



## Bharati Vidyapeeth (DtbU) Medical College, Pune

### Report -Foundation Course August 2019

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## Preamble - Foundation Course Report

The new Competency Based Curriculum being implemented under MCI directives from August 2019 emphasizes achievement of clinical competencies by the Indian Medical Graduate, rather than just knowledge. Towards this objective, it also purports to address, in addition to the medical knowledge, the so far ‘hidden’ curriculum components of ‘Attitude, Ethics and Communication skills’, all of which are essential for being an effective clinician. Creating awareness of the importance of healthy hobbies, be it sports or cultural activities, deemed essential for being able to cope with the stresses faced in medical practice has also been given due importance in this curriculum. Due weightage has also been given to inculcation of self-study skills in the medical professionals, who necessarily have to be lifelong learners in order to be able to assimilate the rapid advances in the field of Medicine.

The overall objective of the month long Foundation Course, as defined by MCI in the CISP booklet, is ‘to sensitize the learners’ with such ‘essential knowledge and skills’ necessary to ‘lay a sound foundation for their pursuit of learning across the subjects in MBBS course’ and later on to succeed in their ‘career in medicine’

To achieve this objective, various components to be addressed have been elaborated by MCI in the CISP document. The entire Foundation course across the month of August 2019 was planned accordingly. Some sessions which have been an integral part of the Freshers’ Orientation Program being conducted every year in our institute since 2008, were also included in addition to the MCI directed sessions. These sessions, like ‘Interaction with ICONs’ - eminent personalities from the field of Medicine, Orientation to Research - highlighting the importance of research aptitude in a clinician and the ICMR STS opportunity available to undergraduates, Interaction with senior students in the college, have always been popular components of our Freshers’ Orientation Programs.

The entire program was executed as per plan, except for 1 day (6<sup>th</sup> August) lost due to heavy rains in Pune, Maharashtra. Most of these missed sessions could be accommodated later. (**Annexure 1** - Foundation Course Program).

Some sessions which required to be and were possible to be conducted as large group sessions for the whole class, were planned earlier. Activities with defined long duration requiring repetitive small group sessions (eg. Sports, Language, Computers, Cultural/Extracurricular) and the one time activities essentially feasible only in small group format (eg. field visit and clinical skills of BLS, First Aid and universal protection and biosafety), were organized as rotational small group activities. For these rotations, the 120 students enrolled before 1<sup>st</sup> August were divided into 5 groups (A to E) of 24 students each. Students who joined subsequently from 22nd August onwards were spread across these groups to balance the numbers.

Sequence of sessions in the report does not necessarily follow the date wise program in Annexure 1, but tries to group the sessions according to underlying theme.

Credit for successful implementation of the Foundation Course goes to the faculty across all the departments of the college (**Annexure 2**), who enthusiastically contributed from planning, through execution, to submission of the reports of the individual sessions they were responsible for.

## **1. Principal's Address and Parents' Meeting:**

The program began on 1<sup>st</sup> August 2019 with the Principal addressing the packed auditorium with these 120 students and their parents. Parents had been specially invited for the address and Parents meeting. Principal Dr. NS Mani briefly introduced the historical development of the institute, nurtured by the visionary Founder-Chancellor Late Dr. Patangraoji Kadam. He elaborated the vision and mission of the institute and the current expanse, state of the art facilities and learning opportunities available. He also focused on the institutes' expectations from the students and what the students could expect over the course of the curriculum. This was followed by 'Open House' question answer session, satisfying the numerous queries from the parents.

The audience was then addressed briefly by Heads of the Phase 1 departments, followed by introduction of Phase 1 faculty members and MEU faculty members actively involved in the Foundation Course sessions. The informal interaction between parents and faculty members then continued during the 'high tea' arranged immediately after.



## **2. Ice breaking – Student Introduction:**

### **Objectives:**

- a. To help the students to get to know each other with their hobbies and accomplishments.
- b. Help identify student talent and extracurricular interests.

### **How implemented:**

In this session conducted in Henry Gray Lecture hall on Thursday, 1st Aug 2019, each student introduced himself / herself by name, the place from which they came, and their hobbies and extracurricular achievements.

In this session conducted by the MEU Coordinator, faculty In/charge and some student representatives of the Sports and Cultural Committees were present and noted down these interests and achievements, as useful base for planning the Foundation Course sports and cultural components as well as further development of hobby clubs which would be an ongoing activity.

### **Outcome:**

It was heartening to hear that most students, apart from academic achievements, already had many sports and cultural achievements under their belt, some remaining faithful contributors even through the academically crucial years of 11<sup>th</sup>, 12<sup>th</sup> standards.

The institute already has very active Sports and Cultural Committees which organize annual events like ‘Elixir’ - the publication of college magazine amidst cultural performances, ‘Lock-horns’ - the intra-institute sports event for staff and students. They also encourage and organize the student participation in Inter-collegiate and Inter-University Sports and Cultural events. Initiation of Hobby clubs, on the cards for last few years, will hopefully get the impetus from Foundation Course and actually come into existence from this year.



### **3. Introduction of Student Welfare Committees**

#### **Objectives:**

- a. To familiarize the students with the various activities conducted in the college like sports, magazine, annual events and introduce them to the committees in charge of these activities, so that students can approach the members for participation.
- b. To assure the parents about safe keeping of their wards, by introducing them to various committees working towards student safety and maintenance of discipline, like the Anti ragging committee, Anti sexual harassment committee, Student health committee, Student counselling committee and the persons to be contacted if required.

#### **How implemented:**

The session was coordinated by the MEU coordinator and was conducted in the Sushruta Auditorium on Friday, 2<sup>nd</sup> Aug 2019, 9-10am. Entire class was present with some parents. Chairpersons of 18 committees introduced the purview of their committee in 2 minutes. Phase 1 faculty members of that committee were called forward to introduce their name and department, for ease of communication by the newly joined students.

First introduced were committees like Sports, Cultural and Magazine. They broadly outlined their annual events and opportunities and invited participation.

Then came committees who informed the students of their availability to students in times of any trouble and also assured them that the campus environment was very conducive to healthy coexistence, with zero tolerance keeping it free from the menace of ragging.

#### **Outcome:**

Students were enthused to know about the various extracurricular activities occurring in the college. The students and their parents also felt reassured that adequate measures were in place for their wellbeing and safety.



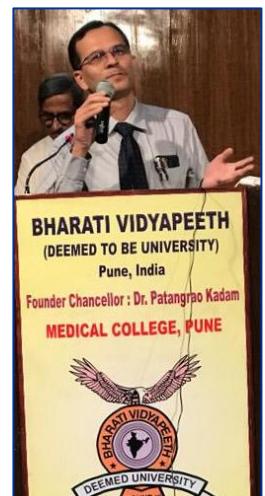
Principal Dr. NS Mani addressing the gathering



Dr. RS Garud,  
Head, Anatomy



Dr. DP Sapre,  
Head, FMT



Dr. MD Karmarkar,  
Vice Principal, UG

#### **4. Medical Profession, Physicians role in society:**

##### **Objectives:**

- a. To generate awareness about ‘what it means to be a doctor’
- b. To understand the various roles of a physician in the society

**How implemented:** This was conducted in 2 sessions on 5<sup>th</sup> August.

##### **Student Reflections:**

The session started with a little open discussion initiated by some students describing their experience of a visit to a doctor. This brought out the different roles as a family doctor and a specialist. Reflection on what they liked or did not like about the experience, helped them to come up with the desirable and undesirable attributes of a clinician from the patient’s perspective.

They were then steered to reflect on why they chose to become a doctor, what they must do to imbibe attributes they think are essential for being a good doctor. They were also prompted to think about any challenges they perceive, how they would overcome them and how they expect the institute to help them achieve their goal. They then penned down these reflections.

##### **Interaction with Physicians:**

3 eminent clinicians, renowned in their own fields, interacted with the students.

1. Dr. Doke – Retired Director of Medical Services, Maharashtra and an eminent researcher
2. Dr. Arun Gadre – Gynecologist and Medical Social Activist and
3. Dr. Pradeep Kulkarni – Anesthesiologist turned Palliative Care physician.

They inspired the students with their own life stories, which also brought out the various facets of what it meant to be a doctor.

##### **Outcomes:**

Discussions and reflections of these sessions primed the students to understand the various roles of an IMG as defined by MCI. Penning down their reflections also helped to clarify their concepts and helped to define how they would go about achieving their goals. Interaction with stalwarts widened their horizons as to what a Medical Graduate can do and become.

#### **5. Roles & Competencies expected of an IMG**

##### **Objectives:** To help the new entrants to understand

- a. Roles they would be expected to perform as an Indian Medical Graduate.
- b. The competencies they would need to imbibe to enable effective performance.

##### **How implemented:**

This was a large group session for the whole class on 9<sup>th</sup> August. Session began with a skit related to Doctor’s roles, performed by PG students from Anesthesia and Pathology departments, followed by an interactive session with a presentation. The session concluded with a word puzzle and a quiz regarding the roles, which served as a fun way of instant assessment.

### **Outcome:**

Overall session was well received and understood by the students, as seen from their active participation, enthusiastic interactions, as well as the informal assessment in the form of quiz and word puzzle.

Faculty members conducting the session feel that the session is definitely relevant at the beginning of the curriculum to ensure clarity regarding the different roles they would be expected to play after graduation, as envisaged by the BOG-MCI. Identifying the competencies required for effective functioning in these roles would enable them to start working towards imbibing the required competencies during the curriculum.

### **6. Orientation to MBBS Curriculum:**

This session, originally scheduled on 6<sup>th</sup>, was shifted to 12<sup>th</sup>, as 6<sup>th</sup> had to be declared as non-instructional due to heavy rains.

#### **Objectives:**

- a. To enlighten the students about the nuances of the MBBS curriculum in terms of what they can expect and what is expected of them.
- b. Highlight the changes in the curriculum as will start being implemented from this batch.

#### **How Implemented:**

Principal Dr. NS Mani addressed the whole class in their lecture hall. He elaborated on the components of the curriculum and its structure across the 4.5 years, designed with the objective of facilitating development of ‘Primary Care Physicians’ competent to manage the common health problems of the community. He enlightened the students about the progress of the curriculum from the normal structure and functioning of the human body to understanding what can go wrong and the modalities available for setting things right. He underlined the importance of each of these stages of learning in helping them to develop as competent clinicians.

He highlighted the importance of being able to integrate the knowledge gained in every subject in order to get the whole picture, as would be required for them to function as clinicians involved in patient care.

He also emphasized the need of ensuring that the focus of both teaching - learning and assessment is directed towards attainment of competencies required of a clinician and not just knowledge.

He explained the structure of the new curriculum which lays emphasis on attainment of competencies including development of the right attitude, ethics, professionalism and communication skills - the hitherto hidden curriculum – in addition to knowledge and clinical skills. The new time frame and assessment pattern was also explained.

### **Outcome:**

The session helped to clarify the objectives of the curriculum and elaborated the changes in curriculum structure to be implemented from this batch. It also underlined the expectations of the curriculum / MBBS course from the students.

## **7. Orientation to General Practice**

The MBBS curriculum is designed to train the IMG to work as a competent, compassionate Primary Care Physician. However, the entire training occurs in a sophisticated tertiary care hospital. Two eminent General practitioners were therefore invited to address the students and orient them towards the nuances, as well as the career prospects in General Practice.

### **Objectives:**

- a. Orient students as to what is ‘Primary Care Practice’ as it stands in India
- b. Understand the scope and need of Primary Care Physicians in the society
- c. Importance of attributes like Communication, Ethics, Attitudes, Professionalism and Interpersonal skills in Primary Care Practice

**Invited Eminent Primary Care Physicians:** Dr. Anil Panse, Dr. SZ Anwar,

• **Dr. Anil Panse:** General practitioner by choice after doing MD Community Medicine and DNB Family medicine, with 30+ years of experience, elaborated on the need of the Primary Care Clinician / General Practitioner for the society today. He also helped them to visualize the career path as a general practitioner, highlighting the benefits and scope.

**Take home message:** Society needs general practitioners and the students should consider General Practice as a career option, as it gives work satisfaction, dignity and reverence in the eyes of the patients, early financial stability, better family quotient.

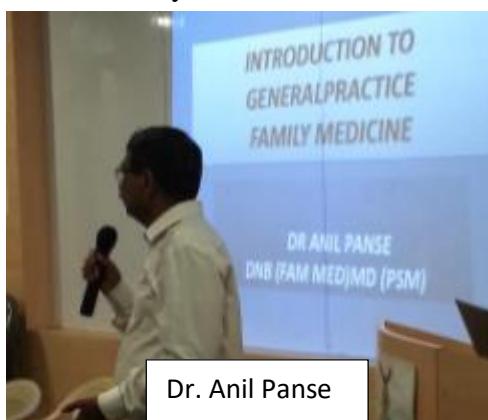
• **Dr. SZ Anwar:** Eminent General Practitioner with 30 + years of successful practice, elaborated on the essential attributes of a Primary Care Physician, with examples of situations demanding proficiency in clinical competence and attitudinal and communication skills. He also gave examples of ethical challenges in day to day practice and how they need to be addressed professionally.

### **Take home message:**

Apart from being clinically competent, patients expect a general practitioner to give longitudinal care to the entire family and look up to them for advice even for matters other than health. While being approachable and empathetic, this rapport with the families of the patients enhances the responsibility of adherence to professional behavior.

### **Outcome:**

Such an interaction with general practitioners is a routine component in our institute at the beginning of Semester VI, after they have had 1.5 years of clinical exposure in the hospital postings. These lectures followed by an opportunity to actually go as observers to clinics of general practitioners in and around Pune, sensitizes the students to the concept of General / Primary Care Practice as it stands today in India.



## **8. Interaction with ICONs**

Interaction with ICONs has been an integral part of the annual Freshers' Orientation Program in our college. We invite 3 esteemed members of the Medical Fraternity who have etched a name for themselves in various fields, to inspire the budding doctors who are taking up the noble profession. We also make it a point to invite one our alumni who has done us proud. The inspirational impact of seeing someone who sat in the audience like them at some point in time, having achieved accolades is indeed tremendous.

The first ICON to interact with our students was eminent Orthopedic Surgeon and a Padmabhushan, Padmavibhushan AND Padmashri awardee, Dr. KH Sancheti. Despite his stature, he is humility personified. He beautifully described what it means to be doctor, the importance of humble attitude and respect for patients, the need for dedication and honesty.

We were also fortunate to have with us Maj Gen Dr. Rajiv Mohan Gupta, VSM, Dean & Deputy Commandant, Armed Forces Medical College, Pune. He congratulated the students for having chosen the noble profession, and, through a very eloquent film, also made them aware of the current social scenario of distrust and violence against medical practitioners. He stressed the importance of competence, professionalism and communication skills amongst clinicians, for restoring the dignity of the profession.

The third ICON invited was eminent Cardiothoracic Surgeon Dr. Sameer Bhate, our own alumnus. Unfortunately, we had to miss this interaction due to the compulsory break in the program due to heavy rains. We plan to get him to interact with our students in the near future.



Dr. KH Sancheti



Maj Gen Dr. Rajiv Gupta



Dr. Sameer Bhate

## **9. Orientation to Student Mentorship Program**

This program is in existence in our college, wherein 5-6 students are mentored by one teacher teaching in the same phase. As the students progress academically, they are handed over to the faculty mentors from that phase, along with their records. This makes it feasible to keep contact with the students at least twice in a term. Special booklets have been designed

for this program. The booklet for each student holds the entire academic and mentor interaction records of that student from joining the college till graduation.

The students were introduced to this concept of ‘Ward – Teacher’ program by Principal Dr. Mani, elaborating the objectives of student support. He encouraged the students to interact with their mentors on a regular basis and never hesitate to ask for help in case of any problem, academic or otherwise.

After this introduction, the students were given the ‘Ward-Teacher’ booklets for filling their basic information, and were told that mentor allocation would be done after the commencement of regular teaching.

## **10. White Coat Ceremony:**

### **Objectives:**

Creating awareness of the solemn responsibility which comes with choosing the medical profession as the career.

### **How Implemented:**

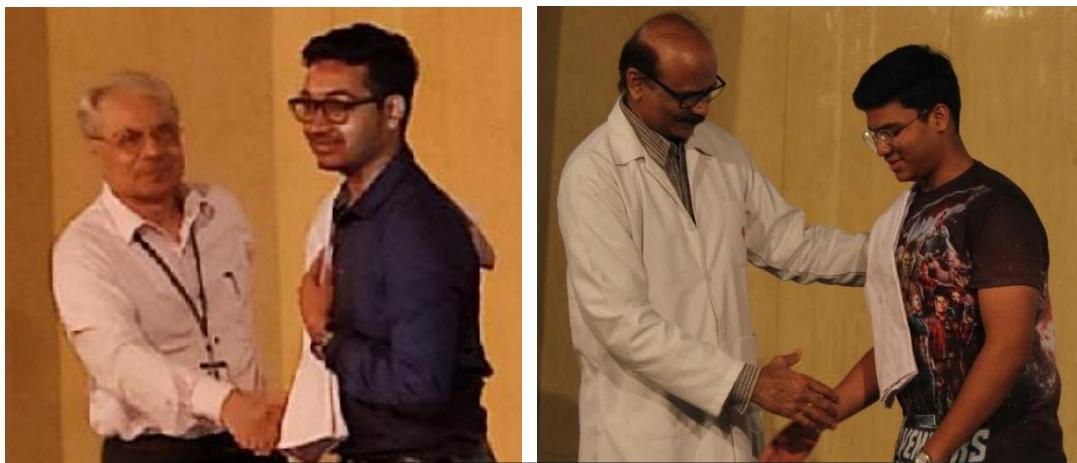
Conducted on 13 August 2019, it was the first of its kind to be organized for newly admitted students in this institute.

It started with a brief introduction of the origins of the white coat ceremony and its purpose. The significance of the white coat in the life of a medical student and its lifelong association with the profession were touched upon. A motivational video was then shown, chronicling the journey from joining as a fresher to becoming a medical practitioner. The video depicting this journey was prepared in-house, incorporating photographs of our own students and alumni.

After this introduction to the concept and purpose of the White Coat Ceremony by an MEU faculty, the students were invited on stage one by one and the white coat was placed on his or her shoulder, as a symbol of purity and responsibility of the noble profession they had chosen to embrace. Principal, Vice Principals and various heads of the departments did the honor. When all newly admitted students had received their white coats, they were administered a pledge by Principal Dr. N.S. Mani.

### **Outcome:**

The solemn tone of the entire session made the students perceive the responsibility of entering this noble profession. Many students said that the ceremony made them truly feel that they were on their way to become doctors.



**White coat being placed on the shoulder as a symbol of purity and responsibility of the noble profession**



**Pledge being administered to students by Principal Dr. N. S. Mani**

## **11. Academic Ambience**

### **Objective:**

A guided tour was organized for the newly joined students as a part of the Foundation course to familiarize them with the college campus and hospital.

### **How implemented:**

The College building, Libraries (Main, Digital, Post Graduate libraries) and the Institutional Museum were shown on 2<sup>nd</sup> August, at the very beginning of the Foundation Course.

Sports faculty also showed them around the entire campus including the sports ground, the Physical Education College and Gymnasium and the indoor sports facility.

The students were taken on a visit to the Bharati Hospital, one floor at a time in batches of 24 students, when they went for the Clinical Skills components of First Aid, Biosafety and Basic Life Support (BLS).

#### **Outcome:**

Institutional museum is a beautifully maintained area with informative display. The students were impressed by the video which helped them to appreciate the vision and journey of our founder Dr. Patangraoji Kadam and the progress of the Institute from a small private class to an A+ grade, multi campus Deemed to be University.

The state of the art Bharati Hospital with its well-equipped Emergency department, the skills labs and other facilities were found to be very inspiring.

They also appreciated the College and Library buildings with lush green surroundings. They were impressed by the spacious library building with large number of books and the quiet studious atmosphere of the reading halls. Getting to know the layout of the College building with the location of lecture halls and different departments as well as the sports facilities helped them to navigate easily for the different sessions of the Foundation Course.



#### **12. A Motivational Letter to self:**

#### **Objectives:**

To help the students to pen down the positive resolves each one was making while embarking on the career of their choice

### **How implemented:**

This Session was conducted in Henry Gray Lecture hall on Thursday, 7th Aug 2019. Students were asked to write a letter to themselves, presuming they were writing to their best friend who had joined the career of his/her choice six months ago. The friend had shared with them the aspirations, goals and the resolves made in order to achieve these goals. The letter was to enquire about the friend six months later, expressing firm belief that everything must be fine, hoping that the resolves were being adhered to, etc. This ‘letter to self’, would help to steer them back on track in case they were wavering away from their objectives.

### **Outcome:**

Some students did have the habit of writing to self, but all agreed it was usually to boost themselves when they were feeling ‘down’. They appreciated the idea of writing to themselves at the point when they had actually taken a major step towards achieving the dream of their life. Most wrote almost 2 pages of letter sincerely and also took a photograph of the letter to revisit it again when they felt they were going astray.

Most said it was a nice experience to enquire about self when on cloud nine, with a heart full of good resolves.

## **13. Learning skills, Self-directed learning**

### **Objectives:**

- a. Demonstrate understanding of the process of group learning & group dynamics
- b. Comprehend the principles of learning & its role in learning skills.
- c. Demonstrate understanding of different methods of self-directed learning.
- d. Understand collaborative learning.

### **How implemented:**

This session was conducted by 3 MEU faculty members in the morning of 8<sup>th</sup> August. The students were divided into 3 batches in 3 demonstration Rooms. Principles of learning were discussed and differences between learning process in a child and adult learning were highlighted, stressing the importance of internal motivation. The factors helping and hindering learning were brought out, emphasizing need for regular schedule and time management. Importance of collaborative group learning, self-directed learning, as well as need of being good lifelong learner in the medical profession was emphasized.

### **Outcome**

The session sensitized the students about the learning process and efforts needed for effective learning.

## **14. Bedside learning:**

### **Objectives:**

- a. Learning from patients and residents
- b. Learning from paramedical staff
- c. Do's and Don'ts of student behavior in wards.

### **How Implemented:**

The session was conducted for the whole class. 3 MEU Faculty members addressed the 3 objectives of the session. At the end of each sub lecture, student interaction was encouraged by question prompts. The take home message of each objective was then summarized by the student volunteers. Videos of right and wrong Doctor patient interactions prepared by senior students were used to highlight both 'dos and donts' of behavior in the wards. Videos could also bring out the opportunities to learn from all involved in patient care, including patients, residents, and paramedical staff.

### **Outcome:**

Students could appreciate Do's and Don'ts of ward behavior and how to maximize the learning opportunities available. Student feedback taken by using Google form revealed that they felt the session was very relevant and was covered in appropriate time.

Faculty involved felt it was a good experience to conduct this session. They too felt it was a relevant session and incorporating soft skills in Medical Education was necessary. Suggestion for improvement was that designing a Pretest and Post-test will help to assess the learning.

## **15. Communication and Interpersonal Skills**

### **Objectives:**

- a. Create awareness about communication and interpersonal skills
- b. Highlight the attributes of a good communication and factors which hinder communication.
- c. Emphasize importance of listening and empathy in doctor – patient communication.

### **How Implemented:**

The session was conducted as a large group activity on 8<sup>th</sup> August. An interactive presentation on Communication Skills &Interpersonal Skills was used to elucidate attributes of good communication skills as well as barriers to communication. Components of communication skills were elaborated, including importance of listening and empathy.

A small role play performed involving some of the undergraduate students was used to demonstrate interview skills. A video clip depicting both good communication and bad communication was also shown to demonstrate nonverbal communication between a patient and nurse.

### **Outcome:**

The session created awareness of the importance of communication skills as an essential attribute of a doctor.

## **16. Sensitization to research**

### **Objectives:**

- a. Introduce the concept of medical research to undergraduate students.
- b. Provide overview of avenues for research available during UG curriculum
- c. Highlight the importance of research aptitude for becoming a good clinician

### **How Implemented:**

This 2-hour session was conducted as a small group activity to facilitate interactivity and clarity of understanding. The students were divided into 3 batches of 40 students, each engaged by an MEU faculty member.

A brief idea about types of research, certain basic research concepts and terminologies were discussed with the help of some simple examples. Possible avenues of research for undergraduate students were discussed. Opportunities for getting recognition and funding, like ICMR STS and the appropriate time frame for the same were discussed. Benefit of developing a research aptitude, an observant and analytical mindset, for becoming a good clinician was also highlighted.

### **Outcome:**

In the online feedback, 60 % students rated the discussion as excellent while 30% said it was good; 95% said they got a clear idea about how to go about commencing a research project and 98% realized the importance of research aptitude for a doctor.

Faculty involved enjoyed the experience of gently introducing these concepts to the freshers, though some felt it was too early in the course for this exposure. Involving senior students who have successfully completed ICMR STS research projects would add value to the session.

## **17. Stress and Time management**

### **Objectives:**

The session objectives were to create awareness about:

- a. The positive adaptive strategies useful in times of stress
- b. The symptoms of stress in order to enable early recognition of the problem
- c. The negative coping strategies detrimental to health and warn against their use
- d. Importance of seeking timely help
- e. Available help in the form of Student counselling committee

### **How Implemented:**

The 1.5 hr large group session was conducted by the faculty of Psychiatry Department on 9<sup>th</sup> of August 2019. In an interactive lecture on time and stress management, students were made aware about the symptoms of stress and how to recognize stress or an individual under excessive stress by observing the behavioral changes. Answering a stress assessment questionnaire helped to clarify these concepts.

They were informed about and encouraged to adopt various adaptive and rational coping techniques for handling / minimizing stress. Encouragement of positive coping strategies was done through examples and role play. They were also informed about negative coping strategies detrimental to health and methods to be alert about, reduce and avoid them.

Time management techniques with practical applications were also discussed with the students. Efforts were made to negate the taboo about visiting the Psychiatry department and the students were encouraged to take help from mental health professionals and student counselling committee members in Bharati Medical College and Hospital if faced with any psychological and stress related problems.

In the 2<sup>nd</sup> part of the session, students were taught techniques of relaxation which included progressive muscular relaxation, use of psychological imageries and breathing exercises. After this practical demonstration, students were also taught simple relaxation techniques which they could implement on their own on experiencing stress.

#### **Outcome:**

Such sessions are routinely being conducted by the Psychiatry department and help the students to identify stress and seek help in time.

## **18. Interaction with Senior students**

#### **Objective:**

- a. Interact with selected senior students for informal guidance, academic or otherwise
- b. Eliminate fear of ragging by establishing rapport with seniors

#### **How implemented:**

In order to enhance informal interaction with seniors, it was conducted as a small group activity, with the 120 students divided into 3 batches of 40 in 3 demonstration rooms. The senior students had been selected keeping in mind their academic, co-curricular, and extra-curricular achievements. 15 senior students were divided into groups of 5 to interact with the 3 batches of new students.

The selected senior students (ranging from immediate seniors of I MBBS to Alumni) were briefed regarding this interaction and competently handled queries which ranged from academics, co-curricular, extra-curricular activities, hostel, lifestyle in the city, code of conduct in and around campus, to preparing for postgraduate entrance examinations. Having carefully selected the seniors to ensure that no wrong message gets across, no faculty remained present during this interaction, to enable free interaction with the seniors.

#### **Outcome:**

The fresher's reported having a wonderful icebreaking session with the seniors. Most of the issues or queries, which they may not have had time or platform to resolve since their admission to the college, were sorted through this interaction. There was an instant rapport with the seniors and all felt at ease while interacting with them. Even 2 hrs of interaction was perceived as not enough! One important achievement is the student feedback that 'We now know

that seniors are our friends and guides', 'We are now free from the fear of ragging'. This interaction with senior students has always been a highlight of our Freshers' Orientation Program every year.

The seniors were delighted and honored to be selected to interact with and guide the juniors. It was nostalgic experience to remember their own fresher days and their journey through the medical course and lessons learnt.

Faculty involved said that contacting the senior students is now very easy through WhatsApp. They also feel that this type of informal interaction is very essential for newly admitted students as it serves as an icebreaker, abolishing the fear of seniors from their minds. Even more importantly, getting first hand guidance and inspiration from senior students works wonders for them to feel at home in a new place, starting a new course.

## **19. Professionalism and Ethics**

### **Objectives:**

- a. To create awareness about ethical aspects associated with clinical practice
- b. To create awareness and help develop good values, attitudes, compassion and empathy
- c. Highlight importance of these attributes in interpersonal relations with the team members, peers, teachers and patients as a medical professional.

### **How implemented**

Four hours spread across 3 sessions were used for Professionalism and Ethics, on 12<sup>th</sup> and 13<sup>th</sup> August, using a mix of interactive presentations, discussion of case scenarios, role plays and videos.

**Session 1-**focused on history of medical ethics from Hippocratic era to the code of conduct as per MCI regulations 2002 and Declarations of World Medical Associations. Importance of high morals, respect towards patients during professional career were emphasized. Real life stories of Former British PM Sir Winston Churchill and Sir Alexander Fleming created enthusiasm amongst students for research.

**Session 2-** started with depicting good attire and its importance in professionalism.

Then followed a lively discussion on various case scenarios regarding handling of biological material, importance of punctuality, respect for teachers and role models and some ethical dilemmas, with active participation of all the students.

A role play was used to demonstrate the menace of unprofessional behavior and cut practice issues. Video was also shown for inculcating empathy and altruistic behavior.

**Session 3-** addressed social justice and ethical dilemma with the help of some real life case histories. Awareness was created about organ donation and the concept of Green Corridor to facilitate rapid transport of organs. Issue of Plagiarism and its implications was also discussed.

### **Outcome:**

A student's response that 'realized that being a doctor is much more than just bookish knowledge' says it all.

**Student feedback:**

In the Online Feedback taken at the end of the 3<sup>rd</sup> session with the help of google form, 58% students expressed satisfaction with the sessions and 74% thought it was very much relevant. Most could enumerate the important take home messages. Role plays and videos were greatly appreciated.

**Faculty feedback:**

Being an hitherto untouched component in undergraduate teaching, the faculty deliberated across multiple meetings for designing the sessions. The enthusiastic student participation was therefore a very rewarding experience. Faculty recommend that exposure to these aspects of professionalism and ethics should be an ongoing activity across the entire curriculum.

## 20. Disability Competencies

**Objectives:**

To sensitize the students regarding

- a. different types of disabilities, problems faced by patients with disabilities
- b. the need for empathy rather than sympathy while dealing with such patients.

**How implemented:**

This large group session focused on above objectives. The students were also told about the medical and social connotations of Disability and conditions included in the revised RPwD Act 2016. Students were informed about laws in existence for safeguarding interests of the disabled, like the Rights of Persons with Disabilities Act (RPDA) 2016, which mandates inducting disability content in all professional courses including Medical Curriculum. The need to develop competency to provide quality medical care and avoid discrimination against these patients was emphasized.

## 21. History of Medicine

**Objectives:**

To make them aware of

- a. of the contribution of stalwarts who have created the history of medicine.
- b. That today's science stands on the shoulders of these stalwarts.
- c. To inspire the students to study of history of medicine.

**How implemented:**

This large group session conveyed that studying the historical aspects of any concept or science we set out to study, can really inspire us for in depth study of the subject. Awareness about the contribution of the stalwarts creating medical history also emphasized the responsibility and opportunity of every medical professional to contribute towards enhancement of knowledge in the field.

The pictorial presentation helped the students to appreciate the origin of the science of medicine in different civilizations, the existence across the globe of parallel streams of the medical science, including Ayurveda and Homoeopathy, the path and landmarks in the progress of the Allopathic Medicine, including rigorous measures in place to ensure ethical research. Students were also encouraged to read about the historical aspects, with suggested sources of interesting reading material.

## **22. Alternative Systems of Medicine (Ayurveda and Homoeopathy):**

### **Objective:**

- a. To create awareness about existence and principles of alternative systems of medicine
- b. To create an open mindset favorable for holistic patient care when any one system does not offer the complete solution for patient care.

### **How implemented:**

Our institute has the advantage of having the Ayurveda and Homoeopathy colleges in the same campus as ours. Invited speakers from these colleges enlightened the students about their own sciences of medicine.

**Dr. Vasudha Asutkar**, Assistant Professor, department of Basic Principles, BVDU College of Ayurveda, elaborated on the principles of Ayurveda. She explained the basic approach of Ayurveda based on tridosha. She highlighted the strengths of Ayurveda in therapeutics and described the practice of various specialties in Ayurveda system of Medicine.

**Dr. Anita Patil**, Dean BV (DTBU) Homoeopathy Medical College, enlightened the students about the principles of homoeopathy, importantly the principle of “Similia Similibus Curantur” meaning “Like Cures Like”. That is, substances that cause symptoms in healthy people can be used in extreme dilution to treat illnesses that cause the same symptoms. She elaborated how Homoeopathy has effective cures for many chronic conditions and can also be used as supportive treatment to help the healing process after surgery and avoid adverse effects of chemotherapy.

She appealed to the students that we must aim at holistic treatment of the patients, on physical, mental as well as emotional aspects. Acceptance that each system of medicine has some strengths and some limitations and knowledge across the ‘pathies’ will help us to achieve holistic cure for our patients.

## **23. Health care systems and delivery**

### **Objectives:**

To orient students about health care delivery in India.

### **How implemented:**

This was an interactive lecture by faculty of community Medicine. Students were oriented about the health care delivery system in India. Flow diagrams to explain hierarchy of health care services and screen shots of Ministry of Health website helped the students to grasp the expanse of the health care initiatives organized and implemented by the government.

Students were introduced to the public health care system in detail from village to district level. Students were apprised of the common health problems of India and how prioritization was done to plan programs to reduce these health problems. The role of doctor at primary health care level was emphasized. The role of ground level health workers like ASHA and Anganwadi workers was explained to them.

A brief introduction to the National Health Priorities and policies was given, which served as a primer for the next activity on National Health Policies.

The field visit to Community Health Centre organized in Rotation 1 on Saturdays gave them an opportunity to actually see the PHCs, understand nuances of their functioning and interact with the Medical officers and all the associated health care workers including ASHA workers and also some patients.

## **24. National Health Priorities and Policies**

### **Objectives:**

To orient students about National health priorities and policies

### **How implemented:**

This session conducted by the faculty of Community Medicine. Utilization of mixed modalities of teaching and learning, including large group and small group sessions, exploratory self-study, as well as group work made the session interesting and less heavy.

Four important National Health Yojanas chosen for the session were:

- Swachh Bharat mission
- Ayushman Bharat Yojana 3.
- Pradhan Mantri UjjwalaYojana 4.
- Pulse polio

After an initial introductory session on National Health Priorities and Policies, the students were asked to collect information of these National policies, focusing on aspects like what are the objectives, which ministry is involved, who are the beneficiaries, what services are provided through the scheme or Yojana, etc.

In a session two days later, the class was divided into 4 batches of 30 students each in 4 demonstration rooms, with a faculty member guiding each batch. Each batch was further divided

into 4 groups of 7-8 students each. Each of these 4 groups was allocated one of the above Yojanas.

They were given time to collect and collate their information on the Yojana allocated to them, and present it to the whole batch. The groups were free to use PowerPoint presentations and role plays to present their topic.

After the student presentations, for complete coverage of the salient features and uniformity across the batches, the batch teachers used a common PowerPoint presentation prepared by senior faculty to summarize the 4 policies.

#### **Outcome:**

Use of interesting mix of modalities ensured active learning

#### **Student Feedback:**

Online feedback from students revealed that 89% thought the session was very useful, 84% said that they completely understood the topic and 97 % thought it was very interesting method of learning. They appreciated the opportunity to make PowerPoint presentations and liked the way participation of every student was ensured.

#### **Faculty Feedback:**

All faculty members involved in this session enjoyed the planning and execution. They too enjoyed the use of the mix of learning components which fostered self-study, group interaction, ability to collate information from various sources into a coherent presentation, which resulted in enthusiastic learning of important components of Community Medicine.

## **25. Community based learning**

#### **Objectives:**

To provide orientation to students regarding Community Based Learning.

#### **How implemented:**

The session was conducted as a large group activity for the whole class on 14<sup>th</sup> August by the Community Medicine department. It started with an introductory lecture on Community Based Learning, followed by a lecture on Community Based Research. Various videos of Community activities were shown during these lectures. The students also got an opportunity to interact with senior students who had earlier participated in Community Based Learning & Research activities.

#### **Outcome:**

Students learnt about various aspects of community based learning, opportunities for the same offered to them as an undergraduate student. Senior students and interns sharing their experience about their various community based activities and videos of various health educational role plays made by students of previous batches created enthusiasm in the new comers about Community Based Learning and Research.

### **Student Feedback:**

Students valued the opportunity to interact with the seniors who had worked in this field. Learning from them first-hand about their experiences created interest in Community Based Learning & Research.

### **Faculty Feedback:**

Faculty involved in the session thought it was an overall good experience to plan the event. They thought it was a good idea to introduce the concept of community based learning to newly joined MBBS students, as it will contribute towards achieving the objectives of Bhore Commission of developing a ‘social physician, aware of the society’.

## **26. Documentation in Medical Practice**

### **Objectives:**

Create awareness about the importance documentation and records in medical practice.

### **How implemented:**

The faculty from department of Quality Assurance of Bharati Hospital enlightened the students about the importance of maintaining proper Medical Records in patient care, to facilitate good patient care and also as a requirement of protocol and associated legalities. They explained how defined protocols exist for all documentation, and the need to adhere to these protocols, especially in view of the Accreditation processes for hospitals (NABH) in place today.

### **Outcome:**

Students appreciated the importance of methodical documentation with reference to Quality Assurance as well as legal aspects.

## **27. Rotational Small Group Activities: (5 batches A to E, of 24 students each)**

For components like Field visit, Clinical skills, AETCOM, Language, Computer, Sports and Cultural, which required small group format for feasibility, 6 rounds of small group rotations were arranged as follows:

**Rotation 1:** 3<sup>rd</sup>, 10<sup>th</sup>, 17<sup>th</sup>, 24<sup>th</sup> and 31<sup>st</sup> August, Saturday morning:

Sports, Cultural (4hrs each), Computer/Language (2hrs each), Field Visit – whole day (8 hrs),

**Rotation 2:** 9<sup>th</sup>, 12<sup>th</sup>, 13<sup>th</sup>, 14<sup>th</sup> and 16<sup>th</sup> August, Afternoon 3 hrs

First Aid (Surgery), Computer, AETCOM, Language, Sports/Cultural (1.5 hrs each)

**Rotation 3:** 19<sup>th</sup> to 23<sup>rd</sup> August (Monday to Friday), Morning 4 hrs.

Biosafety, Computer, AETCOM, Language, AETCOM

**Rotation 4:** 19<sup>th</sup> to 23<sup>rd</sup> August (Monday to Friday), Afternoon 3 hrs.

First Aid (Medicine), Computer, AETCOM, Language, Sports

**Rotation 5:** 24<sup>th</sup> to 30<sup>th</sup> August (Monday to Friday), Morning 4 hrs.

BLS, Computer, AETCOM, Language, Cultural

**Rotation 6:** 24<sup>th</sup> to 30<sup>th</sup> August (Monday to Friday), Afternoon 3 hrs.

First Aid (Orthopedics), Computer, AETCOM, Language, Sports

### **i) Field Visit to Community and Primary Health Centre:**

#### **Objectives:**

- a. To orient students to the health care delivery at Primary Level through community and primary health centers
- b. To give an opportunity to interact with health care workers, patients and their families.

#### **How implemented:**

The field visit was a one-time activity for students, organized by the Department of Community Medicine. It was conducted as a small group activity component of Rotation 1, wherein a batch of 24 students went by rotation every Saturday (3rd, 10th, 17th, 14th and 31st Aug) for the day long visit to the RHTC Lavale and a nearby PHC (Maan or Mutha). At the RHTC, the batch of 24 students was further divided into groups of 3 to 4 students, each group being allocated a specific component of the RHTC / PHC for study and reporting to the large group.

The batch posted for the Field Visit reported in the college and departed at 8.30am for the hour long drive to RHTC Lavale by college transport, accompanied by faculty/ residents of the department of Community Medicine and returned by 4.30pm.

The program started at the RHTC with an orientation lecture explaining the various sections and functioning of the RHTC as well as the relative roles, scope and functioning of the RHTC and PHC, followed by a round of the RHTC building and its functional units.

The students then left for the PHC at Mann or Mutha as available, accompanied by the faculty. On reaching the PHC, the faculty gave a brief orientation to the students of the constituent units of the PHC and their functioning. The batch then broke into the small groups of 3-4 and went around observing and gathering information about functional component of the PHC allocated to them. Some also got an opportunity to interact with the Medical Officer in charge, other PHC staff and patients.

After returning to RHTC and the lunch arranged by the college, students got some time to organize the gathered information about their component of RHTC or PHC. Each group then presented their information as a verbal group presentation.

After the presentations, their verbal feedback was taken about the experience. On the way back, in the bus, online Feedback was taken from the students by sharing the google form link on their WhatsApp group.

#### **Outcome:**

Pre-test and Post-test were conducted with on line google forms at the start and end of the visit. There was overall improvement in the score for all the questions related to the visit in the post test as compared to pretest. The small group tasks fostered active collaborative learning and group interactions.

#### **Student Feedback:**

In the online feedback about the field visit, 70% rated the experience as excellent and 92.5% thought the duration of the visit was adequate. Their understanding of the health care functioning of RHTC was rated as excellent by 44% students and good by 38 % of students, with

nearly same responses about the PHC. 90% were happy to get a chance to interact with the PHC staff, and 64 % could interact with patients or their relatives. 95% were happy about the peer interaction during group activity.

Some of the gratifying responses to the open ended questions were ‘Had this experience for the very first time and it was really very fascinating experience and knowledge’, ‘It was a beautiful visit and the RHTC and PHC were very well kept’, ‘Visiting the PHC was a really great experience’

### **Faculty Feedback:**

Faculty involved were happy about the cooperation from PHC medical officer and enthusiastic participation of the students. A lot of planning went into the activity, including the RHTC in charge, for organizing the student learning, group activities, travel, working lunch arrangements for the students and faculty, an online pre and post- test and feedback.

Faculty felt that this visit to the Primary Health Center and Rural Health & Training Center during the foundation course itself is very important for the newly joined MBBS students, as it gives them opportunity to know the basic health care delivery at primary level before their introduction to tertiary health care at Bharati Hospital.

They found the enthusiastic participation of students throughout the visit Rural Health & Training Center, Lavale and Primary health Centers and the quality of their group presentations commendable.



### **ii) Clinical Skills**

The Clinical skills components like First Aid, Basic Life Support(BLS) and Biosafety & Universal Precautions, were also covered as one-time small group activities, where students were posted in batches of 24 at a time. Three aspects of First Aid were covered by the 3 departments of Surgery, Medicine, Orthopedics and BLS by Emergency Medicine department. Biosafety and Universal Precautions was addressed by the Hospital Infection Control Committee (HICC) department. The 3 First Aid modules were covered in the afternoon rotations (R2, R4 and R6), while BLS and HICC were covered in the morning rotations R3 and R5 respectively. Thus, one batch of students went to the hospital for a clinical skill component during rotations R2 to R6. They also got to see facilities on the designated hospital floor at each of these visits.

## i) First Aid – Surgery

### Objectives:

- a. Understand the principles of First Aid
- b. How to give First Aid in context of Surgery
- c. Hands On practice of Bandaging.

### How implemented

As a component of Rotation 2, one batch of 24 students went every day to the surgery department for 3 hours in the afternoon, on 9<sup>th</sup>, 12<sup>th</sup>, 13<sup>th</sup>, 14<sup>th</sup> and 16<sup>th</sup> August.

The session began with an interactive introductory talk and Video to demonstrate First Aid and wound dressing. This was followed by group activity with Hands On training of different Bandaging Techniques. Jaw thrust, Head tilt and Chin lift in case of trauma patients were also demonstrated. Being a part of the Foundation Course for totally raw new entrants, content was kept simple, restricting to basics. Students were assessed for their ability to do bandaging correctly and active participation in group discussions. Feedback was taken by using Google forms.

### Outcome:

All students could demonstrate bandaging skills.

### Student Feedback:

Google feedback forms filled online by students revealed that they enjoyed the experience, especially the hands on the training of bandaging. They suggested allocating more time for the hands on the activity. They were happy to be able to actually learn some practical aspects of patient care so early in the course.

### Faculty Feedback:

Faculty involved thought it was an innovative idea and enjoyed the interaction with the new students. It was a good opportunity to assess their aspirations and briefly get to know them. It also served as an ice breaker for the faculty and the students. As long as we keep it simple and basic for foundation course, it will remain enjoyable as well as relevant for them. More man power is needed, especially to keep the hall ready before the students arrive.



## **ii) First Aid - Medicine**

### **Objectives:**

- a. To define First Aid
- a. To recognize the initial symptoms & need to give first aid in 1. Choking, 2. Seizure, 3. Electric Shock, 4. Heat Stroke, 5. Acute Myocardial infarction, 6. Stroke, 7. Snake Bite, 8. Bee & Wasp bite, 9. Nose Bleed
- b. To demonstrate first aid in above conditions with hands on practice where possible.

### **How implemented:**

As a component of Rotation 4, one batch of 24 students went every day to the Medicine department for 3 hours in the afternoon, from 19<sup>th</sup> to 23<sup>rd</sup> August.

The session began with a small lecture on first aid in medical emergencies, elaborating on recognition of symptoms of medical emergencies and how to give First Aid in these conditions. Videos showing the first aid maneuvers were shown and, after each video, students were asked to demonstrate the first aid technique. Cold sponging, placement of Ice Packs, giving correct position after the seizure, was also demonstrated by the nursing staff. The students were then taken for a round of Emergency Unit, Medicine Wards, ICUs and Dialysis Unit by a senior faculty. During these rounds, students were shown and explained any ongoing First Aid procedure.

Student Feedback was taken by using Google forms.

### **Outcome:**

Students were able to demonstrate First Aid required in the Medical Emergencies taught.

### **Student Feedback:**

Google form feedback revealed that the students enjoyed and found it easy to learn about First Aid and were excited to get to actually do something related to patient care. They thought the session very relevant, as the skills and knowledge was essential for becoming a good clinician.

### **Faculty Feedback:**

Faculty involved reported that a lot of planning was needed for this first ever session, including collection of videos and arrangement for demonstration. They too felt it was relevant and generated interest in the students. They suggested that CPR could be covered as a part of this session itself.



Giving position to a patient after a seizure



Heimlich maneuver after chocking

### **iii) First Aid – Orthopedics**

#### **Objectives:**

- a. To familiarize the students with basics of first aid and plaster application techniques in Orthopedic Out Patient Department
- b. To teach the students basic bone architecture and fracture patterns and various plaster application techniques

#### **How Implemented:**

As a component of Rotation 6, one batch of 24 students went every day to the Orthopedics department for 3 hours in the afternoon, from 26<sup>th</sup> to 30<sup>th</sup> August. The students were divided into two batches of 12 each in the outpatient department. One batch was taken to the dressing room and the other to the plaster application room. After 1 hour, the batches exchanged the rooms.

The students in the dressing room were taught the basics of dressing like maintenance of aseptic precautions, importance of hand washing and its technique, various components of the dressing trolley, different solutions used in dressing and their chemical formulations and importance and basics of small medium and large dressings. They were also exposed to various dressing room procedures like intra-articular injections and aspirations, suturing of small CLWs and suture removals.

The students in the plaster room were taught various types of plasters and their application techniques. They got an opportunity to assist the Resident Doctor or the faculty during plaster applications. They were also taught various types of plaster materials available and importance of proper positioning of the limb and of padding of the limb before plaster application.

The entire batch of 24 was then taken to the Orthopedic department at 3 pm and taught about bone architecture, various fracture patterns and various plaster application techniques using chalk and board. The session concluded with question answer session and clarification of doubts.

#### **Outcome:**

All students got to learn basics of dressing and plastering and some even got an opportunity to assist in the process of plastering.

#### **Student Feedback:**

The students' positive feedback was unanimous. Their experience in the dressing and plaster rooms helped them understand and clear their queries on techniques. They were also very much interested to learn about the various types of fractures and ways of management.

#### **Faculty Feedback:**

Faculty involved enjoyed interacting with the freshers, though it was a little challenging to simplify and stick to basics. The enthusiasm and zeal of these students was a surprise reward. The students' grasping capacity and interest in the subject with positive interactions helped the faculty make the sessions interesting and interactive.

## **a. HIC & Biosafety**

### **Objectives:**

- a. To understand the importance of Biosafety and HICC
- b. To understand the Essential components of universal safety precautions
- c. To understand and learn 6 steps and 5 movements of hand hygiene.
- d. To learn wearing of Personal Protective Equipment (PPE)
- e. To understand segregation of biomedical waste and know the flow of biomedical waste from segregation to final disposal
- f. To learn post exposure prophylaxis to needle stick injury and understand importance of hepatitis B vaccination
- g. To understand how to prevent needle stick injury
- h. To know basics of isolation protocols
- i. To understand basic disinfection process

### **How Implemented:**

As a component of Rotation 3, one batch of 24 students went every day for the HIC and Biosafety component for 4 hours in the morning, from 19<sup>th</sup> to 23<sup>rd</sup> August. The whole class had received an orientation lecture on 7<sup>th</sup> August, to sensitize them towards the importance and basics of this component.

The small group rotational module began with a pre-test and a presentation on Universal Safety precautions. They were then shown a Hand Hygiene educational video followed by a lecture on hand hygiene. They then saw a Needle stick injury educational video, followed by a lecture on Personal Protective Equipment. The students were then divided into 4 groups and moved from one work station to another for hands on experience. The work stations focused on:

- Hand Hygiene Practice
- Biomedical Waste Management
- Pre/Post Exposure Prophylaxis
- Personal Protective Equipment.

They were then taken on a round of BMW Central Storage Department and Orthopedics ward. Session concluded with a post test and discussion of the test questions and their experience.

### **Outcome:**

The students enthusiastically learnt the basic concepts of biosafety and HIC and the standard precautions. Performance of all the students had improved in the post test.

### **Student Feedback:**

Students liked the initiative to introduce infection control early on in medical education. They were attentive throughout and tried to gain maximum knowledge from faculty. Some of them also termed Biosafety & HICC component as one of the best in the Foundation Course.

They were happy to get hands on experience in the workstations of Hand Hygiene compliance, and donning and doffing PPE, including gloves.

They thought it was very relevant and useful learn about these precautions early on. They also found it easy to understand at this stage. They enjoyed the hands on activities like practice of Hand hygiene 6 steps, experience in Visirub demonstration, wearing of personal protective equipment and visit to wards and BMW storage unit.

#### **Faculty Feedback:**

Faculty involved also reported that it was a pleasure to conduct the activity for the very receptive, enthusiastic new comers and thought it was the right time to expose them to these precautions. The new students also perceived the importance and relevance of the topic.

#### **b. BLS**

##### **Objectives:**

- a. To Know Chain of survival and C-A-B algorithm
- b. Recognize cardiac and respiratory arrest
- c. Do Pulse check, Chest compression and delivering effective breaths (Mouth to mouth / mouth to mask)
- d. Use of an AED
- e. Integration of all skill sets into a single scenario.

##### **How Implemented:**

As a component of Rotation 5, one batch of 24 students went every day to the Emergency department for 4 hours in the morning, from 26<sup>th</sup> to 30<sup>th</sup> August. The session started with a 20 MCQ pretest. Self-reading material, the BLS Manual, had been given to all the students 15 days in advance. Session started with a lecture demonstration. Then the students rotated through the 4 skill stations (25 minutes each) with hands on experience guided and assessed with the help of a checklist:

- Recognizing arrest and compressions
- Airway
- AED
- Putting it all together in a patient scenario

Session concluded with a post test.

##### **Outcome:**

Performance of all the students improved in the post test.

##### **Student Feedback:**

More than 65 % students have rated all the components of the module as excellent, of them >70 % rated workstations as excellent.

### **Faculty Feedback:**

Faculty involved feel that they need to prepare a shorter BLS AED Manual and make it available online along with videos to revisit and retain the skills learnt. They feel a follow up session at 3 and 6 months will improve skill retention. They plan to test the retention at 3 and 6 months.



### **c. AETCOM**

#### **Introduction**

Attitude, Ethics and Communication has emerged as an important thrust area for educating medical students. The new curriculum therefore focuses on these aspects and they have been allocated a major time share in the foundation course. This component was therefore conducted as small group sessions in the rotational program, in the form of 5 sequential modules. Each of the module was conducted 5 times for the 5 groups of 24 students each. The AETCOM booklet prepared by MCI was found to be a very useful resource for planning and conducting these sessions.

Being a new component in undergraduate teaching, the faculty involved had multiple meetings to decide the structure of the rotation modules, including the aspects to be covered, the teaching learning methods to be used and the possible assessment. Apart from the first module, all sessions were conducted by in house faculty.

#### **Module 1: Introduction to bioethics – (R2: 9<sup>th</sup>, 12<sup>th</sup>, 13<sup>th</sup>, 14<sup>th</sup> & 16<sup>th</sup> August 2019)**

The session in the afternoon rotation was conducted by invited faculty, Dr. Neelam Puthran, assisted by rest of the team. She introduced the concept of bioethics and its basic principles in a very interactive way, with enthusiastic participation from the students. Question / Answers and case scenarios posed throughout the sessions kept the students actively reflecting and responding and also served to assess the knowledge gained. Dr. Puthran kept improving and improvising the session with every batch, according to student response. The students enjoyed the session and participated enthusiastically.

### **Module 2: What it means to be a patient – (R3: 19<sup>th</sup> to 23<sup>rd</sup> August, morning)**

The session began with ‘Think, Pair and Share’, wherein students tried to remember and share their experiences of visiting a doctor as a patient or with a patient. They were asked to elaborate on the nature of their experience, their satisfaction or otherwise about the interaction with the doctor, attributes of the doctor or the interaction which made it satisfactory or otherwise. The points which emerged were put up on the board. The discussion brought out the attributes of an ideal patient, as also patient’s expectations from a doctor and patient’s rights and responsibilities. Session concluded after showing and discussing the film by Cleveland Clinic on Empathy.

### **Module 3: Doctor-patient relationship – (R3: 19<sup>th</sup> to 23<sup>rd</sup> August, morning)**

The session began with screening of a video followed by an interactive discussion. This Video from the Center for Bioethics and Culture website helped to explore the dynamics of a doctor patient relationship, especially when patient has less power and is socially or gender-wise vulnerable. Consent issues were also explored

### **Module 4: Foundations of Communication – (R4: 19<sup>th</sup> to 23<sup>rd</sup> August, afternoon)**

The Session began with the anchoring lecture discussing principles of communication and explanation of SPIKES and other models of communication. A video of a role play depicting ‘Breaking bad news’ was screened, followed by interactive discussion regarding the video, identifying the principles of communication followed or not followed during the interaction.

### **Modules 5 & 6: Respect for Autonomy, Decision making, Beneficence, Non-maleficence and Justice, Health Care as a right – (R5 & R6: 26<sup>th</sup> to 30<sup>th</sup> August, Morning & Afternoon)**

The session started with viewing of a video of a case highlighting the concept of ‘Respect for Autonomy’ Vs ‘Paternalism’ on the part of the doctor, followed by interactive discussion of the case. Then came the debate on ‘Autonomy’ Vs ‘Beneficence/Non-maleficence’. This was followed by an interactive lecture on ‘Medical Justice’, introducing the principles of justice and types of medical justice. The discussion was initiated through common scenarios seen in routine life. Issues of discrimination, injustice, stigmas were also discussed, with reflections from students. Disabilities and Indian Disability act was introduced. Ethical dilemmas in medical justice were discussed through interactive discussion on Medical Case Scenarios. The session was summarized by highlighting the importance of ethical principles in medical practice.

#### **Student Feedback:**

Students appreciated the initial introduction of concepts of bioethics, with case scenarios triggering their reflections. But reported the sessions to have become a little too heavy subsequently.

#### **Faculty Feedback:**

The faculty also opined the same. This probably indicates the need to go slow, start with just sensitization to the concept during the foundation course and then roll out the rest in a phased out, longitudinal manner across the duration of the curriculum.

#### **d. Language**

##### **Objectives:**

- a. Demonstrate ability to communicate with patients and their families,
- b. Be aware of barriers to communication and appropriate ways to respond
- c. Demonstrate use of local language in patient and peer interactions (FC 5.2)
- d. Demonstrate ability to communicate and learn in English (FC 5.3)

##### **How implemented**

Students came in batches of 24, six times in Rotation 1 to 6. Six Language modules (a,b,c,d,e,f) were therefore developed to foster increasing proficiency in language, with greater focus on learning the local language (Marathi) required for patient communication. Modules therefore focused on words / terminologies required for history taking, like names of body parts, related symptoms and conditions.

The overall pattern of all modules was same for modules a to d, but the vocabulary increased with every module to cover more parts and related symptoms and clinical conditions. Module e required them to translate and enact a Doctor patient interaction as a Marathi role play. A written test was taken in Module f.

In initial group activity, both groups had an equal mix of Marathi and Non-Marathi speaking students. They were taught English and Marathi names of body parts and related symptoms and clinical conditions. Greek and Latin names commonly used for some parts were also taught. They were given time to learn these names and terminologies and then asked to practice using personal prepositions with these body part names, eg. Mazaa haat (my hand), tuze doke (Your head), etc.

After this learning session, Marathi speaking students were segregated and given a related word puzzle to solve. The Non Marathi students were engaged in Marathi conversation by the faculty. They were asked questions related to the content covered in that module, which they had to answer with short sentences in Marathi.

##### **Module 1 - (Rotation 1 - Saturdays 3<sup>rd</sup>, 10<sup>th</sup>, 17<sup>th</sup>, 24<sup>th</sup>& 31<sup>st</sup> August)**

Language component had 2 hours in this rotation. This round focused on English and Marathi names of all body parts of Head, Face, Neck regions and their Marathi names and Greek and Latin terms commonly used for a few parts.

##### **Module 2 - (Rotation 2– 9<sup>th</sup>, 12<sup>th</sup>, 13<sup>th</sup>, 14<sup>th</sup> and 16<sup>th</sup> August)**

This round focused on English and Marathi names of body parts of Thorax, Abdomen and limbs and Greek and Latin terms commonly used for a few parts.

##### **Module 3 - (Rotation 3– 19<sup>th</sup> to 23<sup>rd</sup> August, Morning)**

This module included all symptoms of Head, Face, Neck regions and their Marathi names

##### **Module 4 - (Rotation 4– 19<sup>th</sup> to 23<sup>rd</sup> August, Afternoon)**

This module included all symptoms of Thorax, Abdomen, limbs and their Marathi names

### **Module 5 - (Rotation 5– 26<sup>th</sup> to 30<sup>th</sup> August, Morning.)**

In this module, the students were divided into 4 groups instead of 2. Each group was given a clinical scenario with Doctor-Patient dialogues in English. Non Marathi students were asked to translate that scenario into Marathi. They were permitted to take help of Marathi students. Then the Non Marathi students enacted the given scenario as a Marathi role play. All found the activity interesting and enjoyed doing it.

### **Module 6 - (Rotation 6– 26<sup>th</sup> to 30<sup>th</sup> August, Afternoon)**

In this module, written test was taken, which included translation of simple sentences in to Marathi. Feedback was taken about the entire Language component using google form.

#### **Outcome:**

Students realized the importance of knowing the patient's language for communicating with the patients. They also realized that it is possible to learn the language at least enough to facilitate patient interaction. They identified the Marathi speaking students in their class and resolved to continue to work on the language proficiency with their help, to be ready to interact with patients by the time they started their clinics.

#### **Student Feedback:**

Out of 89 students who responded to the google form, 36% were satisfied and 60 % were extremely satisfied with the sessions. 85% thought it very relevant to them for interacting with patients. They liked the structure of the modules, the interactive way it was conducted, keeping each student actively involved, as they could learn Marathi in an enjoyable way. 72% thought the time allotted was optimal, the rest divided on either side. 87% said it must be continued for subsequent batches. In fact, many Non Marathi senior students were seen to ask why it was not done for them.

#### **Faculty Feedback:**

Faculty involved enjoyed the collaborative effort for planning all the modules across multiple meetings, ensuring it was useful but not too exhaustive, ensuring interactivity and actual hands on learning, because, a language can only be learnt by actual speaking in that language. It was a challenge to keep the Marathi speaking students happily engaged. Although almost all students thought it was relevant and interesting, some faculty felt it would be more relevant just before they start their clinical postings and patient interaction. While some faculty feel that making them realize at this point of time the importance of knowing the local dialect, helping them understand that it can be learnt happily, will give impetus to the sincere students to improve their Marathi enough to be able to take history independently when they need to in Phase 2.



## e. Computer Skills

### **Objectives:**

- i) Provide overview and hands on training to students in Microsoft Word, Excel and PowerPoint
- ii) Familiarize students with digital library resources and select online academic learning resources.

### **How Implemented:**

There was an introductory lecture to highlight the importance of computers for medical students and professionals. The students then reported in small groups 6 times, during Rotations 1 to 6. The course was therefore designed in the form of 6 modules of 2 hour durations, covering various aspects like use of PowerPoints, Word, Excel, Use of internet for reference work, etc.

Each module was a combination of theory followed by ‘hands on’ component. For example, screening of the training video on using Microsoft excel was followed by hands on session actually using different functions of Excel. All students were exposed to each module. At the end of each session faculty highlighted the relevance of the modules for medical students, for example, PowerPoint for presentation of seminars, e-posters etc.

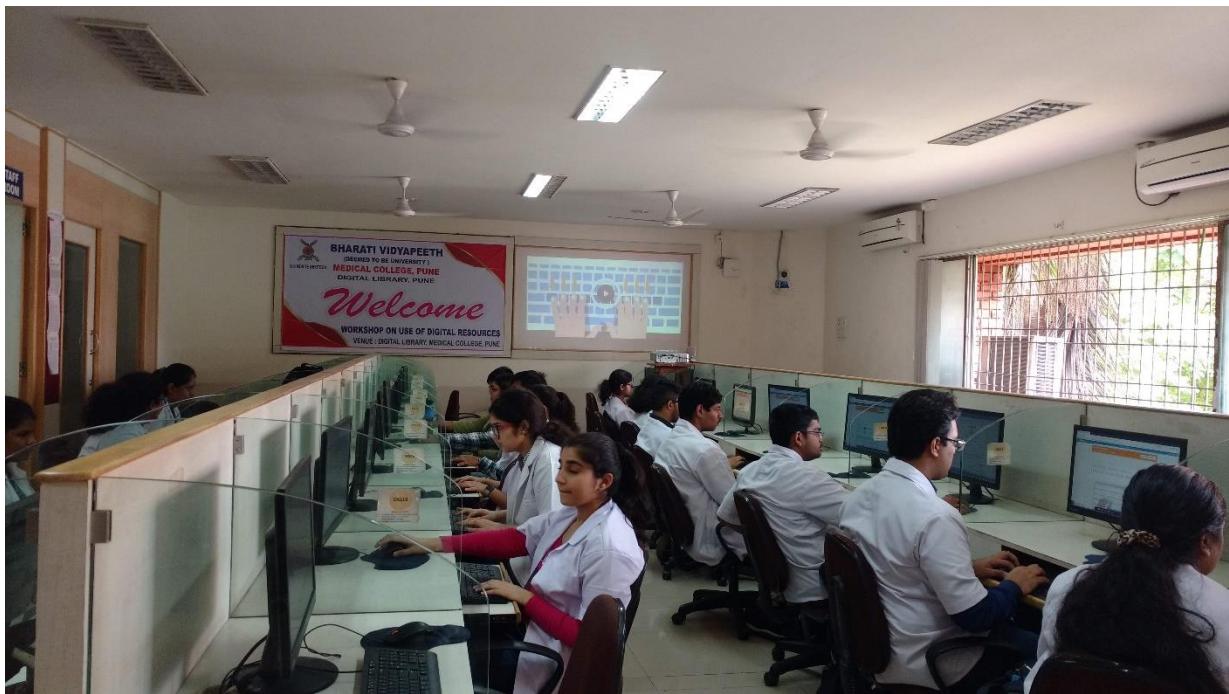
The last module was used for actual use of some of the computer skills learnt. It also served as a tool to assess assimilation of the skills. In this module, the students of each batch were divided into groups of 4-5 and allotted topics for preparing PowerPoint presentation. The students themselves critically appraised the presentations of their batch-mates. No scoring system was used to judge the presentations. Online feedback about the entire Computer program was sought from the students at the end of the last module.

### **Student Feedback:**

80% students found the sessions excellent, with good faculty support understanding. 80% enjoyed the educational videos, while rest found them superfluous. Many students were computer savvy and some really good at making PowerPoint and use of excel and online learning resources. They thought the component less relevant and suggested that less time should be spent of teaching basics, more for assignments.

### **Faculty Feedback:**

Faculty involved thought that planning & conducting the activity was a novel experience, requiring a bit of brain storming to come up with appropriate videos and designing the modules. They thought that the sessions were very relevant, as students do need to be proficient in the use of PowerPoint, excel and online learning resources. However, many students already excelled in these fields and therefore found the component irrelevant. The faculty recommend time duration should be reduced, with more focus on hands on practice for students. Online reference work can be clubbed with orientation to research taken at a later point in time.



## f) Sports

### Objectives

- a. Encourage students to participate in some healthy physical activity as per their interest and abilities
- b. Enhance mindfulness and concentration through yoga.
- c. Help appreciate benefits of exercise for maintaining good health and reducing mental stress
- d. Build camaraderie, team work and leadership amongst students through group activities like outdoor sports and treks.

### How implemented

An introductory inspiring lecture by Dr. Chiplunkar, our alumnus practicing Sports Medicine and a consultant to eminent Athletes in Pune, emphasizing the need and benefits of sports and hobbies, created the necessary background. The 'Ice breaking - Student Introduction' session had also revealed that many students already had an inclination towards sports and some were also proficient and had won recognition in competitive events.

These 2 large group sessions were followed by actual participation in various sports facilities available. This was planned in the form of small group rotational activities, wherein the students, in batches of 24, came for the sports component 6 times in Rotation R1 (2 batches), R2, R4 and R6. Hence 5 sports modules were planned as follows. Rotation R1, where 2 batches were posted only for sports on the 5 Saturdays gave flexibility to even organize a small trek near the college campus.

**The 5 modules of sports organized across Rounds 1 to 6:**

**Module 1 – (Rotation 1 on Saturdays: 3<sup>rd</sup>, 10<sup>th</sup>, 17<sup>th</sup>, 24<sup>th</sup>, 31<sup>st</sup> August, Morning 4 hours):**

One batch went for a small half day trek from Taljai to Parvati Hills

**Module 2 – (Rotation 1 on Saturdays: 3<sup>rd</sup>, 10<sup>th</sup>, 17<sup>th</sup>, 24<sup>th</sup>, 31<sup>st</sup> August, Morning 4 hours):**

2<sup>nd</sup> batch went for running & stretching, followed by indoor yoga session under guidance of a Yoga teacher

**Module 3 – (Rotation 2: 9<sup>th</sup>, 12<sup>th</sup>, 13<sup>th</sup>, 14<sup>th</sup> and 16<sup>th</sup>August, Afternoon):**

Interactive session on importance developing some sports hobby in the life of a doctor

**Module 4 – (Rotation 4: 19<sup>th</sup>to 23<sup>rd</sup> August, Afternoon):**

Indoor games like chess, carom & table tennis

**Module 5 – (Rotation 6: 26<sup>th</sup>to 30<sup>th</sup> August, Afternoon):**

Outdoor games like basketball, throw-ball & football

Competitive team events were organized during the modules for Running by dividing each batch into 2 groups, with small prizes for the winners. Winners of Indoor games like Chess, Carom and Table tennis with individual participation were also felicitated with small prizes. These competitions were enjoyed by students and also helped assess student proficiency and spot talent for further sports events. Student feedback was taken with a google form.

#### **Outcome:**

Students learnt about the various sports facilities available on the campus and the various opportunities to participate and could demonstrate their prowess. The Sports committee could identify students with specific talents for further participation. Sports component also helped to develop camaraderie and team spirit amongst students as well as a bonding with the faculty involved.

#### **Student Feedback:**

Students thought it was a very relevant component of the Foundation Course. Yoga sessions were also appreciated by the mix of students who regularly practiced it and those for whom it was the first exposure. Students appreciated the efforts of the faculty and senior students for excellent planning and execution of the modules. They felt energized after activities like trekking and yoga. They were happy to learn about the facilities available, the ongoing activities and opportunities to participate.

#### **Faculty Feedback:**

Faculty involved felt that planning and conducting the modules was a learning experience for them, as such a large scale activity catering to a full batch of students was being done for the

first time. Uncertainty of August rains compromising the outdoor activities created a little tension and required preparation of backup plans and extra precautions to avoid falls and injuries.

They thought that the component was very relevant in the foundation course, as most students give up sports during the premedical years. It helped them to get back on track. They feel sports activity should be made a compulsory activity throughout the curriculum, at least once a week.

A very active sports committee already exists in the college with regular intra collegiate annual sports event 'Lock Horns' and regular monthly treks around Pune and organization and encouraging participation in the Intercollegiate competitions. Such sports component in the Foundation course has given an early boost to participation of freshers in these events. Dwindling attendance in the last week was a matter of concern.



## **g) Cultural / Extracurricular**

### **Objectives-**

- a. Create awareness about extracurricular activities in college
- b. Identify individual students' interests and proficiency in various activities
- c. Enable fostering these interests to help deal with the stress in professional life

### **How implemented**

The module began with an engaging interaction with Dr. Shekhar Kulkarni, a renowned Breast Surgeon, Founder of “Aastha Breast Cancer Support Group” and a renowned actor and singer. He lucidly unfolded his journey right from admission to BJ Medical College to date, entwined with his journey as a budding self-made singer and actor to leader of an orchestra of his patients treated for breast cancer. The narration convincingly unveiled the contribution of his cultural achievements in enriching and furthering his career as a clinician and a breast surgeon.

This was followed by small group, sequential modules (a, b, c) in Rotations R1, R2, R5.

### **Module 1 – (Rotation 1 on Saturdays: 3<sup>rd</sup>, 10<sup>th</sup>, 17<sup>th</sup>, 24<sup>th</sup>, 31<sup>st</sup> August, Morning 4 hours)**

The module started with screening of the video of previous year's annual social cultural activity (Mirage). Senior student volunteers noted the names and interests of individual students for participation in subsequent cultural events.

Then students were given time to choose and prepare their presentation in any of the following activities which gave fun as well as bring out facets like Logical thinking, Creative thinking, Social Awareness etc.

1. Ad Mad, 2. Lip sync, 3. On the spot painting-choosing any social issue as a topic
4. Complete the story 5. Role play

### **Module 2 – (Rotation 2 -9<sup>th</sup>, 12<sup>th</sup>, 13<sup>th</sup>, 14<sup>th</sup> and 16<sup>th</sup>August, Afternoon)**

This module gave an opportunity for creative writing. Students were allowed to write on any topic of their choice. The following prompts were provided to help them identify a topic

1. Road-trip of your dreams
2. Struggling with time management during college life
3. Dear Narendra Modi / Donald Trump
4. Seeing India through the eyes of a Kashmiri (currently)
5. Things that you think you have, which will make you a good doctor
6. Why it isn't so bad to fail sometimes
7. A letter to your 6-year-old son/daughter, teaching them lessons you've learned so far
8. Fan fiction: story revolving around any of the three GoT's characters
9. It was raining heavily at midnight, suddenly the handle of my door turned...
10. Climate change

Incentive of publishing the good write ups in the college magazine generated further enthusiasm.

### **Module 3 – (Rotation 5: 26<sup>th</sup>to 30<sup>th</sup> August, Morning)**

The module conducted was a Debate competition on following topics:

26<sup>th</sup>-THBT- Only education is the basis of enhancement of human values

- 27<sup>th</sup>- Was Thanos' intention to wipe out half the galaxy to control overpopulation right?
- 28<sup>th</sup>- Private coaching institutes-improving or harming our education system?
- 29<sup>th</sup>- THBT- Strike or bandhs are the way to protest for your rights.
- 30<sup>th</sup>- THBT Corruption is a necessary evil.

Students were briefed about the activity and the debate topic was declared. Students were divided in two groups and given 10 min time to prepare for the debate. Each student from the group had to present. Senior students who are well versed with art of debating were invited to participate as team leaders.

Student feedback was taken using google form.

#### **Outcome:**

The activity helped to increase students' confidence for presenting on stage and was very much appreciated by both students and faculty.

#### **Student Feedback:**

Out of 96 students who responded on the form, 60% rated the cultural component as excellent, 73% thought the duration was optimum, while 3% thought it too long. The benefits reported were fun, team bonding, increased confidence for public speaking. They appreciated the importance of indulging in cultural activities. They thought it was relevant, debate most of all and should be continued, but thought it should be a one-time activity and not prolonged activity with repetitive sessions spread across the Foundation Course. They also thought attendance and participation should not be made compulsory. They appreciated the efforts taken by faculty and seniors.

#### **Faculty feedback:**

Since it was being done for the first time, a lot of inputs generated over multiple meetings went into designing the modules, with enthusiastic response from the student members of the Cultural Committee. Suggestions for future improvement were that the videos of earlier Mirage events could be shown to the whole class together to give a taste of the cultural opportunities available during the UG curriculum. Debate should also be a full class activity instead of repetitive small group sessions. Freshers' program can also be accommodated in the Fresher's program, if time slot for the whole class can be made available.



Guest Lecture:  
Dr. Kulkarni



Batch B with Cultural Committee members



Expressing through painting



Ad mad



Creative writing

## **Feedback about ‘Foundation Course’:**

Online google forms were prepared to get Overall feedback about the entire Foundation Course was taken from the participating new joinees and faculty, using online google forms.

### **A. Student Feedback**

In the structured questions, students were asked to rate each item between (1 = Poor, 2 = Average, 3 = Satisfactory, 4 = Good & 5 = Excellent)

#### **1. Satisfaction with the foundation course as a whole:**

- a. 40 % rated as excellent, 40 % as good

#### **2. Relevance and usefulness for an IMG**

- a. 42 % rated relevance as excellent & 42 % as good

#### **3. Overall Interaction with faculty during Foundation Course**

- a. 56 % rated faculty interaction as excellent and 32 % rated good

#### **4. Additional comments on faculty interaction**

- a. Interaction was positive, and informative, faculty was motivating, understanding, approachable, cooperative, answered all our queries.
- b. More interaction with faculty members on a one to one basis would have been useful.

#### **5. No of students rating the sessions as Excellent, Good; Very Relevant:**

No	Session	No of students rating the sessions as	
		Excellent-Good	V. Relevant
	Guest Lectures	67-40	85
	Cultural Activities	74-39	
	Sports Activities	69-32	
	Computer Sessions	36-40	48
	Language modules	55-42	71
	AYUSH Orientation	38-35	
	Professionalism & Ethics	69-42	89
	Field Visit (RHTC & PHC)	95-22	
	Stress & Time Management	72-34	55
	AETCOM	62-40	73
	Sensitization to Research	72-32	78
	Interaction with seniors	85-26	101
	Interaction with ICONS		89

#### **6) Additional comments/suggestions on some of the above sessions**

1. All sessions were well planned and nicely presented, amazing. Sequence of sessions could be modified so that lectures could be interspersed with activity sessions.
2. The computer session could be avoided, shortened or the bar raised, as all students know the basics.

3. Sports could be implemented better, taking into consideration students' interest, giving choice to play whichever sport they want instead of imposing a few games. Yoga was found to be boring by some. For indoor sports, more carom and chess boards needed
4. Some guest lectures were excellent, but some over shot the time and became boring.
5. Too much time was allocated for cultural. Can add some music activity like singing and instruments. Activities planned did not reflect Marathi or Indian culture.
6. Language sessions were very good. Marathi Language module can be less rushed through and made even more interactive. It should be continued beyond Foundation Course in the form of classes and tests so help students achieve perfection.
7. AETCOM sessions were extremely engaging and intriguing. The AETCOM, Professionalism and Ethics sessions were the most important sessions. The first session of AETCOM was amazing but the rest were okay.
8. Some sessions like lectures by Ayurveda & Homeopathy faculty were not required, were prolonged and boring. A visit to other colleges like Dental, Ayurveda and Homeopathy would be more useful than lectures.
9. Sensitization to research was done very effectively, but few more sessions would've be needed to address research methodologies a little more in depth. Sensitization to research could be done later, may be at the beginning of 2nd year
10. All hospital sessions, First Aid, BLS and hospital precautions were very interesting and beneficial. Can add more hospital visits.
11. The RHTC and PHC visit was very helpful in understanding the stratification in Indian Medical System. More time can be allocated, taking up each section of the PHC on a separate day for better understanding and better student presentations. In RHTC, there was no interaction with patients.
12. Documentation shouldn't be taught now, could not understand properly.

#### **7) Suggestions given for improving any session or Foundation Course as a whole:**

1. Lessen the duration, integrated with the whole curriculum, not all at the start.
2. Sports could be optional
3. Please reconsider the Ayush lectures
4. AETCOM should be more interactive, less duration
5. More guest lectures, but not lengthy
6. More hospital oriented activities.
7. Field visit should plan in more interesting way
8. The language session was very difficult for Non Marathi students. Basic grammar and day to day interaction should be taught before going into medical terms.
9. The computer classes were too basic;
10. Topics like hospital documentation, research, general practice, medical administration can be dealt with later, not in First year.

## **B. Faculty Feedback about Foundation Course**

In the structured questions, faculty were asked to rate their own sessions as 1 = Poor, 2 = Average, 3 = Satisfactory, 4 = Good to 5 = Excellent

1. 75% rated their respective sessions as relevant for Foundation Course.
2. 50 % opined that duration of sessions was adequate, 40% rated it as too much time and 10% as too little time allotted.
3. 66 % required extra preparation for their sessions.
4. Manpower, IT and infrastructure had to be additionally acquired by most faculty for their sessions.
5. Almost 60% rated their interaction with students as excellent.
6. Most commended the student enthusiasm, participation and interaction, and thought it was the highlight of their sessions.

### **Suggestions by faculty for improving their session/s:**

1. Increasing interactivity across the sessions through discussion on video clips, use of more day to day examples, role plays.
2. Computers - less time, less of basics, as most students are already conversant with it. More focus should be on 'hands on' use of PowerPoint and Excel through assignments.
3. Interaction with seniors - More time for interaction with seniors.
4. Orientation to General Practice - could be taken a little later, after they have a little clinical exposure, as is being done in our institute in 6<sup>th</sup> Semester.
5. Guest Lectures - making guest speakers adhere to the time limit and ensuring interactivity and relevance of content for the freshly enrolled raw students is a little difficult.
6. Creative writing- Specific topics should be given in advance
7. Language- challenging to get active involvement of students conversant with Marathi.
8. Sports - More faculty should come forward to coordinate. When only few faculty members are involved, it becomes exhausting, distribution of roles and work becomes challenging and departmental work also suffers.
9. Need more manpower and facilities for better conduction
10. No didactic session should exceed 45 to 60 minutes

### **Suggestions for improving Foundation Course as a whole -**

1. Introduction to Student Welfare Committees should be on day 1 after Principal's address, in presence of parents.
2. One month seemed a little too long drawn, especially for the students and the faculty of the Phase 1 subjects, both being eager to start off with the core curriculum.
3. Foundation Course components could be segregated by the underlying theme and introduced as and when relevant in the course of the curriculum, using less of didactic & more of small group interactive sessions. Thus, components like professionalism, ethics, attitude and communication are no doubt important to be imbibed, as is the proficiency in the local language to enable meaningful communication with patients. This can best be achieved by weaving these components throughout the entire curriculum, with just a little introduction / sensitization at this point of time.

4. Sports and cultural activities also should be ongoing events across the duration of the curriculum as encouraged extracurricular components. Need not be incorporated as a part of the 8 hr college schedule. Creating awareness of the importance of these activities as healthy stress busters in their lives as busy clinicians, by organizing exemplary guest lectures and introducing them to the facilities available on the campus is all that is needed at this point.
5. There is need to sensitize the faculty across institutions in order to ensure overall uniformity.