

Student Centric methods for enhancing learning

- **Experimental Learning: Students are allowed to do pre-clinical work**
- **Inter-disciplinary Learning**
 - Tumor boards (weekly)- with Surgical Oncology, Radiation Oncology, Medical Oncology, Pathology and other specialities.
 - Endocrine- Pathology sessions
 - Endocrine- Radiology discussions
 - Endocrine- Nuclear medicine discussions
 - Tele sessions with other institutions.
 - Teaching classes in surgical oncology
 - Teaching classes in obstetrics and gynecology
 - Teaching classes in otorhinology
 - Teaching classes in surgical gastroenterology
 - Teaching classes in radiodiagnosis
 - Teaching classes in endocrine surgery
 - Teaching classes in pathology
- **Participatory Learning**



- **Problem solving Learning**
- **Self-directed Learning**



- **Patient centric Learning**



- **Humanities**

- **Project based Learning -**



The other methods, which differ as per the department, are also used to enhance learning experience of the students,

1. Bed side teachings
2. Ward round teachings
3. OPD teachings
4. Clinical case presentations
5. Seminars presentations
6. Journal Club presentations
7. Mortality presentations
8. Operative teachings/ Operative chats

9. Online webinars
10. Skill training (drilling/micro suturing)

Hands on Cadaveric dissections-

1. Collection of specimens
2. Sampling of specimens
3. Instrumentation
4. Discussion during routine activities such as during signing out of cases
5. Presentation and work-up of cases including the identification of special stains and ancillary procedures needed
6. Clinico-pathological conferences
7. Intradepartmental and interdepartmental conferences related to case discussions
8. Conferences, Seminars, Continuing Medical Education (CME) Programme
9. Journal Club
10. Research Presentation and review of research work
11. Guest and in-house lectures
12. Participation in workshops, conferences, and presentation of papers etc.
13. Laboratory work
14. Use and maintenance of equipment
15. Maintenance of records
16. Teaching undergraduates and paramedical staff

Group Discussion:

The junior residents may present the seminar to the postgraduate student where it is fully discussed, before finally being discussed in front of the faculty or senior eye specialists. A free and fair discussion is encouraged. These discussions enable the postgraduate student to prepare for a general discussion in the class.

Seminars: seminars are conducted at least once weekly. The duration should be at least one hour. The topics selected should be repeated once in 3 years so as to cover as wide a range of topics as possible. Seminars could be individual presentations or a continuum (large topic), with many students participating.

Case Discussion: Bedside discussion on the rounds and outpatient teaching take their toll with patient management. Therefore, in addition to these, clinical case discussion should form part of a department's schedule at a fixed time every week. This could range from 1-2 hours and could be held at least once a week. The choice and manner of presentation and discussion varies widely and is left to the discretion of the department. Every effort should be made to include as wide a variety of cases as possible over three years with multiple repetitions. Problem oriented approach is better as it aids in decision making skills. Consultant case presentation is another approach which should be encouraged as it aids in solving complex problems and also acts as a forum for discussion of interesting cases. Case discussion on the patient-records written by the student is to be encouraged as it helps exercise the student's diagnostic and decision making skills. It also helps the consultant in critical evaluation of the student's progress academically. Case presentation at other in-hospital multidisciplinary forums should be encouraged.

Self-Directed Learning using various offline and online resources of the university's and department. (Kgm-e-library)

Practical training: The training would be given in wards, out-patients department, specialty clinics, allied departments and operation theatres.

Out Patients: For the first six months of the training program, students are attached to a faculty member to be able to pick up methods of history taking and ocular examination in ophthalmic practice. During this period the student may also be oriented to the common ophthalmic problems. The students are attached to a senior resident and faculty member whom they can consult in case of difficulty.

Wards: Each student are allotted beds in the in-patient section depending upon the total bed capacity and the number of the postgraduate students. The whole concept is to provide the student with increasing opportunity to work with increasing responsibility according to seniority. A detailed history and case record is to be maintained by the student.

Specialty clinics: The student must rotate in the various subspecialty clinics run by the department. These include retina & uvea, glaucoma, cornea, strabismus, neuro-ophthalmology, oculoplasty, low vision and contact lens clinics.

Interdepartmental Postings:

The students also undergo rotation in allied departments like Microbiology, pathology, radiology and Pediatrics.