



MAHATMA GANDHI INSTITUTE OF MEDICAL SCIENCES, SEVAGRAM

INTERNAL QUALITY ASSURANCE CELL

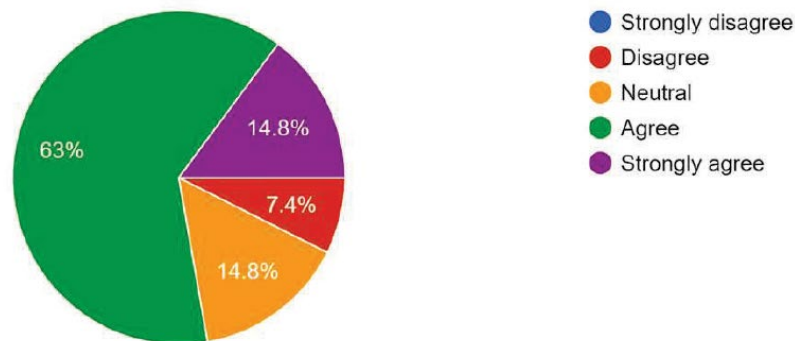
STAKEHOLDER FEEDBACK REPORT ON MBBS CURRICULUM

The Internal Quality Assurance Cell gathered feedback from its stakeholders, i.e., students, faculty and alumni, on the curriculum of the MBBS course. This was done through online surveys using Google forms. This is a summary of the feedback received on the curriculum.

FEEDBACK RECEIVED FROM FACULTY

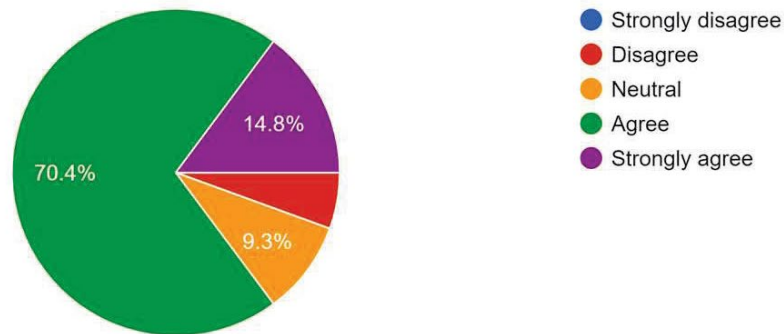
The MUHS curriculum is relevant to the present needs of society

54 responses



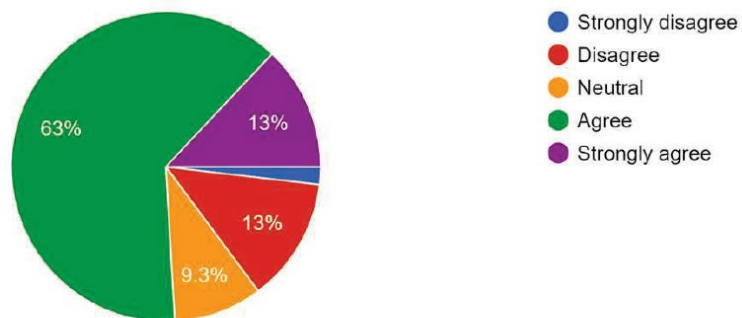
The aims and objectives are clearly defined in the curriculum

54 responses



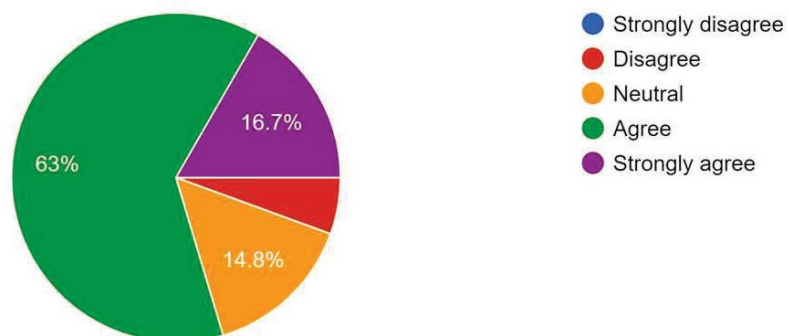
The curriculum has been updated from time to time.

54 responses

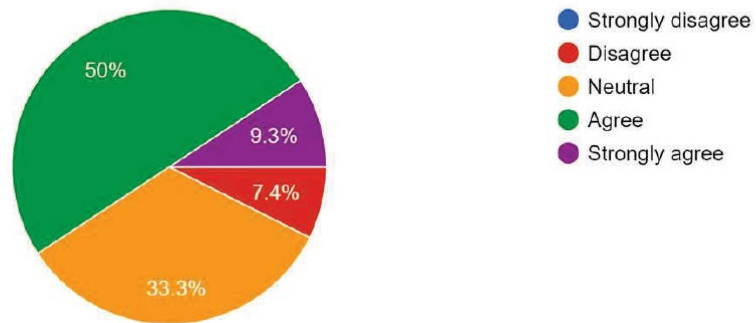


The key competencies expected from the students are clearly defined

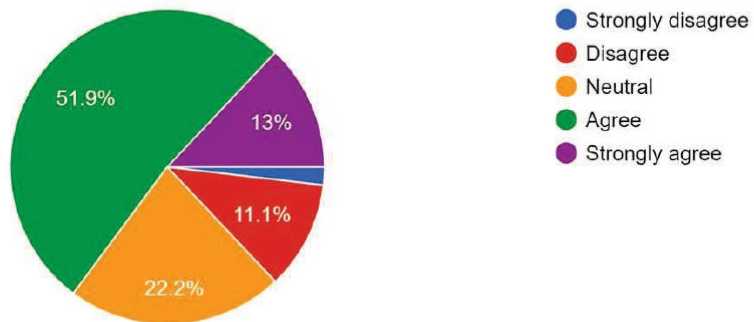
54 responses



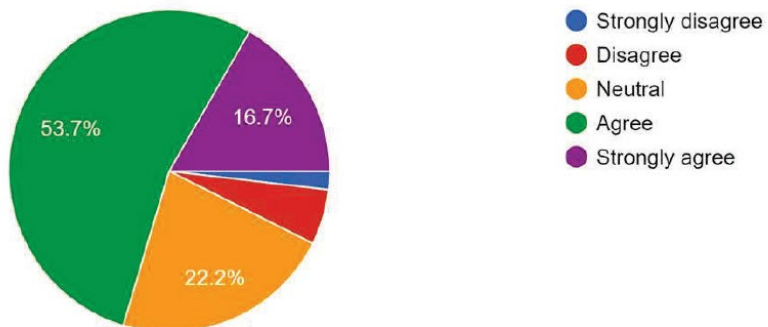
The curriculum is discussed regularly at Board of studies meetings in the University
54 responses



The system followed MUHS for the design and development of curriculum is effective.
54 responses

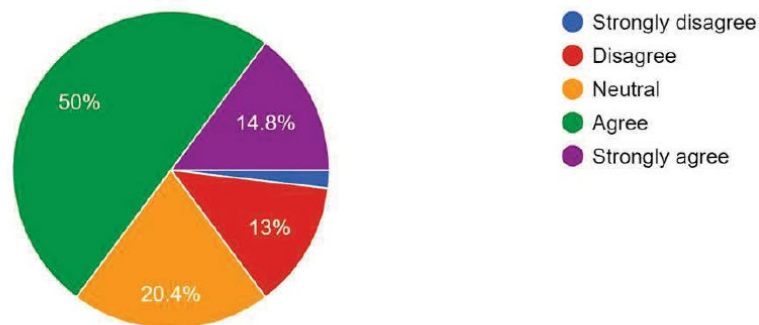


The curriculum incorporates the vision of MGIMS
54 responses



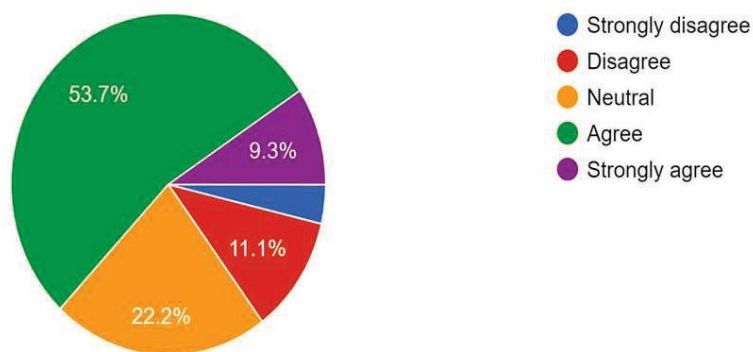
Teachers given enough freedom to contribute their ideas on curriculum design

54 responses



Employability has been given weightage in curriculum design and development.

54 responses



Qualitative feedback from faculty

1. Frequent meetings/seminars should be conducted at MUHS level to discuss progress/best practices etc
2. The curriculum should allow flexibility. Some of our best innovations should not be lost because we blindly follow what is given by the University. We have the potential to do better things. We should be allowed to innovate.
3. There should be more scope for institutional flexibility within the curriculum. At present, it is missing. The way instructions are issued by the university, the flexibility incorporated in the NMC curriculum is also destroyed. For example, the new NMC curriculum came with a concept of Self-directed Learning. And, the guidelines issued by MUHS clearly prescribed what topics to be included in the Self-directed learning.

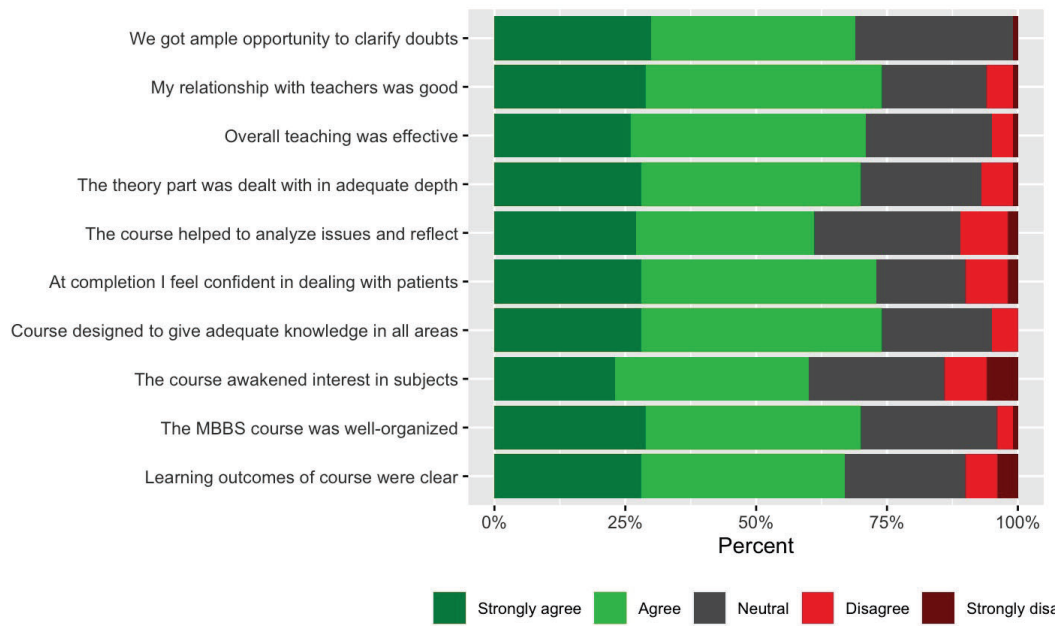
4. Formative assessment and feedback are important. All faculty members should be interested to implement the new concept to bring positive change.
5. More clinical and applied teaching needed
6. Present UG syllabus is vast which should be decreased in order to avoid unnecessary burden on them.
7. Regular updates, discussion, regularly inviting opinions of the subject experts should be taken into consideration for timely incorporation of innovative changes.
8. Regular updates, discussion may be done on curricular reformation. Opinions of subject experts may be sought

EVALUATION ON COURSE AND CURRICULUM RECEIVED FROM STUDENTS

A section of the student feedback questionnaire dealt with course and curriculum evaluation. Students were asked the following questions using a five-point Likert scale

1. Learning outcomes of the MBBS course were clear
2. The MBBS course was well-organized
3. The course awakened interest in the subjects
4. The course is designed to give me adequate knowledge in all areas of medicine
5. At completion of the course, I feel confident in dealing with patients
6. The course allowed me to analyze issues and reflect independently
7. The theory part was dealt with in adequate depth
8. The overall teaching by the faculty was effective
9. My relationship with teachers was good
10. We got ample opportunity to clarify doubts and ask questions
11. I got adequate hands-on experience in practicals, demonstrations and clinics
12. The assessment pattern was fair
13. We got timely and adequate feedback on our performance in the formative assessment
14. We learnt the skills of self-directed learning
15. Classes were held as per schedule
16. Overall class time was used effectively
17. Clinics were taken satisfactorily and on time
18. Discipline was maintained at all times
19. Overall, I was satisfied with the quality of this course

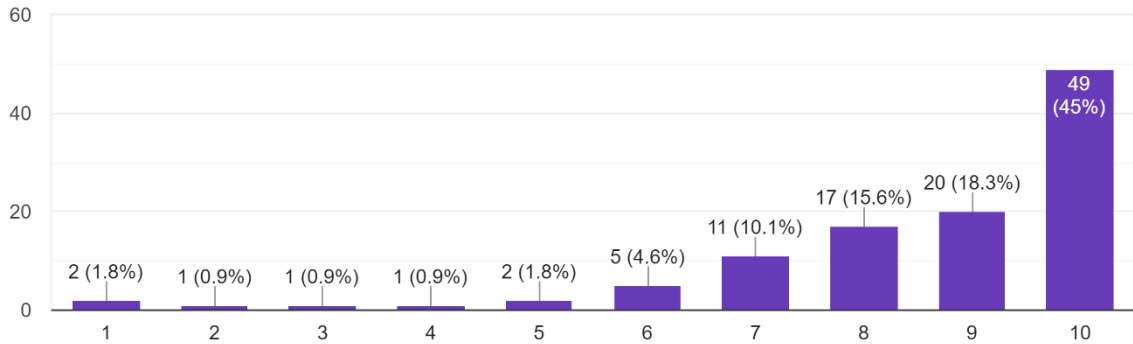
The results of the survey are depicted below



FEEDBACK RECEIVED FROM ALUMNI

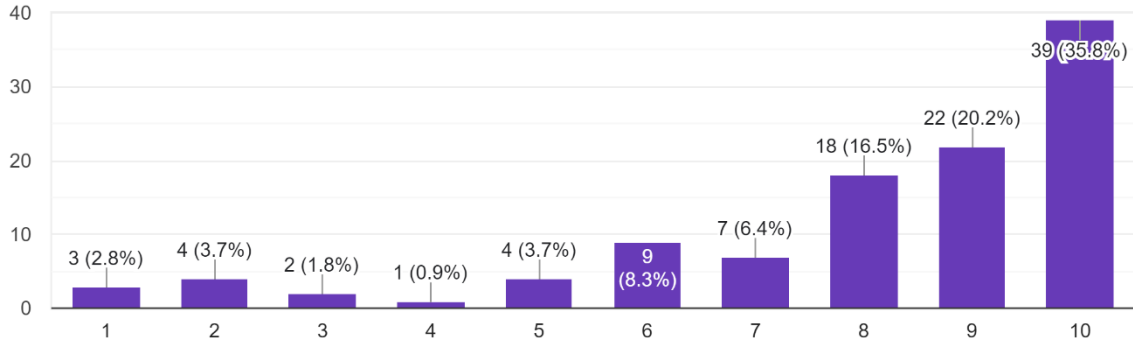
2.2. I gained adequate knowledge during my MBBS course at MGIMS, Sevagram

109 responses



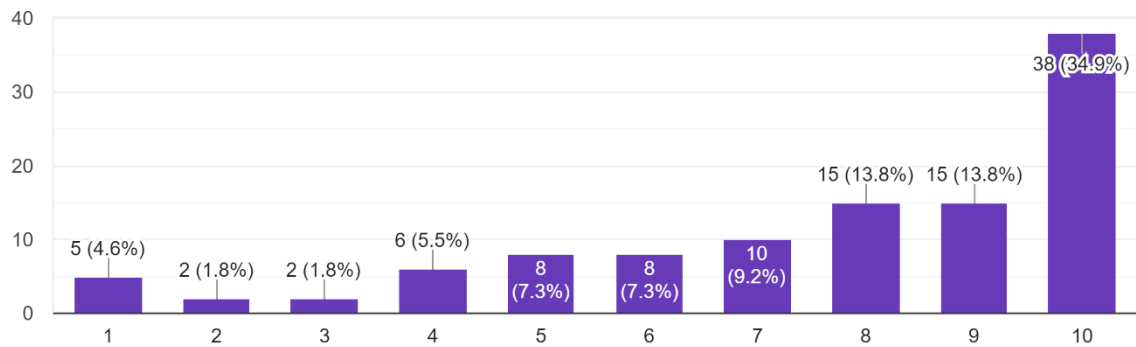
2.3. I gained adequate procedural skills during my MBBS Course at MGIMS, Sevagram

109 responses



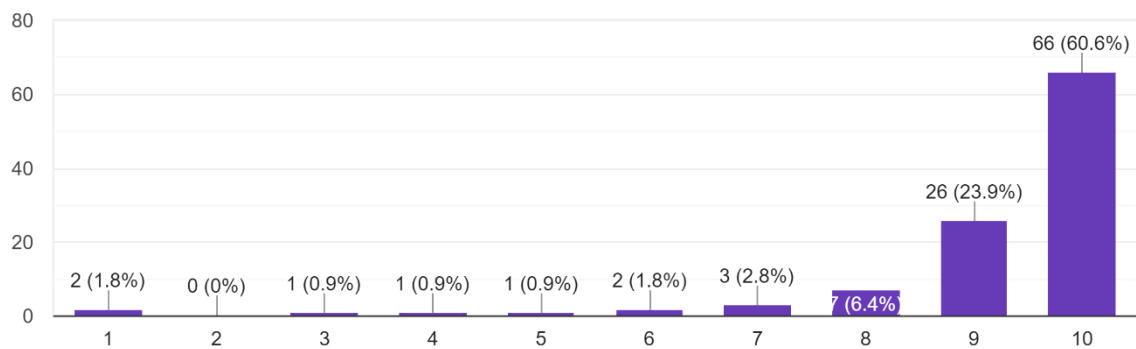
2.4. I gained adequate generic skills (e.g. communication skills, team building skills, leadership skills) during my MBBS course at MGIMS, Sevagram

109 responses



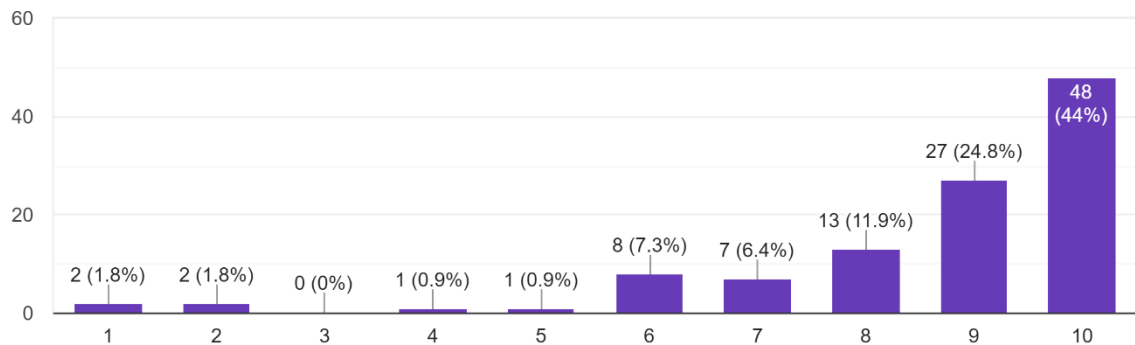
2.5. I gained adequate understanding about rural life (including their socio-economic status, traditional beliefs & practices, health seeking be...ur etc.) during my MBBS course at MGIMS, Sevagram

109 responses



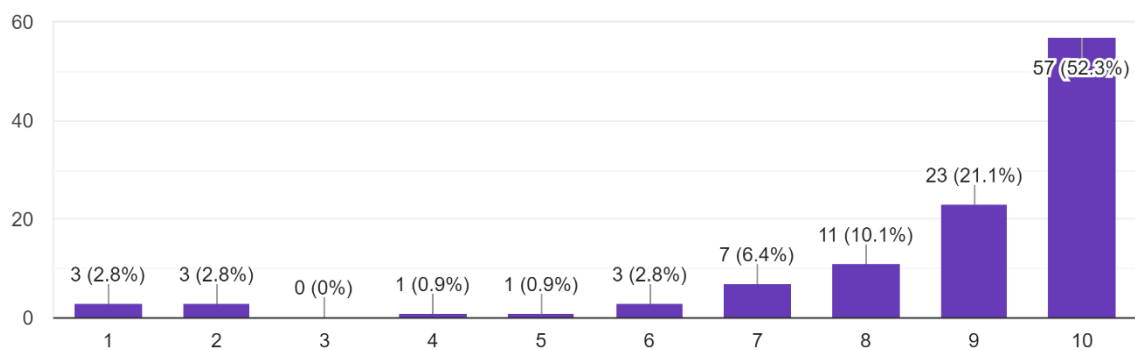
2.6. I gained adequate understanding about the health care delivery system in India during my course at MGIMS, Sevagram

109 responses



2.7. The knowledge and skills gained at MGIMS, Sevagram is relevant to my professional life.

109 responses



What are the strengths of MBBS Curriculum at MGIMS, Sevagram?

1. Societal needs-based curriculum; focus on needs of rural Indian patients (2)
2. Strong rural orientation (5)
3. Early exposure to rural healthcare generates social responsibilities and confidence as a medico
4. Good exposure to health system and primary care (4)
5. Wide variety of cases. Personal attention. Compulsory to read actual medical books ... we didn't study from any notes
6. More community-oriented, a better approach at clinical skills rather than just the theoretical part.
7. Teachers were great and inspiring. Very good teaching skills of our faculty and receptiveness.
8. Good attention is given to academics

9. Good clinical teaching relevant to Indian patients
10. Regular teaching, regular clinical postings, regular assessments, field visits (2)
11. Life skills.
12. Promotion of research
13. Honesty hardwork empathy for poor people and basic knowledge of health at rural areas and good academic knowledge during ug and pg
14. Best Teaching specially by all 7 departments in 1st and 2nd year.
15. Faculty of PSM department
16. Emphasis on clinics in final year. Professor level teachers took clinics and classes
17. Infrastructure, eminent teaching faculty, Library, Ambience and Gandhian culture.
18. Extensive yet clarity present, Good teachers
19. The down to earth and experienced teachers
20. Very efficient teachers and library Environment in hostel and facilities
21. Practicals , direct communication with population and developing skills along with Gandhi's moral.
22. Regular and comprehensive clinical classes. Great practical knowledge specially medicine dept. Great internship learning in med,surgery,obgy and Anesthesia. practically applicable
23. Rural exposure, Communication skill and rural posting
24. Small batch of 60 students; Dedicated teachers who took personal interests in students
25. Intensive training especially in medicine and surgery.
26. Good grounding in basic sciences in 1st and 2nd year.
27. Individual rooms in hostel that allowed study without disturbance. Weekly prayer meeting.
28. Discipline & dedication of teachers with simplicity
29. A good relationship of Students-student and student teachers and very nice faculty to teach and a good cordial atmosphere both in college and hostel
30. Bedside teaching in the clinics was the best
31. Small group size of 60 students back then, the rural health care exposure early on as in the stay in the villages and adopting families to follow up, emphasis on community and preventive medicine, very competent faculty, good clinical rotations
32. Regular classes. Good hands on in internship.
33. Khadi uniform ,non practice of consultant strength of batch, teachers and students relation
34. Student friendly
35. Students are Trained well in every discipline of life and study, interpersonal relationship, not to hesitate in doing day to day Chores personally, attaining good clinical acumen, friendly relationship of students and teachers, good co-operation in Seniors and juniors . Bonding with other college mates on social media also.
36. Ethics , rural service
37. Limited seats per year&Rural based set up helped faculty to focus on students individually. Clinical teaching was practically quite good & focused upon.
38. Rural medicine, clinical teaching and experienced professors
39. Rural service and family adoption programme

40. Good teaching and dedicated teachers . How to give maximum patient care with good clinical knowledge and available resources is well taught here.
41. Student teacher relations, unfortunately it is missing now. Students don't respect teachers as they are just interested in finishing MBBS to prepare for MD. The uncertainty of PG admission, is a very big obstacle in basic, practical learning. The current MD entrance being MCQ based, lacks clinical and analytical thinking
42. A strong bonding between teachers and students
43. Its a hands on teaching process which I feel is very helpful later in life.
44. Good curriculum. Some excellent teachers. Strong focus on ethics
45. Practical approach to education
46. Besides the knowledge from books , the social aspects of ailments and a human touch of healing was a priority
47. Good student- teacher interaction due to Less number of students in batch.
48. Awareness of rural health programs.
49. Exposure of rural health practices.
50. Professors in MGIMS clear all basics knowledge, practical exposure is very much ,
51. Less student intake makes student teacher interaction very effective and helps to develop good interactions. Daily clinics by teachers and residents are best part in clinical subjects.
52. Discipline, dedication, good academic environment , honest , moral & ethical approach, & values of human life.
53. The way of teaching, village visits, regular morning and evening clinics, proper and necessary internship training.
54. Lesser students, more concentrated teaching.
55. Strict and regular classes and clinics. Teaching was mostly by consultants and professors with great teaching experience. Timings and punctuality was key. Prescribed syllabus completed way ahead of time. Routine test and pct were held. Clinics and also well supervised intesnship made us confident when we passed out to give a healing touch to our pts. Adoption of village was the most interesting and most important curriculum which till this date kept our mind and heart closer to people who are in dire need for help. Not only mental education but spiritual upbringing was also there. We hated Friday prayers but as we grow up, we realize how important those prayer meeting were, how crucial it is to be both mental and spiritually strong.
56. Excellent teaching, empathy for patients, unique rural health management and insurance programs
57. Organised infrastructure
58. Fully trained .Not even 1% negligence . To be happy to work hard.
59. Simple living. Knowledgeable faculty, focus on academics
60. Small batch hence all students get proper attention
61. Community medicine
62. Individual attention to students by teachers; cordial teacher student relationship; regular teaching sessions and evening clinics
63. Dedicated Full time Medical Teachers ie Academicians.
64. Teaching curriculum, dealing with the patients and the teachers who taught us, they are really ground to earth and even taught us the same to attach with the ground.
65. Strong clinical based teaching with exposure to rural area via village adoption program

66. The curriculum at MBBS makes the student sensitive to the social economic backward and rural masses and makes us one of them.
67. A strong sense of service to society is instilled in us
68. There is ABSOLUTELY NO commercialisation of anything and ethics are paramount....something which is lacking in professionals from many other institutions
69. Strong student teacher and interpersonal bonding among students which helps greatly I making a great working environment later wherever we are
70. It made us inculcate habit of always being truthful and believe in simple living,high thinking.
71. Very good
72. MGIMS provides overall development of a student as a doctor and as a human being
73. Rural culture and wonderful teachers
74. Gaining Knowledge, Simplicity, Ethics and Respect for each other
75. Regular classes, practical,rural health care and direct patient contact

Suggestions for improving MBBS curriculum at MGIMS.

1. None
2. Innovations and entrepreneurship should be promoted as per National policy
3. More interactive sessions. Actual Médico-legal cases and how to deal with them. Actual hands on experience with patient doctor GP set up. All paper work and license needs for GP level. Digital social marketing according to present scenario.
4. More orientation and classes should incorporated in First year and also stress should given to the weak students
5. Practical oriented teaching should be more useful
6. Emphasis on research
7. I don't know the present scenario so can't suggest.
8. Inclusion of interactive sessions for theory in place of didactic lectures
9. More clinics at clinical department. Self help groups for various issues- both personal and professional
10. Theory classes should be neet pg oriented... Teachers should modify their teaching according to neet pg exam..
11. Should start superspecialist courses in all discipline and improve emergency services
12. More emphasis on research
13. Can be more interactive .
14. More exam oriented
15. Retain Eminent teacher, improve salary for staff, Unnecessarily focussing on some 7 subject out of 13 will lead to downgrading of all.
16. Perfect
17. I think there should be uniform for mbbs graduates... It will give more equality to students
18. Encourage teachers and students to read good books also apart from notes
19. More skills should be learn to inters such as abortion process, fluid therepy, doses of injection and others .
20. Management skills in addition to professional skills
21. Decrease theory classes. Daily clinical rounds from 3rd year.

22. Involvement in research
23. Better student friendly environment
24. Clinical skill start early
25. The above should be continued and no further increase in batch numbers.
26. All good
27. More stress on practical exposure in clinical branches
28. Integrated radiological and pathological study
29. Adopt a more integrated curriculum, more evidence based, problem solving approach, encourage small group activities for self directed learning, incorporate research methodology and student research projects to provide early exposure, more objective modes of assessment. Adopt a blended or hybrid learning approach after the pandemic, improve infrastructure and technology
30. More clinical approach
31. Already doing well
32. As per new norms by NMC the teaching from beginning is clinical oriented and everything is taken care of in it .
33. More clinical orientation
34. Research oriented
35. More practical than theoretical knowledge be given
36. It should be practical based
37. More awareness and orientation towards recent developments and advances in various medical specialties towards post graduation
38. Seminars conducted by students
39. Keep up the good work which has been the tradition of the institute.
40. Make it more practical oriented. Link anatomy to radiology, physiology to clinical conditions, pharmacology to medical therapy.
41. Batchwise get together once in a year
42. Not just here but everywhere the curriculum should have added courses in Hospital Administration ,financial training and a very strong QC course as well as dealing with Govt licencing agencies .
43. More scenario based teaching is required.
44. Its good how they are teaching
45. Should involve alumni in academic activities and skill development by keeping follow up with them.
46. Add more clinical case experience
47. Although it's very satisfactory, involvement of students in research can be increased.
48. Teach paper presentation and give a good basics for research, paper reading and help in publication of articles .
49. To teach about financial and economical aspect about medical professionals .
50. More unit tests and bridging the gap between teacher and students. Perhaps it's good now I don't know.
51. Keep Prospering.
52. Short postings in other premiere institutes
53. More hands on procedural workshops and experience will make the graduates more equipped to handle procedures
54. More clinical exposure

55. Use of audio visual aids

56. No

57. None related to Medicine. But some Management skills should be a part of MBBS.

Because after passing out we may be very talented but most of us face management issues.

58. Modern medicine should be implemented

59. Not required

60. I am satisfied with the curriculum.

61. Practical training on dummies

62. Modernisation and to be updated

63. Student interaction