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**Minutes of Activity: National Webnair on: "Attainment of Quality
Benchmarks in Medical Education: Responsibilities of A Health
Institution"**

Date: 03-04 Dec 2021

Time: 04:00 PM

Mode: Online (ECHO India Platform)

Link:

Day 1 - <https://www.youtube.com/watch?v=Qpm7g2YMeNQ>

Day 2 - <https://www.youtube.com/watch?v=gWJ8nbHyxpM&feature=youtu.be>

Agenda: Creating awareness of contemporary standards and recognizing possible areas of improvement from the experts in the field of quality assurance in healthcare

The programme began with the welcome address by the Hon'ble Vice Chancellor Lt. Gen (Dr.) Bipin Puri and was followed by the address of Hon'ble Governor, Uttar Pradesh, Smt Anandi Ben Patel, who endorsed full support for all activities towards improvement of quality medical education and emphasized the use of technology in health care delivery and education.

Dr Devi Shetty, Chairman, Narayana Hospitals said that medical health care is the fastest growing industry of today's and tomorrow. Only 20% world population has access to safe secondary health care. Affordable and cost-effective health care is possible if we incorporate proper use of technology like app-based appointments and first online consultation etc. Post covid era will need 80% ICU care. So, we need to prepare our students accordingly. The approaches must be flexible. The pandemic has taught us to utilize more and more technology or digital tools. Students should be trained accordingly to interact with patients (online history taking skill, online prescription etc) by using technology.

He emphasized to incorporate basics of ICU interpretations for all final year students like ventilatory adjustments, tuning of oxygen, interpretation of blood gas reports, interpretation of cardiac monitors and urine input/output charts, placing ECG leads etc. By this strategy, we may deal with shortage of manpower, specially from 5pm to 9 am. He also advised to incorporate competency to make bedside diagnosis of common pathologies by using portable ultrasound machine. He ended with a message that promote "Earn while you learn model" for UG medical education.

Dr Kumud Rai, chairman ECHO India, presented a model of well tested "Technology Assisted Learning", in which around 60 active hubs across the country are running 350+ programs in the medical field itself. He also discussed in detail, how they maintain quality at their setup? Interested medical institutes may incorporate such platforms for dissemination of skill and knowledge for maintaining continuum of learning beyond the portals of physical structures.

Dr Pawan Kapoor, Hon'ble Vice Chancellor, Lincoln University, stressed on developing some mechanism to improve performance of weak students and to develop strong feedback mechanism. In addition, he emphasized on TEAM work for building quality culture in the university and attitudinal changes of the staff. He said that all staff must be trained regularly for continuous professional development. Medical students should have some exposure to the working of nursing and paraclinical staff so that they can coordinate with them while delivering patient care.



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Dr Thaygarajan, kept the vision of NAAC and stressed on the fact that we have been a part of shift or transition from print based industrial society to technology based internet society. Robotics, big data, AI and social networking need to be handled in proper way. He further explained that information must be distinguished from knowledge. Enormous knowledge available at various sources must be CURATED to achieve understanding and then should be incorporated in the curriculum. He emphasized that the collaboration with and management of AI applications is must and training of clinicians to use these applications (human-machine interface) for clinical decisions should be incorporated in our syllabi along with approaches to data presentation, risk quantification and communication of uncertainty. He applauded the recent changes in the NMC curriculum and said that cultivation of empathy and compassion should be taught to every student.

Dr Uma Singh, Dean, Academics KGMU, expressed that entering into the process of external evaluation by accreditation is a useful exercise for introspection against various quality benchmarks. It helped us to improve. Quality quest should be internalized and institutionalized. Development of effective feedback system plays a key role in building quality environment.

Dr Anshu, gave practical tips for designing enjoyable and engaging value added courses. Students can be enrolled in a number of courses involving themes like gender diversity, cultural competence, societal responsibility, leadership, teamwork, human values, dignity, professionalism, ethics, environment and sustainability, critical thinking, social determinants of health, right to health issues etc. She suggested that enrichment needs to be purposeful, focused, and planned. Curriculum engagement activities need to be planned and purposeful, responsive to students' needs and situations and connected to their course content. The purpose of introducing them might be to increase the depth, breadth or complexity of the curricular content. They can cut across various disciplines. These must be offered to all students and not be restricted to a certain section of them. These courses must be structured well and follow a specific timeline. Students must be able to do something or experience something first hand. Curricular enrichment activities are important because they empower learners by enriching the educational environment. Health sciences institutions should spend thought and time in designing these programs based on learners' requirements.

Dr Sunita Patil, apprised that new curriculum 2019 by NMC incorporates the concept of choice based electives during MBBS course. Whereas the trend is already prevailing in many countries the introduction of electives at the end of phase 3 is new for Indian colleges. Dr Patil, stressed for creating exclusive setup or dedicated cell or units for developing electives under MEU along with building up well structured programs. She stated that the success will depend upon our proper planning. Faculty must be trained and kept motivated. She added that

We need to rethink about minimum number of faculty requirements of NMC, if we wish to conduct such added activities in the curriculum. Increasing the number of demonstrators or tutors in various subjects may help. She addressed the need of developing a mechanism to assess success of new curricula by getting structured student feedback. As its feasibility and success has till date no evidence in Indian setups, it will take time to prove this parameter as mark of quality in medical education, though its success in developed countries is not questionable.

Dr Sudha Sheshayan, started the discussion with a note that seven criterion set by NAAC are not completely separate from each other rather interrelated and each parameter can influence or enhance/ subtract the value of other. She selected the domains of curriculum, evaluation and leadership as most important areas where quality issues need special attention. She explained that as medical knowledge is ever growing, curriculum must be dynamic. There is need to build balance between fixed duration of course and the expanding knowledge. She strongly recommended that evaluation in medicine should be strictly under live environment



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instead of skill labs. The quality of medical education is directly related to creation of balance between patient care and teaching. The management and good leadership is about developing a balance among multiple domains of quality and areas of priority, she remarked. She commented that theory evaluation is one place where complete automation is possible.

She raised her concern about current trends of attraction of medical undergraduates towards postgraduation, that is detrimental to the concept of family physician. It is high time to return the reputation of basic doctors and can only be possible by appropriately tuning the curriculum. Dr Sudha suggested that certain regulations must be incorporated while taking admission for PG courses like submission of certificate for successful completion of family medicine clinics. Options for integrated programs (7 year MBBS + MD/ DM) should be uniformly implemented throughout the country.

Dr A K Singh, VC, ABVMU, UP, stressed the need of developing a robust and transparent evaluation system as an essential quality benchmark in medical institutions. Lot of changes has been done successfully like barcoding of answer sheets and central evaluation. These steps helped in solving issues like allegation on examiners to fail the students deliberately. Central evaluation has helped in reducing the time for declaration of results. Pattern of question paper must be a combination of long structured essay type, short answer and ultrashort answers(one word) instead of all MCQ based to assess multiple Number of question papers should be 3 instead of 4 and one question paper may be MCQ based. He raised his doubt on online evaluation system and suggested that video of the examiner must be on while he is checking answer sheets. He also agreed the need of family medicine department in every medical college. He submitted that this would help us to reduce the number of patient reaching directly to specialists or superspecialists. It can also help to reduce total treatment cost. He also emphasized to restructure the internship program to improve its quality.

Dr Kamlakar Tripathi, Former Professor and Head, Department of Medicine, BHU, said that curriculum should be framed keeping in mind the objective like what we expect from our graduates to do at the end of the course for example basic health care physicians/ specialist/ superspecialist. It has to be carefully designed. Second, the study material has to be adequate that is number of patients. Then, the good evaluation as a mandate to good quality education. He said that in medicine more stress should be laid down on formative assessment.

He explained that the current framework of medical education program in India is time consuming and is often prolonged due to repetitive entrance exams. The entrance examination keeps the students distracted, instead of focusing on current competency, his entire attention is grabbed by the exam of next level. He opined to think for providing ONE degree, which should be the first and last degree, similar to a model used in USA. There are many institutes in India which are providing courses like MS plastic surgery. He also suggested to modify curriculum of preclinical/ paraclinical PG courses by allowing them to do some clinical work. It may help in improving student to opt for PG in these subjects too.

Dr. Alex Thomas, is currently serving as the President of the Association of Health Care providers, India, delivered a deliberation on the topic “**Medical Education & the need to look beyond**” and discussed about the challenges in medical education and the solutions to overcome these. He suggested that if we need competent postgraduates than the teacher's must undergo continuous professional development. He pointed out to the need of increase in number of post-graduate seats to address the shortage of specialists in the country, for which he suggested that all states can start DNB/ diploma programmes.

He emphasized on the importance of integrating technology like robotics, artificial intelligence (AI) for improving the learning process, stimulation based learning and distance learning for improved learning and teaching. Furthermore, he said that there is a need to bring about



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innovations in teaching and also in evaluation systems. Evaluation should be more problem solving and competence based rather than memory based. He said that there is definite need for regular curriculum revision to promote innovation & creativity.

He talked about the importance of postgraduate medical research and said that there should be an integration of big data analysis, diagnostic & predictive features in health care and an adequate budget for research in the institutes to build up the scientific temperament in the students. He highlighted that certain overlooked aspects like climate change & medical sector, health law and ethics, soft skills training, should find a definite place in the curriculum.

Dr. Gyani, DG-AHPI, discussed about **New Education Policy and medical education**. He initiated his talk with the concern that India ranks low in the health care sector mainly because of 4 factors: availability (of the health care providers), accessibility (to the health facilities), acceptability and affordability (of the population). He acclaimed that the way of reforms in the health sector, passes through the corridors of medical institutions and highlighted that unstructured regulatory mechanism, lack of health care reforms, miniscule public funding and increase in the number of patients are the major challenges which need proper addressal and immediate rescue.

Dr. Gyani put forward that the New Education policy 2020 aims to ensure inclusive and equitable quality education & promote life long learning opportunities for all by 2030. NEP is divided in to four parts namely primary education ; education at college levels; professional education, higher education and online education; and policy making . He said that the curricula of the medical education should be re-envisioned to make a doctor who can become a care provider, communicator, decision maker , manager and a community leader.

Dr Kashipa Harit, is serving as the Deputy Director, NABH and delivered a talk on “ the need of NABH and QCI” . She stressed on the importance of accreditation in hospitals and told that NABH accreditation is required not only for medical hospitals but also for blood banks, dental clinics, ethics committees etc. She informed that the NABH India has an international linkage with ISQua, an international body that accreditate the various accreditation bodies globally. She stressed upon the importance of accreditation in hospitals through various case studies that revolved around greivous or fatal losses to the patients due to lack of equipment, mistakes in identification of the patients, incorrect or mixed up laboratory reports or a mix-up of similarly spelled and similar looking medicines. She said that it definitely helps in patient safety and prevention of adverse events. Not only patient safety, accreditation helps in increased utilization of services, reduction in referral load, increased availability of equipment and improved patient/employee satisfaction.

Dr. Dinesh Badyal, a well known FAIMER fellow from CMC Ludhiana, stressed on the need of faculty development and said that training of all clinical and nonclinical faculty is essential to ensure that every faculty is oriented to the concept of new CBME curriculum. Council should formulate guidelines for accreditation. He appealed to that each college should develop one/two skill training modules and this would lead to a large pool of skill training modules.

He also suggested that for Quality improvement in curriculum, we need to improve the LO, TL methods and Assessment methods. Active Student feedback and faculty participation is essential to bring out the visible changes. The evaluation by students in form of anonymous questionnaires maybe done. He added that MEU should not be confined to only following NMC guidelines and can develop their own modules. Basic course of concept of CBME should be incorporated in the PG curriculum.

Prof. Ravi Kant, Former Director, AIIMS, Rishikesh, highlighted the role of Primary school in inculcating the basic etiquettes, primary hygiene and importance of basic nutrition. Thus early training into soft skills is an essential requirement and sensitization to patient needs is an important requirement of medical personnel. At middle school level :



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Gradual introduction of basic sciences like Human anatomy, physiology and biochemistry can be done. Capacity building in the form of **Family medicine course and developing Nurse health practitioner concept and training can be included in courses offered by medical colleges.** This would lead to MBBS trained doctors solely available for patient care. Administrative responsibilities should be given to Health management personnel so that optimum utilization of manpower is possible. Newer Teaching Learning methods to be implemented which are student centric and classes should be held for students with special needs.

Dr Michal Ho, is an Oral Surgeon practicing in UK and delivered his talk on **"Quality outcomes in Surgery: Speciality Focused initiative in improving Patient care"**. He stressed that resident doctors must be educated in QI (Quality Improvement) processes, tools and techniques. They must be aware of various surgical quality metrics, surgical morbidity and methods of quality metrics acquisition. In addition, they should also learn to perform surgical audits. Departments must set or adopt quality benchmarks for various procedures to uplift the quality care of patients. He said that it is not always important to Invent the Wheel, but we should learn to share best practices and work in collaboration.

The Recommendations of the esteemed National experts in the field of quality assurance in healthcare were:

The need for training and hands on experience to final year students in critical care units and the current pandemic has taught us that the learning the basics of ICU care and interpretation of results is of utmost importance.

For affordable and cost-effective health care to be provided it is essential that we incorporate proper use of technology. Technology assisted learning can be implemented in medical institutes by incorporating digital platforms for dissemination of skill and knowledge. Thus maintaining, a continuum of learning beyond the portals of physical structures. The vast material available should be curated to provide useful knowledge to achieve understanding and then later on be incorporated in the curriculum.

Curriculum engagement activities need to be planned and purposeful, responsive to students' needs and situations and be connected to their course content.

Regular training for continuous professional development was strongly recommended and providing extra care to students who are slow learners. Medical students should also have exposure to the working of nursing and paraclinical staff so that they can coordinate with them while delivering patient care.

Institutional accreditation is a useful exercise for introspection against various quality benchmarks. It also helps in developing effective feedback system which plays a key role in building quality environment.

The quality of medical education is directly related to creation of balance between patient care and teaching. The management and good leadership is about developing a balance among multiple domains of quality and areas of priority.

Anita
(Prof. Anita Rani)
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