



# Association of Indian Universities Roundtable of Vice Chancellors of Health Sciences Universities October 10-11, 2017



Organized by

Sri Venkateswara Institute of Medical Sciences, Tirupati  
In Commemoration of its Silver Jubilee Year

## SESSION-III – 10.10.2017

**Sub-theme: Curriculum Pedagogy, Assessment and Application of Technology**

**Chairperson : Dr. G.B. Gupta, Vice Chancellor, Pt. Deendayal Upadhyay Memorial  
Health Sciences & AYUSH University, Chattisgarh**

### **Panelists:**

1. Dr. G. Jayalakshmi, Dean, SLIMS, Puducherry
2. Dr. V.V. Unnikrishnan, Dean, Academics, Kerala University of Health Sciences
3. Prof. Vinita Das, Dean, Faculty of Medicine, K.G.Medical University, Lucknow

### **1) Curriculum:**

**A) Need for instruction on patient safety, ethics and professionalism in medical  
curricula at all levels : 4.30 PM – 4.50 PM**

**Speaker:** Dr. Gitanjali Batmanabane, Director, AIIMS, Bhubaneshwar

**Lead Panelist:** Prof. (Dr.) Raj Bahadur, Baba Farid University of Health Sciences, Punjab

### **Key points discussed:**

- Quoted the **OATH OF CHARAKA**, opined no need for debate on need for instruction over ethics and professionalism.
- Ethics acquired at home/ society are not enough. There are technically difficult questions in Medicine which require formal training in medical ethics to avoid well meaning but ethically wrong actions on the part of the doctor.
- Highlighted the advantages of the implementation like increase in trust between doctor and patient and decrease in Iatrogenic morbidity and mortality. Also reduction in compensation claims.
- Opined to pursue MCI manual ATCOM (Attitude and Communications module of MCI) and Vision 2015 document adopted by MCI.
- Elucidated need for implementation of ethics and professionalism at all levels of medical education.
- Criticising that the present formulation does not address super-speciality and PG education and also emphasized that lack of time is not an excuse.

- How and what to teach? WHO trainer manual devised what is needed is to be pursued.
- The main challenge is to train faculty by teaching and learning (TL) methods like debate, videos etc. Followed by effective debriefing by blame free tools and assessment.
- Concluded with promotion of culture of patient safety, ethical behaviour, professional conduct and faculty training assessment.

**Consensus:**

- Ethics must be taught and should be included in curriculum right from beginning of medical education and continued into PG training.
- Teaching ethics improves doctor patient relationship and mitigate compensation claims which improves the image of the profession.
- Ethics should be not only in relation to care of humans but also on issues related to experimentation on animals.
- Existing modules by MCI and WHO may be used for training students but may be suitably modified and adapted to local conditions.
- Mandatory exam on professionalism like in UK, USA should be implemented in India as assessment improves learning.

**B) Competency based Curriculum Development : 4.50 PM – 5.10 PM**

**Speaker:** Dr. P.V. Vijayaraghavan, Vice Chancellor, Sri Ramachandra University, Chennai.

**Lead Panelist:** Dr. V.K. Pandya, Vice Chancellor, Peoples University, Bhopal.

**Key points discussed:**

- Highlighted the importance of competency based curriculum in medical education
- Defined the competency as per **Epstein** and its seven characteristics (clinical reasoning, expert judgment, management of ambiguity, professionalism, time management, learning strategies, and teamwork)
- Highlighted the **steps** to develop CB curriculum namely
  - 1. Conduct a needs assessment i.e identify a minimum set of competencies that are required by every medical graduate**
  - 2. Define goals and objectives of each particular competency training module**
  - 3. Content identification and program organization**
  - 4. Assessment and feed back to the candidate- identify deficit in performance**

**5. Correct the deficit by further training and re-evaluation till candidate passes**

**6. Program evaluation**

- To implement CB learning, more teachers may be needed to train and assess.
- Students and their parents should be sensitized. At present, society and even medical system is not sensitized about CBT because of stigma of failure.

**Panel Opinion and Consensus:**

- 1) Competency Based training (CBT) & Choice Based Credit System must be introduced in medical curriculum at all levels
- 2) Teachers must be trained in CBT
- 3) AIU can help identify the core competencies expected of a medical graduate and of PG students specialty wise and develop content for the training

**2. Role of information and computation technology (ICT), Web 2.0 and internet of things (IOT) adoption for curriculum delivery and assessment: 5.10 PM to 5.40 PM**

**Speaker:** Prof. K.R. Sethuraman, Vice Chancellor, Sri Balaji Vidyapeeth, Puducherry

**Lead Panelist:** Prof. Arvind Rajwanshi, Sub-Dean (Academics), PGIMER, Chandigarh

**Key points discussed:**

- Rabindranath Tagore quote “Do not limit a child to your own learning, for he was born in another time”, emphasising thereby that children in the 21<sup>st</sup> century are more tech savvy than previous generations
- Stepwise move already in the direction of e-health i.e health care delivery based on networked computers → to m-health, using mobile phones
- Necessity of true patient centeredness i.e. **right treatment to right patient at right time.**
- Uses in Medical Practice:
  - a) Remote monitoring of patients
  - b) Remote rounding with robots
  - c) Remote diagnostic opinion :Sending ECGs and Radiology/ pathology images online to cardiologist and radiologist/ pathologist respectively
  - d) Remote clinical consultation and grand rounds, discussions- telemedicine
  - e) Remote robotic interventions eg. Robotic surgery or remote emergency defibrillation
  - f) Giving instructions remotely to those on the field eg. Emergency field teams

- Medical Education: Hierarchy of ICT and DIKW (data, information, knowledge and wisdom)
- Role of Health information technology (HIT) based care in resident training .
- Overview of 21<sup>st</sup> century classroom, increased connectivity and constructiveness of present generation.
- Progression through Pedagogy (children learning) -- Androgogy (adult learning) --- Heautagogy (self directed learning)
- Telemedicine is a leading modality in IT, scope is unlimited.
- Interaction with students in live mode is major advantage (remote lectures by experts)
- Web-3 under development

Consensus:

- 1) Information and Communication technology can transform medical education by facilitating self directed learning.
- 2) E- learning resources ( including access to e-books and journals) should be made available to all students along with sufficient number of computer terminals in all colleges. Norms may be evolved for this by AIU/MCI
- 3) Students should be made aware of the advances in ICT and IOT that facilitate patient care so that they can be prepared for newer modalities of patient care in the new century.
- 4) However inspite of advances in ICT in patient care, the role of doctor patient relationship and good communication skills must not be de-emphasised.

**3. Training the teachers: An overview and critique of the structured teachers training program of MCI: 5.40 PM to 6.00 PM**

**Speaker:** Dr. Poornima Baliga, Pro Vice Chancellor, Manipal Academy of Higher Education (MAHE).

**Lead Panelist:** Prof. (Dr.) S. Manian, Vice Chancellor, Annamalai University, Annamalai Nagar.

**Key points discussed:**

- Appreciable gap between adoption and implementation of teacher training program is noted
- Need for formulation of national strategy to enhance not only quantity but also quality of medical education
- Recommended **CBME concept should be indeed part of medical education technology**
- **ATCOM should be a part of curriculum**

- Not only advancements but also academic basics should be taught
- Accredited courses on teaching / pedagogy should be made mandatory for faculty career advancement
- **Critical thinking and case based learning is need of hour.**
- Teacher should be assessed at the time of their selection.
- Periodic training courses might help the teachers
- **Recertification programme to the teachers for every 10 years to be considered**
- **Teacher should be willing (voluntary) to be recertified**
- **Discussion on relative effectiveness of black board vs power point presentation**

Consensus:

- 1) More number of nodal centres for training medical teachers must be established. This requires that there should be more teachers who are trained and accredited as trainers. Indeed each university/ medical college should try to hold teachers training courses locally.
- 2) Teachers training should be periodic rather than one time. AIU may help in this.
- 3) Teachers training must be made mandatory for promotion.
- 4) Proper aptitude assessment of medical teachers for teaching aptitude must be carried out during selection.
- 5) Newly recruited teachers should undergo induction program followed by professional development program at each stage of promotion