakhs)				

New Equipment

Biochemistry

Trinocular Microscope with camera (Carl Zeiss)

Medicine

Diagnostic imaging equipment for coronary angiography, coronary angioplasty and peripheral vascular imaging (Cardiac Catheterization Lab).

Microbiology

Biosafety cabinet

Ophthalmology

Phaco emulsification vision system

Pathology

Flow cytometer

Liquid based cytology processor

Automated blood cell counter

Cryostat

Elisa Reader and washer

Pharmacology

Cook's Pole Climbing apparatus

INCO Eddy's hot plate

Analgesiometer

Convulsiometer

Millipore microanalysis filter holder

Radiodiagnosis

Colour Doppler USG with 3D and 4D

Sonography

Hospital information system connects all wards and hospitals

Digital library with e-resources from MUHS. DELNET services made available

Library subscribes to UpToDate – evidence based decision support software and drug information software

JMGIMS goes online

4.3 Library services

		Existing		Newly added		Total	
		No.	Value	No.	Value	No.	Value
Text Books	228	428		428		27346	
Reference Books	200						
e-Books							
Journals							
Indian	58	164				164	58,56,648
Foreign	106						
e-Journals							
Digital Database	<ul style="list-style-type: none">) Uptodate.com) MUHS Digital Library) DELNET) Cengage IMedC 					4	
CD & Video						1144	
Others (specify)							

4.4 Technology up gradation (overall)

	Total Computers	Computer Labs	Internet	Browsing Centres	Computer Centres	Office	Departments	Others
Existing	236		1 Gbps	library	1(HIS)	All	All	
Added	15			-				
Total	251			1	1	All	All	

4.5 Computer, Internet access, training to teachers and students and any other programme for technology upgradation (Networking, e-Governance etc.)

The Hospital Information System (HIS) at MGIMS is a state-of-the-art, fully integrated hospital information system. The system provides the health workers in the hospital with a full suite of tools for registering patients, ordering tests, retrieving test results and generating electronic discharge summaries. It was introduced in 2005.

This system captures, stores and retrieves all data related to half a million outpatients and 45,000 inpatients every year. Most laboratories are paperless now, and residents and consultants are able to access all test results, radiologic images- anytime anywhere. The system has close to 18 modules- all functioning – that capture data from registration, insurance, admission counters, outpatient departments, labs (Pathology, Microbiology, Biochemistry and radiology), inpatient departments, blood bank, operating rooms, Pharmacy, Kitchen and discharge counter. A Picture Archival and Communication System (PACS) now enables doctors to access the radiology images (radiographs, CT images, MRI images and USG) on their desktops.

Free high speed wi-fi is available all over campus. The unique addition to the system is the use of iPads at the point of care- now the doctors can access the patient data at the bedside itself. This application – specially designed and developed for MGIMS- has been introduced for the first time in India- no public or private hospital in the country is using iPads at the point of care. They can peep into the patients’ records, review past histories, and generate electronic discharge summaries using this system. The system has minimized human errors, increased the accuracy of data and improved patient outcomes.

4.6 Amount spent on maintenance in lakhs :

i) ICT	<input type="text"/>
ii) Campus Infrastructure and facilities	<input type="text"/>
iii) Equipments	<input type="text"/>
iv) Others	<input type="text"/>
Total :	<input type="text"/>

Criterion – V

5. Student Support and Progression

5.1 Contribution of IQAC in enhancing awareness about Student Support Services

-) Mentoring cell streamlined
-) Book bank schemes for economically needy launched
-) Alumni contribute to tuition fees of needy students

5.2 Efforts made by the institution for tracking the progression

Departments track performance of students in internal assessment examinations. Their regularity in attendance is also monitored. Feedback is given to students on their performance

5.3 (a) Total Number of students 344

(b) No. of students outside the state 175

(c) No. of international students NA

	No	%		No	%
Men		52.65%	Women		47.31

Last Year 2012-13						This Year 2013-14					
General	SC	ST	OBC	Physically Challenged	Total	General	SC	ST	OBC	Physically Challenged	Total
62	13	6	18	1	100	38	9	5	11	2	65

Demand ratio 100% Dropout % 0

5.4 Details of student support mechanism for coaching for competitive examinations (If any)

N/A. Students get admission to PG courses in same institute on the basis of marks and if they have performed rural service for two years

No. of students beneficiaries

5.5 No. of students qualified in these examinations N/A

	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NET		SET/SLET	GATE	CAT
IAS/IPS etc	<input type="text"/>	State PSC	UPSC	Others <input type="text"/>

5.6 Details of student counselling and career guidance

Student guidance and counseling center has been started

No. of students benefitted

5.7 Details of campus placement (Rural placement scheme)

<i>On campus</i>			<i>Off Campus</i>
Number of Organizations Visited	Number of Students Participated	Number of Students Placed	Number of Students Placed
79 rural centres			59

5.8 Details of gender sensitization programmes

Special sessions are conducted during the Orientation camp at the Gandhi ashram

5.9 Students Activities

5.9.1 No. of students participated in Sports, Games and other events

State/ University level National level International level

No. of students participated in cultural events

State/ University level National level International level

5.9.2 No. of medals /awards won by students in Sports, Games and other events

Sports : State/ University level National level International level

Cultural: State/ University level National level International level

5.10 Scholarships and Financial Support

	Number of students	Amount
Financial support from institution		
Financial support from government		
Financial support from other sources		
Number of students who received International/ National recognitions		

5.11 Student organised / initiatives

Fairs : State/ University level National level International level

Exhibition: State/ University level National level International level

5.12 No. of social initiatives undertaken by the students

5.13 Major grievances of students (if any) redressed: not received any

Criterion – VI

6. Governance, Leadership and Management

6.1 State the Vision and Mission of the institution

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.

6.2 Does the Institution has a Management Information System

Yes. The institute has installed an advanced information system. All accounts, personnel information, student information, stocks etc are handled online

6.3 Quality improvement strategies adopted by the institution for each of the following:

6.3.1 Curriculum Development

- A curriculum committee handles all curriculum related issues. Representatives from all departments are part of this committee.
- Suggestions for improvement in curriculum are sent to the University for improvement via Board of Studies members from the institute
- Six faculty from the institute are on the Board of Studies. Three of them have been involved in Curriculum development at MUHS level and one at MCI level
- Basic medical education workshops have special time dedicated to teaching faculty about curriculum development
- MEU Faculty and senior level faculty were specially trained in curriculum planning this year

6.3.2 Teaching and Learning

- It is mandatory for each teacher to undergo the Basic Medical Education Workshop. These workshops are conducted regularly by the MEU
- Each department takes feedback from its students and carries out innovations in its teaching strategies accordingly
- Feedback collected from students
- Small group teaching is encouraged.
- Problem based learning introduced
- Skills lab training included in curriculum.

6.3.3 Examination and Evaluation

- University guidelines followed
- Vigilance squad ensures absence of cheating. CCTV cameras installed in examination hall
- Meticulous record keeping of internal assessment done. Marks submitted online to university regularly
- Students shown answersheets and given feedback after internal assessment

- Online subscription to DELNET database established
- Further subscriptions for digital library through MUHS
- Library subscribes to Uptodate which is accessible to all through institutional wi-fi
- Issue of books and periodicals is done using an electronic software
- Computer and internet access available in library

6.3.5 Library, ICT and physical infrastructure / instrumentation

- Undergraduates mentored on how to apply for research projects. Encouraged to apply for ICMR STS projects and MUHS research grant
- Postgraduates have to undergo research methodology workshop mandatorily
- Presentation of thesis/ research protocol to ethics committee is mandatory

6.3.6 Human Resource Management

- Personal promotion scheme exists for faculty: done on basis of pre-established criteria like quality of teaching, administration, research etc
- Excellence awards for Non Teaching staff to encourage
- Removing contract basis of non-teaching staff. Efforts to give them permanent jobs

6.3.7 Faculty and Staff recruitment

- Pooled through national level advertisements and interviews with University approved selection panel

6.3.8 Industry Interaction / Collaboration

-not applicable

6.3.9 Admission of Students

Through national level entrance test conducted all over the country in several centres: Nagpur, Delhi, Mumbai, Hyderabad, Varanasi, Guwahati etc.

6.4 Welfare schemes for

-) Health insurance scheme for all employees
-) Group insurance scheme
-) Provident fund
-) Workers welfare fund

Teaching	4
Non teaching	4
Students	1

6.5 Total corpus fund generated

6.6 Whether annual financial audit has been done

Yes No

6.7 Whether Academic and Administrative Audit (AAA) has been done?

Audit Type	External		Internal	
	Yes/No	Agency	Yes/No	Authority
Academic	yes	MUHS	yes	College council
Administrative	Yes	CAG Audit	yes	M/S Mankeshwar and Co.

6.8 Does the University/ Autonomous College declares results within 30 days?

For UG Programmes Variable

For PG Programmes Yes No

6.9 What efforts are made by the University/ Autonomous College for Examination Reforms?

The University has introduced online question paper setting. Examiners from inside and outside the state are given individual log-ins and thus a large number of questions paper sets are developed for each subject. Similarly MCQ question banks are also prepared. These are validated and moderated at the university

A separate committee for Examination Reforms at the University has taken several decisions to improve the assessment pattern. These include checking of each paper by two examiners (double evaluation), abolition of re-evaluation, preparation of model answers and availability of photocopies of answer sheets on request.

6.10 What efforts are made by the University to promote autonomy in the affiliated/constituent colleges?

Internal assessment marks are decided by constituent colleges. Record keeping of the same is regularly monitored by inspectors from the University.

Colleges are asked to contribute suggestions for change in curricular and assessment formats on a regular basis

Each college is asked to submit annual reports

6.11 Activities and support from the Alumni Association

Financial support has been provided for needy students on the basis of merit and economic need. Alumni has contributed to upliftment of villagers in adopted villages by constructing toilets and performing other social activities

6.12 Activities and support from the Parent – Teacher Association

Helps in raising student issues and resolving them by discussion and consensus

6.13 Development programmes for support staff

- Regular training on biomedical waste management is conducted for faculty, nursing staff and attendants
- Teaching staff is given remuneration to attend one conference with evidence of paper presentation, or workshop each year. They are paid upto 30000 rupees to attend international conference once in every three years.
- Basic medical education workshop is conducted twice every year
- Research methodology workshop is conducted for postgraduate guides
- Workshops on biomedical waste management are conducted for all faculty, nurses and non-teaching staff
- Hospital information system conducts workshops as per requirement when new software is installed
- Training workshops are conducted for technical staff as per requirement

6.14 Initiatives taken by the institution to make the campus eco-friendly

-) Banning of plastic in campus
-) Greenery all around: Garden section carries out plantation and tree plantation drives
-) The Mahila Mandal unit creates art out of waste paper and sells it

Criterion – VII

7. Innovations and Best Practices

7.1 Innovations introduced during this academic year which have created a positive impact on the functioning of the institution. Give details.

- All staff and students have signed an anti-ragging declaration to end this menace
- Criteria for personal promotion scheme has been upgraded, defined and implemented: makes the promotion scheme more transparent and acceptable to all
- Faculty have been encouraged to take up research. Guidance provided in terms of research methodology workshops. Funding opportunities circulated. And faculty engaging in research to get incentives such as more advantage during promotion interviews.
- Mentoring cell launched. Workshop and meetings conducted to train mentors and discuss issues faced by them. Students also invited to give their opinions about improving the programme.

7.2 Provide the Action Taken Report (ATR) based on the plan of action decided upon at the beginning of the year

1. Personal promotion scheme criteria defined and implemented
2. Alumni association registered
3. Parent-teacher association established
4. Centralized skills laboratory established
5. Mentoring cell launched

7.3 Give two Best Practices of the institution (*please see the format in the NAAC Self-study Manuals*)

- Social Service camp and Village adoption scheme
- Clinical Forensic Medicine Unit

7.4 Contribution to environmental awareness / protection

Green campus: Plantations and greenery all over
Arogyadham: herbal medicines are grown
Plastic has been banned on campus. Pharmacy also sells medicine in paper bags

7.5 Whether environmental audit was conducted? No

7.6 Any other relevant information the institution wishes to add. (for example SWOT Analysis)

8. Plans of institution for next year

More involvement of faculty in curriculum development
Plans to launch e-learning initiative on campus

Name: Dr Devesh Gosavi

Name Dr KR Patond



Signature of the Coordinator, IQAC

Signature of the Chairperson, IQAC

Academic activities organized at MGIMS

Anesthesia

- Theme** : **CME on 'Pain Management – An arena to explore'**
in collaboration with 'Travelling Pain School', Hyderabad
- Organizing Secretaries** : Dr Vijay Sharma, Dr Apurv Mahalle
- Date** : 14 Jul 2013
- No. of delegates** : 150
- Key topics** : Neurobiology and pathophysiology of pain, various types of pain and their clinical assessment, management of various types of pain including interventional and evidence based pain management modalities, managing pain in rural settings – its opportunities and challenges etc.
- Resource persons** : Dr Kishor Taori, Dr Madhur Chadha, Dr Murlidhar Joshi, Dr P Vijayanand, Dr Pankaj Banode, Dr Sachin Joshi, Dr Sudheer Dara, Dr Sunita Lawange, Dr Umamaheshwara Rao, Dr Bharat Sarkar

Biochemistry

- Theme** : **Training Course on Immunological & molecular techniques as applied for infectious disease research**
- Organizing Secretary** : Dr MVR Reddy
- Date** : 24 Feb- 1 Mar 2014
- No. of delegates** : 29
- Key topics** : Lymphatic filariasis: Development of diagnostic and prophylactic tools: Mycobacterial secretory proteome with ES-31, ES- 41,ES-43, ES-20, ES-38 and ES-6 proteins of diagnostic interest and serine protease as cell marker and drug target: Recent advances of microbial diversity and its application in diseases management: Bench to bedside – Translational Research Experience in exploring a neglected killer disease in India: Melioidosis: Nanotechnology and its impact in filarial drug research: Immunodiagnosics of Cysticercosis: Proteomics and its implications in biomedical research: Laboratory diagnosis of tuberculosis : An update; PCR & Real-time PCR, Immunodiagnosics, Immuno-modulatory, cellular and cytokine assays, SDS-PAGE, 2D-Gel electrophoresis, Western blotting; Lab techniques: Cloning, expression, purification of recombinant proteins
- Key persons** : Dr Hemant Gautam, Dr Chiranjay Mukhopadhyay, Dr Kashi Nath Prasad, Dr Tushar Maiti, Dr MVR Reddy, Dr K Goswami, Dr BC Harinath, Dr (Mrs) P Narang, Mrs Kiran Pote, Mr Ravi Yadav, Mr Vishal Khatri, Nitin Amdare, Ms Sneha Hande, Ms Priyanka Bhoj
- Theme** : **Workshop on Communication Skills, Aptitude and Professional behaviour for I MBBS Medical Students**
- Coordinator** : Dr Kalyan Goswami
- Date** : 26 July 2013
- No. of delegates** : 100 students of I MBBS
- Key topics** : Importance of communication, barriers of communication, writing

communication skills, verbal and non-verbal communication skills and presentations, interpersonal relations, role of soft skills and etiquettes in communication

Key persons : Dr MVR Reddy, Dr MR Shende, Dr AR Chaudhari, Dr K Goswami, Dr AM Tarnekar, Dr JE Waghmare, Dr S Pawar, Dr V Shende

Community Medicine and SNSPH

Theme : **Training of ICDS Supervisors and ASHA Facilitators on Care for Child Development**

Organizing Secretary : Dr BS Garg

Date : 15-17 Jul 2013

No. of Delegates : 11

Resource Persons : Dr SS Gupta, Dr C Maliye, Mr PV Bahulekar, ECD project team members

Theme : **Training program for phase III, ROTA virus vaccine trial**

Organizing Secretary : Dr BS Garg

Date : 26 – 28 Aug 2013

No. of Delegates : 30

Resource Persons : Dr BS Garg, Dr SS Gupta, Dr C Maliye, Dr A Raut

Theme : **Refresher training for AWWs and ASHA workers on Care for Child Development**

Organizing Secretary : Dr BS Garg

Date : 4-16 Sep 2013

No. of Delegates : 258 (143 AWWs and 115 ASHAs)

Resource Persons : Dr SS Gupta, Dr C Maliye, Mr PV Bahulekar, ECD project team members

Theme : **District Advocacy meeting for Care for child Development project**

Organizing Secretary : Dr BS Garg

Date : 15 Oct 2013

No. of Delegates : 15

Resource Persons : Dr BS Garg, Dr SS Gupta

Theme : **Training of AWW and ICDS supervisor on Care for Child Development**

Organizing Secretary : Dr BS Garg

Date : 14-17 Nov 2013

No. of Delegates : 51

Resource Persons : Dr SS Gupta, Dr C Maliye, Mr PV Bahulekar, ECD project team members

Theme : **Refresher training of AWW and ICDS supervisor on Care for Child Development**

Organizing Secretary : Dr BS Garg

Date : 18 Dec 2013

No. of Delegates : 48

Resource Persons : Dr SS Gupta, Dr C Maliye, Mr PV Bahulekar, ECD project team members

Theme : **CME on RNTCP**
Organizing Secretary : Dr AM Mehendale
Date : 25 Jan 2014
No. of Delegates : 70
Resource Persons : Dr AM Mehendale, Dr Sejal De, Dr Ranjan Solanki

Theme : **Inter-Sectoral Collaboration for the control of Non Communicable Diseases in Wardha District** –Responding to community and systems factors in the prevention of non-communicable diseases: a concept mapping workshop in Wardha District, India, Jointly organized by MGIMS, Sevagram and EpiGH, Umea University, Sweden.

Organizing Secretary : Dr BS Garg
Date : 17 – 19 Feb 2014
No. of Delegates : 30
Resource Persons : Dr M Sebastian, Dr Nawi Ng, Ms Alison Hernandez, Dr BS Garg

Theme : **CME on RNTCP**
Organizing Secretary : Dr AM Mehendale
Date : 11 Mar 2014
No. of Delegates : 65
Resource Persons : Dr AM Mehendale, Dr S De, Dr PR Deshmukh, Dr DG Dambhare

Dermatology, Venereology and Leprosy

Theme : **CME on Cutaneous Tuberculosis**
Organizing Secretary : Dr Sumit Kar
Date : 24 Jul 2013
No. of delegates : 25
Key Topics : Clinical features and management of cutaneous tuberculosis
Resource persons : Dr Rajesh Deshmukh, Dr AK Dawale, Dr Sajal De

JBTDRRC

Theme : **16th Workshop on Biomedical Informatics** (Supported by DBT)
Organizing Chairman : Dr BC Harinath
Organizing Secretary: Dr S Kumar
Date : 2-3 Dec 2013
No. of Delegates : 22
Resource Persons : Dr BC Harinath, Dr NG Rao, Dr GD Mogli, Dr Subramaniyan M, Dr Dileep Bhale, Dr SN Singh, Dr S Kumar, Mr L Jena, Mr Suryanarayn Rath, Mr Dibyabhaba Pradhan, Mr Rajabrata Bhuyan.

Key Topics : Health Informatics and BIC's contributions- a brief review; Necessity of thorough validation of the data in biomedical informatics; Health Care Management; Health Care Informatics and Technology; PACS: Picture Archival and Communication System; Biomedical Information, its communication; *In silico* inhibitors for high risk HPV 16 E7 protein; Applications of Bioinformatics Tools and Techniques; Protein Structure Prediction and evaluation using bioinformatics tools and techniques.

Theme	: National Symposium on Innovation in TB Diagnostics, Drug Targets and Biomarkers and CME on Molecular and Immunodiagnostics for PTB and EPTB
Organizing Chairman	: Dr BC Harinath
Organizing Secretary	: Dr Pranita Waghmare, Ms Supriya Kashikar
Date	: 27 – 28 Jan 2014
No. of Delegates	: 67
Resource Persons	: Dr Srikanth Tripathy, Dr SC Mande, Prof. AK Tyagi ; Prof Sarman Singh; Dr Soumya Swaminathan; Dr RS Panjape; Dr Vanaja Kumar; Mrs. Supriya Kashikar; Dr Sheldon Brown; Dr Robert J Greenstein; Prof MA Vijayalakshmi; Dr Arun Chandrashekar; Dr Sharmistha Banerjee; Dr Vijay J Upadhye; Dr TS Keshava Prasad; Ms Sunitha Manjari; Dr Deepak Sharma; Dr N Jeyakumar; Ms Monalisa Chatterji; Dr P Kaliraj; Dr GBKS Prasad; Dr HF Dagainawala; Dr Taslimarif Saiyed; Dr Shama Bhat; Dr Peyush Goyal; Dr Kumudini Borole; Dr (Mrs.) Pratibha Narang, Dr OP Gupta, Dr DK Mendiratta, Dr MVR Reddy, Dr MR Shende, Dr S Kumar, Dr CM Badole, Dr R Narang, Dr P Waghmare
Key Topics	: Clinical trials in HIV associated tuberculosis; Redox processes in M. tuberculosis; Mycobacterium tuberculosis – A pathogen that refuses to be tamed; Ban on tuberculosis serology: moratorium or opportunity for novel molecules?; Challenges for TB Control in the 21st Century; Diagnosis of Tuberculosis in Young Children in India; Phage based drug targets and discovery of their inhibitors in Mycobacterium tuberculosis; Novel Approach to identify and validate drug target in Tuberculosis; The important clinical challenge of Non-tuberculous Mycobacterial Infection; Our experience with Non-tuberculous Mycobacteria in Wardha district; Unanticipated M. tuberculosis complex culture inhibition by ‘Immune-Modulators, Suppressants’, a ‘Growth-Enhancer’ and vitamins A and D: Clinical implications; Proteomic characterization of Mycobacterium tuberculosis purified protein derivative (PPD) using different 2D-LC-MS/MS approaches; Development of a serum biomarker based assay and novel real time PCR method for detection of tuberculosis; WHO Recommendations on Newer TB Diagnostics in Resource Limited Settings; Mycobacteria and HIV co-infection: impact on the host immune status and cellular environment; Multiantigen and antibody SEVA TB ELISA for immunoscreening of suspected cases of extra pulmonary tuberculosis; Lack of Interferon gamma release ELISpot response in health care workers despite persistent TB exposure; Advances in High-Resolution Mass Spectrometry and its utility in characterizing disease biomarkers; Comparative genomics and whole genome phylogeny of Mycobacteria; Exploring mycobacterial regulatory network: A systems biology approach; Text mining of mycobacterium literature to find drug targets; Molecules to medicines.

Microbiology

Theme	: 14th Dr PRJ Gangadharam Oration Award (2013-14)
Chair person	: Dr P Narang
Organizing Secretary	: Dr DK Mendiratta
Date	: 13 Sep 2013
No. of delegates	: 50
Awardee	: Dr VK Chaddha, Sr. Epidemiologist, National Tuberculosis Research Institute, Bangalore
Key topic	: My journey with epidemiology of TB.

Theme : **CME on Tuberculosis under RNTCP**
Organizing Secretary : Dr DK Mendiratta
Date : 18 Dec 2013
No. of delegates : 20
Resource Persons : Dr Ajay Dhawale, Dr R Narang, Dr S Das,
Key Topic : Newer Diagnostic tools for TB

Theme : **World TB Day** (*Reach the three million: A TB test treatment and cure for all*)
Organizing Secretary : Dr DK Mendiratta
Date : 24 Mar 2014
No. of delegates : 150
Resource persons : Dr BS Garg, Dr P Deshmukh, Dr R Narang, Dr S De, Dr A Tayade, Dr A Ramesh
Key topics : Introduction of the theme, Challenges and strategies to reach the three million, Role of digital x-rays in diagnosis of TB, Point of care TB diagnostic test, tuberculosis and health care workers, Role of nurses in reaching the three million.

Obstetrics and Gynecology

Theme : **Debate on internal iliac artery ligation vs supra cervical hysterectomy in surgical management of postpartum haemorrhage**
Organizing Secretary : Dr S Tayade
Date : 24 Apr 2013
No. of Delegates : 46
Key Topics : Options of PPH Management
Key Persons : Dr PV Shivkumar, Dr S Jajoo, Dr N Mahajan, Dr U Moghre

Theme : **Workshop on Computerizing recording of Partograph**
Organizing Secretary : Dr P Kumar
Date : 22 Sep 2013
No. of Delegates : 47
Key Topics : Partograph Recording
Key Persons : Dr Jennifer Lowe, Dr PV Shivkumar

Theme : **Live Webcast Conference on Laparoscopy Hysterectomy**
Organizing Secretary : Dr A Tembhare
Date : 1 Dec 2013
No. of Delegates : 76
Key Topics : Laparoscopy Hysterectomy
Resource persons : Dr R Modi, Dr S Chhabra, Dr PV Shivkumar, Dr S Tayade

Theme : **Workshop on PPH an Obstetric Emergency, Its Management and Clinical Skill Demonstration**
Organizing Secretary : Dr PV Shivkumar
Date : 24 Jan 2014
No. of Delegates : 52
Key Topics : Internal iliac ligation, bLynch suture, drugs in PPH, bimanual compression, aortic compression

Resource persons : Dr PV Shivkumar, Dr S Tayade, Dr S Jain, Dr P Kumar, Dr P Shrivastava, Dr U Mogre

Theme : **National CME and Workshop on Current Concepts and latest trends in Caesarean Section**

Organizing Secretary : Dr S Jain

Date : 28 Mar 2014

No. of Delegates : 100

Key Topics : Global and Indian Scenario of Caesarean Section Trend and Rates, Decision taking in Caesarean section and Pre-operative protocol, Techniques in Caesarean Section and Recent innovation, Difficult head delivery and their Management, Closure and Post operative protocol, Intra operative complications and Management, Private Practitioner and Caesarean Section, Rising Caesarean birth and future health, Anaesthesia and caesarean section, New born and caesarean section, Do's and Don't in Caesarean Section, Live demonstration of Unique Misgave Ladach

Resource persons : Dr Pushpa Junghade, Dr Kshama Kedar, Dr Sunita Ghike, Dr Swati Gandhi, Dr Shubhada Jajoo, Dr Swaraj Naik, Dr Sangita Kumar, Dr S.Chhabra, Dr Sudha Jain, Dr Manish Jain, Dr Chella Hariharan Iyer Dr Deepti Shrivastava, Dr Sharmila Kanthale, Dr Ritu Dargan, Dr Arpita Jaiswal, Dr Ajay Dhable

Ophthalmology

Theme : **Workshop on Vitreo Retinal Surgery**

Organizing Secretary : Dr AK Shukla

Date : 28 July 2013

No. of Delegates : 15

Key topics : Vitreoretinal surgery, diabetic retinopathy, age related macular degeneration, macular hole, operative workshop

Key persons : Dr Vastal Parekh, Dr Chetna Parekh, Dr AK Shukla

Pediatrics

Theme : **1st Refresher Workshop on Helping Babies Breathe- the Basic Neonatal Resuscitation**

Organizing Secretary : Dr KY Vilhekar

Date : 1 Apr 2013

No. of delegates : 12

Key topics : Preparation for birth, Initial steps at birth, How to decide who requires Bag and Mask Ventilation, How to give BMV effectively

Resource persons : Dr A Bang, Dr M Jain

Theme : **2nd Refresher Workshop on Helping Babies Breathe- the Basic Neonatal Resuscitation**

Organizing Secretary : Dr KY Vilhekar

Date : 13 Jul 2013

No. of delegates : 4

Key topics : Preparation for birth, Initial steps at birth, How to decide who requires Bag and Mask Ventilation, How to give BMV effectively

Resource persons : Dr A Bang

Theme : **Intra-collegiate round of 26th Indian Academy of Pediatrics UG quiz**
Organizing Secretary : Dr KY Vilhekar
Date : 28 Aug 2013
No. of delegates : 60
Key topics : General Pediatrics, Systemic Pediatric, Genetics, Community Pediatrics
Resource persons : Dr Varsha Chauhan, Dr KY Vilhekar

Theme : **20th Annual Basic Neonatal Care Workshop**
Organizing Secretary : Dr KY Vilhekar
Date : 31 Aug 2013
No. of delegates : 75
Key topics : Care of Normal New Born, Breastfeeding, Care of Low Birth Weight babies, hypothermia, neonatal sepsis, neonatal jaundice, transport of sick babies, danger signs.
Resource persons : All Faculty of Dept of Pediatrics

Theme : **20th Annual Neonatal Resuscitation Training Workshop**
Organizing Secretary : Dr KY Vilhekar
Date : 1 Sep 2013
No. of delegates : 75
Key topics : Physiology of asphyxia, initial steps of resuscitation, positive pressure ventilation, chest compression, intubation, medications, resuscitation of preterms, special cases, ethics.
Resource persons : All Faculty of Dept of Pediatrics

Theme : **7th workshop on Facility Based Newborn Care (FBNC)**
Organizing Secretary : Dr KY Vilhekar
Date : 23-26 Sep 2013
No. of delegates : 25
Key topics : Newborn Resuscitation, Care of a normal newborn, Diagnosis and Management of various neonatal emergencies, NICU protocols, Demonstration of equipments and procedures related to NICU
Resource persons : All Faculty of Dept of Pediatrics

Theme : **7th Practical Observer Training in Facility Based Newborn Care (FBNC)**
Organizing Secretary : Dr KY Vilhekar
Date : 28 Sep -11 Oct 2013
No of delegates : 10
Key topics : Training in various procedures, skills and attitude for complete management of newborns in NICU
Resource persons : All Faculty of Dept of Pediatrics

Theme : **8th workshop on Facility Based Newborn Care (FBNC)**
Organizing Secretary : Dr KY Vilhekar
Date : 23-26 Dec 2013
No of delegates : 22

Key topics : Newborn Resuscitation, Care of a normal newborn, Diagnosis and Management of various neonatal emergencies, NICU protocols, Demonstration of equipments and procedures related to NICU

Resource persons : All Faculty of Dept of Pediatrics

Theme : **8th Practical observer training in FBNC**

Organizing Secretary : Dr KY Vilhekar

Date : 28 Dec 2013 to 10 Jan 2014

No of delegates : 8

Key topics : Training in various procedures, skills and attitude for complete management of newborns in NICU

Resource persons : All Faculty of Dept of Pediatrics

Theme : **9th workshop on Facility Based Newborn Care (FBNC)**

Organizing Secretary : Dr KY Vilhekar

Date : 10-13 Feb 2014

No of delegates : 26

Key topics : Newborn Resuscitation, Care of a normal newborn, Diagnosis and Management of various neonatal emergencies, NICU protocols, Demonstration of equipments and procedures related to NICU

Resource persons : All Faculty of Dept of Pediatrics

Theme : **9th Practical Observer Training in Facility Based Newborn Care (FBNC)**

Organizing Secretary : Dr KY Vilhekar

Date : 15-28 Feb 2014

No of delegates : 7

Key topics : Training in various procedures, skills and attitude for complete management of newborns in NICU

Resource persons : All Faculty of Dept of Pediatrics

Theme : **10th Workshop on Facility Based Newborn Care (FBNC)**

Organizing Secretary : Dr KY Vilhekar

Date : 13-16 March 2014

No of delegates : 24

Key topics : Newborn Resuscitation, Care of a normal newborn, Diagnosis and Management of various neonatal emergencies, NICU protocols, Demonstration of equipments and procedures related to NICU

Resource persons : All Faculty of Dept of Pediatrics

Theme : **10th Practical Observer Training in Facility Based Newborn Care (FBNC)**

Organizing Secretary : Dr KY Vilhekar

Date : 17-30 March 2014

No of delegates : 11

Key topics : Training in various procedures, skills and attitude for complete anagement of newborns in NICU

Resource persons : All Faculty of Dept of Pediatrics

Theme : **IAP-NNF Advanced Neonatal Resuscitation Workshop**
Organizing Secretary : Dr KY Vilhekar
Date : 21 Mar 2014
No of delegates : 36
Key topics : Preparation for Birth, Initial steps of resuscitation, Positive Pressure Ventilation, Chest Compression, Intubation, Medications, Umbilical venous catheterization, Resuscitation of Preterms, Special Cases
Resource persons : Dr M Girish, Dr P Andankar, Dr S Jahagirdar, Dr K Sukhdeve, Dr M Kamble, Dr J Upadhye

Theme : **Pediatric Advanced Life Support Workshop**
Organizing Secretary : Dr KY Vilhekar
Date : 22-23 Mar 2014
No of delegates : 36
Key topics : Evaluation of a sick child, Recognition and Management of Respiratory Failure, Recognition and Management of Shock, Recognition and Management of cardiac rhythm disturbances, Pediatric Basic Life Support
Resource persons : Dr M Girish, Dr P Andankar, Dr M Kamble, Dr B Katira, Dr A Patel, Dr Girish S.

Psychiatry

Theme : **World Schizophrenia Day**
Date : 24 May 2013
Activities : Awareness Programmes, role plays, Interactive Session with patients

Theme : **World Mental Health Day**
Date : 10 Oct 2013
Activities : Formal speech on how to prevent the addiction in young generation?
 Panel discussion

Surgery

Theme : **Hands on training workshop on “Science of Tissue Management”**
Organizing Secretary : Dr BK Mehra
Date : 21 Jul 2013
No. of Delegates : 50
Key topics : Wound healing, tissue strength, suture selection, surgical knot tying techniques and suturing on various tissues.
Resource Persons : Dr J Gandhi, Dr DO Gupta, BK Mehra, Dr SC Jain

Theme : **CME on “Abdominal and Surgery for Pulmonary Tuberculosis”**
 in collaboration with RNTCP and Distt. Tuberculosis centre Wardha
Organizing Secretary : Dr DO Gupta
Date : 2 Aug 2013
No. of Delegates : 50
Key topics : Introduction and Epidemiology of TB, abdominal tuberculosis, Pulmonary TB- Burden, surgery for pulmonary TB.
Resource Persons : Dr DO Gupta, Dr BK Mehra, Dr A Dawle

MGIMS

- Theme** : **Training Workshop on Implementation of NABH Hospital Standards (in Collaboration with CIPS, Hyderabad & NABH, New Delhi)**
- Coordinator** : Dr SS Gupta
- Date** : 25-27 Oct 2013
- No. of delegates** : 45
- Key topics** : Introduction to structure, programmes and activities of NABH, benefits of accreditation, NABH standards, implementation of standards, how to document, how to do an internal assessment, preparing for assessment, accreditation process and levels
- Key persons** : Dr N Raithatha, Dr R Kumar, Dr H Meerasa
-
- Theme** : **Workshop on Innovations in Medical Education and Health Care at MGIMS, Sevagram'** (Under Integrating Medical Education with Primary and Secondary Health Care: A five state project; in Collaboration with CIPS, Hyderabad & CMC Vellore)
- Coordinator** : Dr SS Gupta
- Date** : 21-24 Oct 2013
- No. of delegates** : 29
- Key topics** : Sevagram model of community oriented medical education, innovations in health care at MGIMS Sevagram, partnership between community and medical institutions, Sevagram model of health insurance, General OPD: a replica of PHC within a tertiary hospital, visits to KRHTC Anji, RHTC Bhidi, Meetings with self help groups, Kishori Panchayat, Village Health, Nutrition and Sanitation Committee, Hospital information system, Academy of Basic Medical Sciences, Low cost drug initiative, Orientation camp, Social service camp, ROME camp, village adoption scheme, Research mentorship programme, essential national health research, Clinical forensic medicine unit, rural placement, community mobilization for health action
- Key persons** : Dr BS Garg, Dr SP Kalantri, Dr A Dawale, Dr UN Jajoo, AM Mehendale, Dr S Dixit, Dr MVR Reddy, Dr C Maliye, Dr A Raut, Dr R Solanki, Dr IL Khandekar, Bahulekar PV

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Training non specialized doctors in emergency obstetric care- to reduce maternal mortality. F1000 poster; 2014; 5:253

Orthopedics

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Pathology

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Pediatrics

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Funded Research

		Grant (Rs. in Lakhs)
Anatomy	Genetic study of deletions and mutations in sperm mitochondrial DNA in idiopathic asthenozoospermia, oligoasthenoteratozoospermia of infertile men Pal AK, Chaudhari AR Funded by ICMR, 2014	15.0
Biochemistry	Establishment of repository of filarial parasites and reagents Reddy MVR, Goswami K Funded by DBT, 2012-2017	20.14
	National network for genotyping of human lymphatic filarial parasite Wuchereria bancrofti from different endemic areas Reddy MVR Funded by ICMR, 2011-2012	#
	Funds for improvement of S & T Infrastructure in Universities and Higher Educational Institutions (FIST) program Reddy MVR Funded by DST, 2011-2015	1.27
	Evaluation of immunomodulatory effect and therapeutical potential of filarial proteins in experimental ulcerative colitis Reddy MVR Funded by DST, 2013-2016	16.0
	Evaluation of diagnostic potential of adenosine deaminase and its isoenzyme activity in pulmonary, extra pulmonary tuberculosis and HIV –TB co-infection Mohod K, Bang A Funded by UGC, 2013-2014	1.07
	Assessment of serum adiponectin levels and its association with lipid profile parameters in patients of acute myocardial infarction Harley K Funded by UGC, 2013-2014	0.93
	Role of Gamma Glutamyl transferase (GGT) apolipoproteins and C-Reactive proteinal predictive markers at Metabolic syndrome psoriasis patients Mohod K, Jain S Funded by KHS, 2013-2014	0.25

Funds continued from previous years

Community Medicine	<p>Surveillance of neonatal infection – An ICMR task force study 5.1 Garg BS, Maliye CH, Mendiratta DK, Dikshit S, Deotale V Funded by ICMR, 2011-15</p> <p>Phase III, multicenter, randomized, double-blind, placebo-controlled study to evaluate the efficacy and safety of live attenuated Bovine-Human Rotavirus Reassortant Pentavalent Vaccine (BRV-PV) against severe Rotavirus gastroenteritis in healthy Indian infants 54.3 Garg BS, Gupta SS, Maliye CH, Jain M, Bahulekar PV, Raut AV, Solanki RS, Taywade ML Funded by PATH/SIIL, 2013-2016</p>
JBTDR & Bioinformatics Centre	<p>Tropical Disease Research Programme for TB diagnostics 3.00 Harinath BC Funded by KHS 2013-14</p> <p>Anti-tubercular bioassays of plant and marine algal extracts 4.04 Harinath BC, Waghmare P Funded by Central Salt & Marine Chemicals Research Institute, Bhavnagar, Gujarat, 2013-2015</p> <p>Biochemical and Molecular characterization of mycobacterial ES-31 serine protease 2.13 Harinath BC, Waghmare P, Kashikar S Funded by GeNext Genomics Pvt. Ltd., Nagpur</p> <p>Sub-Distributed Information Centre under BTISnet Programme including additional grant for SEVAMED. 7.00 Harinath BC Funded by DBT 2013-14</p> <p>Arogyadham and Herbal Garden 11.98 Harinath BC Funded by KHS, 2013-14</p>
Medicine	<p>HOPE 3: Heart Outcomes Prevention Evaluation # Kalantri SP Population Health Research Institute St. John's Medical College Bengaluru</p>
Microbiology	<p>Confirmation of diseases of public health importance under the IDSP (Integrated Disease surveillance Project) State surveillance net work (Referral Lab) 1.00 Mendiratta DK, Maraskolhe D Govt. of Maharashtra, 2010 onwards</p>

Funds continued from previous years

	Sentinel Surveillance Hospitals Vector Borne Disease	1.00
	Mendiratta DK, Attal R Govt. of Maharashtra, 2011 onwards	
Ob/Gyn & Microbiology	Prevention of parent to child transmission of HIV / AIDS	*
	Chhabra S, Mendiratta DK Government of Maharashtra, 2002 onwards	
Obstetrics & Gynecology	Jiv Daya Partograph Project	0.83
	Shivkumar PV Jiv Daya Foundation, Dallas, Texas, USA, 2013 onwards	
	Analysis of retrospective and prospective cases of still birth	0.48
	Shivkumar PV WHO – SEARO, 2013 onwards	
	Emergency Obstetric Care	4.45
	Chhabra S, Shivkumar PV Govt of Maharashtra, Govt of India, FOGSI, AVNI Foundation, 2008 onwards	
	Near Miss Project	#
	Chhabra S, Shivkumar PV, Tayade S Bill and Melinda Gates Foundation, USA, 2012 onwards	
Ophthalmology	Sentinel Surveillance Unit	2.42
	Shukla AK, Garg BS, Singh S, Mehendale AM Ministry of Health and Family Welfare (Govt. of India), 2013-14	
Pathology	Population Based Cancer Registry of Wardha District	29.0
	Gangane NM ICMR , 2010 onwards	
	“HPV” Ahead	#
	Gangane NM IARC, 2011 onwards	
Pediatrics	Clinical evaluation of Ayurvedic coded drug (AYUSH MANAS) in the management of Manas Mandata (Mental retardation)	37.0
	Jain M Central Council for Research in Ayurvedic Sciences, AYUSH, MoHFW, GoI, 2011-14	
Physiology	Electrophysiologic studies in lumbo-sacral radiculopathy	1.43
	Pawar S University Grants Commission, 2013 onwards	
	The role of late responses in the diagnosis of diabetic polyneuropathy	1.0
	Pawar S MUHS, Nashik, 2014	

No grants received in 2013-14, funding continued from previous year

*Emoluments directly paid by Govt.

* Emoluments directly paid by Govt

STUDENT FEEDBACK COLLECTED ON 26 JULY 2014

On 26 July 2014, we invited a group of students from 2010, 2011, 2012 and 2013 batches to participate in a brainstorming session in order to develop a vision document for MGIMS. A total of 31 students participated.

THE PROCESS

The process of 'appreciative inquiry' was used and students worked in groups. Students first narrated the high points of being at MGIMS in their groups. Based on these experiences, groups identified the best practices and strengths of MGIMS. Following this, groups outlined their vision for MGIMS in 2020. Based on these inputs, discussions were carried out where students suggested areas where change was needed in the organization.



Besides these, students were asked to go back and talk to their batch mates who were not present during these sessions, gather their inputs and send back more suggestions to the facilitators. Several emails with suggestions from students were received by the facilitators over the next few days.

All these suggestions have been compiled and incorporated in this document.

CORE STRENGTHS OF MGIMS:

Students identified the core strengths of the institute as:

- Simplicity: Reinforcing Gandhian principles
- Delivering health care to the community, for the community, with the community
- Providing affordable health care with low cost medicines
- Producing doctors with good hearts and not just with good minds

BEST PRACTICES AT MGIMS:

Students identified the following strengths and best practices at MGIMS:

- **Community oriented medical education**
 - Social service camp: provides an excellent opportunity to experience life in rural areas
 - Regular family visits to adopted village
 - ROME Camp: acquaints students with actual work settings

- **Teaching:**
 - Personal attention from teachers to students possible because of small class size
 - Teachers know students by name and are approachable
 - Heads of departments monitor every student's progress
 - Regular classes are conducted
 - Emphasis on history taking in clinical teaching is extensive
 - Teachers go out of the way to help by taking extra classes for late admissions. Some take revision classes which are beneficial before the exams.
 - Teachers encourage, teach and train in activities beyond the routine medical curriculum. E.g. teach about how to make presentations, communication skills, leadership etc.
 - Performance in inter-collegiate activities like quizzes, debates and sports competitions is encouraged
 - Mentoring programme is very useful

- **Infrastructure:**
 - Availability of single room in hostel
 - Availability of solar heaters in hostel
 - Good library book collection and book bank schemes
 - Availability of wi-fi: ensures access to learning resources beyond textbooks
 - Eco friendly, green and quiet atmosphere, lesser distractions

- **Policy:**
 - Security because of availability of internal postgraduate seats
 - Encouraging innovative practices: Aakanksha, Clinical Forensic Medicine Unit, Toxicology laboratory
 - Good image of institute in society

- **Others:**
 - Good relationships between junior and senior students
 - No ragging on campus
 - No tuitions unlike other medical colleges
 - By and large, clean hospital and premises

SUGGESTIONS FOR CHANGE FROM STUDENTS

Teaching and learning

- More self study time: Too many lectures between 8 a.m. to 5 p.m. make for a very hectic schedule. Need more time for self study. If this cannot be changed due to University demands, reduce time for lectures to 40 minutes, and give time within time table for self study
- Instead of didactic lectures, introduce problem based learning and group discussions. Attention span is too low to attend so many lectures
- Don't teach us everything in lectures. Start with a concept lecture telling us what is expected of us in that topic, and what we need to study on our own. We have all passed entrance examinations, so are capable of studying on our own. Have lectures only for tough concept related topics
- Attendance should be voluntary. If a lecture is not useful, there is no point in attending for sake of attendance
- Don't teach too many chapters in lectures in the same week. We find it difficult to cope. Need for horizontal integration between departments (topic based): If one department is teaching cardiovascular system, can all others do the same?
- Only teachers in first MBBS use microphones. It is necessary to use microphones in all years, as we cannot hear well enough in the back rows.
- We like teachers who use the blackboard well. We would like all teachers to do that
- Allot one lecture hall per batch, so that we do not have to run from one lecture hall to another
- Some teachers email their presentations after their lectures. This is a good practice which could be followed by other teachers as well
- Ask teachers to use a mix of English and Hindi while teaching. Several students are from vernacular mediums and have difficulty in understanding English
- Monitor quality of teaching and regularity of classes
- Install biometric systems to take attendance in classrooms
- Increase time for preparation leave before examinations.
- Please prepare and circulate a handbook of commonly used clinical terms in Marathi which patients use. This will help us in history taking
- Optional classes in clinical Marathi for non-Marathi speaking students should be started.
- Add the following topics to Orientation Camp:
 - how to give injection and measure of blood pressure,
 - disaster management skills and programmes,
 - national immunization schedule,
 - group discussion about the social evils,
 - upgrading of doctor-patient relationship.

Clinical teaching:

- 25 students per clinical batch are too many. Patients do not allow all of us to examine or auscultate them. We cannot even hear what the teacher is saying. Need smaller clinical batches
- Wards need special rooms/ separate for clinical teaching
- At present clinical postings are fragmented. We end up doing 2-3 clinical postings of 3 days each which is of no use. Give us a single clinical posting of longer durations.
- Use mannequins and dummies to teach us. Skills laboratory should be included in our routine time table
- Start Basic life support/ PALS training for undergraduates
- Teaching needs to be more skill based. We want to start giving injections early like the nursing students. We do not want to wait until internship to learn clinical procedures
- Undergraduates need opportunities to see surgeries in operation theatre
- Interns end up as clerks- only filling forms etc. Give them more opportunities to learn clinical procedures
- Start clinical postings with orientation session so that people know where wards and clinical areas are
- Open new super speciality departments with DM and MCH courses

Other co-curricular and extra-curricular activities

- Academy of Basic Medical Sciences in I MBBS is a great idea. Similar seminars or activities needed in other years too
- We need more workshops on other topics like communication skills, presentation skills etc.
- Mentoring programme is very useful. Make mentor-student meetings happen regularly twice a month. Talking with mentors helps reduce stress. Their advice is useful
- Encourage sports and cultural activities
- We got a chance to develop organizational skills during MEDICON. More such opportunities for conducting and participating in scientific programmes should be given to undergraduates.
- Give us more opportunities to participate in inter-collegiate programmes like Pulse and Spandan
- Despite orders from Dean's office students participating in MEDICON or inter-collegiate programmes are not given attendance. Waive off attendance in case we participate in such activities
- Students need more exposure to research and mentoring for research needs to be started.
- Start educational excursions for students
- Start convocation for students who pass out
- Start farewell function from juniors to seniors who pass out
- Management should increase funding for gathering.
- Involve alumni in career counselling sessions: We need informal and formal occasions to interact with our alumni who have done well in specialized areas.

Reading room, library and internet

- Reading room and library must be open 24 x 7

- Both library and reading room need to be more spacious. Students often don't get enough place to sit and study
- Reading room chairs need to be replaced with more comfortable chairs
- Reading room needs to be relocated closer to girls' hostel as it is inconvenient to get back within scheduled time. Or provide study/ reading room within girls hostel as we will not have 24 hour access to it
- Cooling in reading room is poor and needs improvement
- Book bank scheme: Books provided are one to two editions old. Need to be updated with latest editions
- Undergraduate students need more access to computers on campus, preferably 24 x 7. Need accessible computer room
- Wifi access: is available in all places but speed is slow and gets disconnected too frequently. Works well in hostels only after 11.30 pm. Network problems are experienced in the F and E blocks of the Girls Hostel.

Cafeteria

- Food court or 24 hour cafeteria needed
- Better options in menu of ICH required or open another cafeteria which also provides North Indian menu options.
- At present only snacks are available. Need for lunch or dinner options sometimes

Hostels

- Mess should not be compulsory. Implement coupon system which will also ensure good quality of food. Presently quality of food in mess is really bad. Appoint a dietician to monitor mess food.
- Breakfast and snacks need to be available in boys' hostel. Going to ICH everyday is not economical
- Provide more comfortable foam seated chairs in hostels. Furniture provided in rooms is ancient. Better study tables needed.
- Renovation of hostel rooms is needed: especially the cupboards, flooring and windows.
- Hostel ceilings leak. Need repair
- Entrance to the girls' hostel needs improvement. At present too many vehicles parked in front and very congested. Needs parking space
- Hostel gyms need more functional equipment
- Hard water: need for more effective RO systems to be installed which can take care of increased quantities of hard water
- Install separate electricity meters in each room. Those who are using electrical appliances should be charged instead of those who haven't been using them. If possible, electricity should be free like in other college hostels
- Television charges of Rs 1000 per six months are far too high. Can easily be reduced.
- Cleanliness of hostels needs care. Especially cats roaming around in mess
- Carry out regular inspections of hostels to stop addictions

Other student related issues and policy decisions

- Time to pay fees is within college hours. One has to miss classes to pay fees. Provide time beyond college timings to pay fees
- Staff in the student's section behaves in a very rude, insulting and humiliating manner with students. This needs immediate correction. Office staff must learn to be polite to students.
- Greater transparency is needed in what happens to the fees we pay. We need to be told where the money paid for goes. E.g. swimming pool, gathering etc
- Collect money from students only after an infrastructure is built. E.g. students of one batch paid for the construction of a swimming pool, but until they are here, the pool will not be built.
- Establish one single committee which will look into all student related grievances. Don't establish new committees depending upon each new issue.
- Apply same rules for all students.

Infrastructure:

- Need a larger lecture hall with air conditioning and audiovisual aids
- All lecture halls need air conditioning and audiovisual aids. Pharmacology lecture hall is in specially bad shape.
- Develop special rooms with movable furniture where group discussions can be carried out in small groups
- Separate common rooms with locker facility should be available in the college for boys and girls
- Toilets for students are not proper (in front of library and in front of reading room) and need renovation. Need separate toilets for students
- More water coolers need to be installed throughout the college campus.
- Need a good auditorium for college activities. Our gathering is frequently disrupted due to rain when the open air auditorium is used
- Students need cooperative stores within campus: which will sell stationery, textbooks, routine general items and khadi.
- Need access to photocopying machines even outside library.
- There is need to develop a sports complex with trainers: include indoor badminton court, more table tennis tables, swimming pool somewhere near the hostel. Some of the present sports facilities have to be shared with school students which is inconvenient.
- Develop a dance and music room with trainers to encourage these skills
- Provision for better parking spaces
- Need proper and easy access to sports equipment

Campus beautification, cleanliness etc

- The college entrance is usually missed by patients as there is no prominent gate or sign. There needs to be a prominent gate and well lit sign board which informs patients and public about the existence of the college. This is needed both at Dean Office Gate and the Hospital Gate.

- The outer walls of the campus look shabby and do not showcase our inheritance. Students suggested creating a mural with glimpses of Gandhiji's life history all along the outer boundary wall.
- Need more street lights on campus

Reputation of college

- While MGIMS is well known in Maharashtra, not many common people know about it in North India. This needs more publicity
- There is need to create a more interactive and user-friendly college website which will provide information to common man with a FAQ (frequently asked questions) section and a contact us section which will answer questions about admissions etc.

Patient facilities

- OPDs are too crowded. Needs to be more spacious
- OPDs need to be placed closer to each other to avoid inconvenience to patients
- Wards are poorly ventilated and full. Need bigger, more spacious wards. Increase number of beds
- HIS can be used better. Provide e-health card to all patients, information from which can be accessed even outside the hospital
- All doctors, students and staff should wear name badges and aprons
- More paramedical staff needed
- Start super-speciality facilities like cardiology and neurosurgery

Best Practices at MGIMS Sevagram

1. Title of the Practice

Social Service Camp, a community immersion program for medical students

2. Objectives of the Practice

This Social Service Camp is conducted approximately 3 months after admission for every batch of medical students with the objectives:

-) To orient the medical students to rural life and to sensitize them about the environmental sanitation, Socio-economic conditions and the health problems of the individual, the family and the community in rural area
-) To expose the students about the social and cultural factors responsible for health and development
-) To promote the communication skills among the students
-) To promote the importance of the practice of community health

3. The Context

Medical Education in India has got confined to the four walls of tertiary care hospital. This results in creation of doctors who are culturally and professionally ill-equipped to deal with the problems of rural communities.

4. The Practice

Three months after admission all students are taken to a village for a residential camp of 15 days, where the students experience the same conditions as the inhabitants. They reside in the village and learn from the community. Each student conducts socio-demographic, dietary and health appraisals in three or four families. Due to this camp approach of community based training of medical students a heightened understanding is gained of the need for adequate nutrition, safe water and basic sanitation, and of the influence of various socio-economic and cultural factors on health. The concept of family health care is brought home to the students with the help of auxiliary nurse midwives, social workers, health educators, sanitary inspectors, psychologists and social physicians working in the villages.

The roles of village health workers, school teachers and village health committees are examined. The students are also able to observe that the identification and solving of health problems by the villagers themselves is of considerable importance and how the community leaders, social organizations and village health committee work together for health. This Community–Academic partnership offers unique opportunities of great importance for learning viz. the social and cultural determinants of health, health promotion etc.

All the individuals in the village are physically examined and OPD and Specialist services are given free of cost during the camp. The patients referred from the camp are also treated free of cost (both outpatient and inpatient care) at Kasturba Hospital if they visit the hospital within 10 days after the camp ends.

5. Evidence of Success

The feedback from all stakeholders (students, teachers and the community), both through quantitative and qualitative methods has always been extremely positive. We have evaluated this camp in several different ways. Medical students attending this camp strongly feel that this camp helps them learn about the realities of village life, socio-political environment affecting health and imparts them cultural competence (respecting diversity, gender sensitivity, compassion/empathy). They conveyed that it helped them recognize the rights and equal value of all people, gave them the concept of health as a human right and believe in health equity. It helps them in developing several personal and professional attributes, e.g. communication skills, team work, leadership, being a change agent. And, it also helped them develop a research aptitude and prepare them as a life-long learner.

6. Problems Encountered and Resources Required

As expected, organizing a residential camp for 100 students is going to have several challenges. Arranging for accommodation with the most basic amenities (e.g. toilets and bathroom) for 100 students (boys and girls) and approx 20 support staff (including teachers) who stay with them, getting prepared for electricity cuts,

fear of insect bites, and occasionally problems arising due to local politics at village level are some of the challenges. However, 47 years of organizational experience in conducting these camps comes handy. It is team work which involves all academic departments and administrative sections of the institute. Taking out two weeks of time from a packed schedule of preclinical subjects is also a huge challenge.

For almost all the students, it is for the first time that they stay in a village in a dormitory setting. However, the orientation camp at MGIMS, Sevagram when the students stay in Gandhi Ashram for 15 days prepares them to a large extent for this camp.

The resources required for organization of the Social Service Camp includes the following:

-) **Preparatory activities** include several meetings with the villagers, survey of all households, which is supervised by a biostatistician and a social scientist and is conducted by 5-6 social workers/ ANMs over a week duration
-) **Human resources:** Approximately 20 support staff (including one teacher, 3-4 post-graduate students, 3-4 ANMs and/ or social workers, one electrician, one security person, several safai workers and approximately a team of 8-10 persons to manage the kitchen) stay 24X7 in the residential camp. Apart from this, another 30 persons (including teachers from community medicine, specialists from different clinical disciplines, post-graduate students, social workers, ANMs, Pharmacists, Lab technicians, Health educator, Artist, Sanitary inspector, electrician, plumber visit the camp daily from MGIMS, Campus daily.
-) **Material resources:** The material resources required are:
 - o Arranging accommodations for residential stay for the students and support staff in the village, construction of toilets, plumbing, electrical fittings, Pandal for conducting camp activities, arranging for kitchen

- Arrangements for running OPDs at village level – General OPD as well as OPDs for different clinical departments, drugs for dispensary, provision of investigations
- Organization for health exhibition
- Arrangements for organizing classes for students in camp setting
- Two – three vehicles ply 3-4 times daily from the campus to the camp venue

7. Notes

After the social service camp, the students visit the adopted village every month on a Saturday, which forms the total community immersion experience of students at MGIMS, Sevagram.

It is also important to understand the Social Service Camp together with other curricular innovations at MGIMS, Sevagram.

MGIMS, Sevagram has strategically mobilized community for health action in all villages of its field program area. During the Social Service Camp, students get to interact with the community-based organizations in the adopted village. This helps students learn how best community participation for health could be done.

Best Practices at MGIMS Sevagram: Clinical Forensic Medicine Unit (CFMU)

1. Title of the Practice

Clinical Forensic Medicine Unit (CFMU) at Accident & Emergency Centre/ Casualty under Department of Forensic Medicine

2. Objectives of the Practice

-) To improve the quality of medico-legal work of our hospital and to assist in proper disbursement of justice.
-) To involve faculty members in handling clinical forensic work so that they can impart practical medico-legal skills to undergraduate and postgraduate students more effectively
-) To involve postgraduate trainees in Forensic Medicine in actual handling of clinical forensic work.
-) To relieve clinicians and radiologists from attending the court calls, giving evidence in court, preparing medico-legal reports, weapon reports etc.

3. The Context

Clinicians are often inadequately trained to deal with medicolegal issues and are not well equipped to handle judicial procedures. Previously postgraduates passed MD Forensic Medicine exam without even handling a single forensic case. As per MCI and MUHS regulations in Forensic Medicine, postgraduate trainees must be involved in actual handling of clinical forensic services; and to fulfill this mandate, the CFMU was created under the Department of Forensic Medicine.

To improve the quality of clinical forensic services we needed to modify the old formats that were being used since decades. We needed a separate space for postgraduates and faculty members to conduct medico-legal examination of all types of patients including sexual assault cases, preparation of medico-legal documents, weapon reports, final reports and also space for proper preservation of forensic samples till its handover to police.

4. The Practice

Since August 2012, separate space was provided to the CFMU in the Accident and Emergency Centre. MGIMS became the only institute in the country where the Department of Forensic Medicine offers all types of clinical forensic services in the casualty/ Emergency Medicine Department round the clock. The Forensic Medicine consultants collect data form of all patients who seek healthcare in the accident and emergency unit of hospital because of accidents, injuries and trauma, assess victims of sexual assault and also deal with such issues as estimating the age of the patients and determining whether or not the person is alcohol intoxicated

5. Evidence of Success

-) Faculty members are getting hands on training in the practical intricacies of clinical forensic work
-) PG students in Forensic Medicine are now actually handling clinical forensic work

) As CFMU has relieved the burden of clinical medico-legal work of clinicians we got good support from all the specialties especially Surgery, Orthopedics, ENT, OBGY, radiology and medicine. Clinicians can focus on their clinical work and no longer have to attend courts and cross examinations

6. Problems Encountered and Resources Required

Previously our department of Forensic Medicine use to run only from 9 am to 5 pm. But, now due to CFMU our department runs 24x7. So, problems of time scheduling will be encountered. Adequate manpower is also needed according to workloads to provide round the clock clinical forensic services.