

## **BEST PRACTICES OF THE INSTITUTION**

### **Best Practice 1: Interdisciplinary Community Based Medical Education Training Program (IDCBMET)**

RMC, in tune with the core values of inculcating value-based education has started competency based training as a part of undergraduate teaching learning activities. Training of today's students is confined to tertiary hospitals and complex diseases with hardly any awareness of the physical, health, hygiene, environment and socioeconomic environment from where patients present themselves to the hospital. Community-Based Training was introduced to the students from the second-year onwards to help them get familiar with health issues in the community setting.

#### **Objectives of the Practice:**

- To provide the students with holistic and comprehensive health care education consisting of promotive, preventive, curative and rehabilitative services at community level.
- Enable the students to experience the socio-cultural milieu from where patients present themselves to the hospital and relate the causation of disease to them with an empathetic attitude.
- Include the students to be a part of the institutional commitment towards social accountability by providing quality health care to the community.
- Help the students to learn robust scientific methods of relevant clinical examination, data collection and research in a community and experience shared participation in an interdisciplinary learning environment.
- Contribute to the improvement of the health of the community in which the program is carried out.

#### **The Context:**

The interdisciplinary CBME was initiated based on the concept towards "Unity for Health", proposed by the WHO such that quality and equity in health care can be provided cost effectively with a multidisciplinary approach.

- This program provides a platform for the development of hands on training in knowledge and skills in real time scenario making the student a compassionate doctor and an approachable leader in the community.

- Community-based education teaches the students to learn professional competencies in a community setting building a sense of connection with the community to emerge as a physician of first contact.
- It not only improves the quality of education and makes it relevant to the national needs, but also helps in strengthening public health services, building a linkage between the health care system and medical institution.
- It is a pedagogical model that connects classroom-based learning with meaningful community involvement.

#### **The Practice:**

- A total of 350 students take part in a 3-week programme during 2<sup>nd</sup> year of medicine along with students from dental, nursing, physiotherapy and Pharmacy.
- A time table and a micro plan is drawn up where students interact, communicate and care for the marginalised (10,000 in urban and 23,000 in rural) population.
- Students display and demonstrate creativity while appreciating the importance of the other disciplines and develop a shared vision on health care, teamwork and collaboration; manage with limited resources/ facilities while addressing health problems in the villages.
- Some topics covered are practical first aid, bandaging, prescribing medications, talks and demonstration of professional ethics and fire safety.
- Students conduct participatory rural appraisal, school health, geriatric care and family survey health camps in rural areas among other activities.
- Logistics for the activity like transportation, boarding and lodging in the rural area, visits to Non-Governmental Organizations, sewage treatment plants and other field visits are organized. Permissions from Department of Health and Family Welfare, ICDS, School authorities, Local self-government (panchayat) are also obtained as required.
- Students learn about life and attitudes of people in Indian villages, social and economic status of the rural community and its influence on health and disease, the demographic structure of the community, environmental status, existing health practices and beliefs about disease, their causes, prevention and the role of government and voluntary organizations in health care.



- The seed of gratitude to the community that has accepted them is also sown in the student's minds. Shramadaan is undertaken by the students willingly and includes cleaning the village, painting the anganwadi, planting kitchen gardens and setting up the library. The students also display the art of community rapport building, social responsibility and accountability by Interactions with village leaders and participation in Social mapping Surveys and health camps.
- Activities during the programme include observation of health care service in PHC, conduct of health camps, defluorination plant, health care waste management. In addition interaction with mentally challenged children, first-aid and bandaging are also conducted.
- In addition, all these activities facilitate the experience of working as effective team members and communicators and help in the development of leadership skills in the students.
- A valedictory programme is held where each group of students make a presentation of their activities during the 3-week programme.

**Evidence of success:**

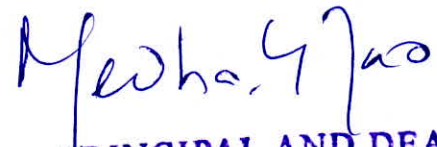
- National and international visitors were so inspired by the programme that a winter school was initiated in 2015 where students from Salford University enrolled for a two-week programme to work in the rural area with our students.
- Pre-tests and post-tests are conducted before and after the programme. It has been found during each year that students' attitude towards disease, economically disadvantaged and people living in slums and rural areas have undergone a marked change after the 3-week programme.
- During internship, students refresh and strengthen what they have learnt so that they participate in community related health programs (Pulse polio, Non communicable diseases camps, field survey in line with National Health programmes, old age home services) organized by the Medical College and other organizations with greater commitment which indicates the willingness to contribute to public services.
- There is a definite empathy among students and in many there is a willingness to serve the poor as evidenced in shramadaan and their participation in Nareyana seva.

**Problems Encountered and Resources Required:**

- Since multiple disciplines are involved, finding a suitable time, coordination at individual and gram panchayat level, adjustments with local issues such as festivals etc have raised logistical and organizational issues. These are taken care of with meticulous planning and implementation.
- Arranging the travel, accommodation for students and faculty is done in consultation with all the members at the village and Panchayat level.
- The faculty put in a lot of effort to maintain discipline in the Ashram and also take care of safety and emergency health issues of students should there be any. Students who develop health issues such as asthma, animal bites or other injuries are immediately taken to RMCH for free treatment.

**Additional notes:**

- A bonding developed between the villagers and the students and the students voluntarily did the following
- Establishment of a library where the students donated books (both English and Kannada) and the children found it greatly beneficial.
- A kitchen garden at Gutthalli and Vadahalli village schools.
- Cleaning of roads, fields, drains, painting of schools.
- Street plays in villages with the theme of harmful effects of tobacco and alcohol.
- Distribution of notebooks and pencils for school children.
- Programmes conducted by students every evening covering topics such as the ill effects of tobacco, alcohol and the importance of vaccination and nutrition.

  
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**M.S. Ramaiah Medical College**  
**& Teaching Hospital**  
**Bangalore - 560 054**



## **Best Practice 2: Comprehensive Geriatric Medical Education and Health Care services:**

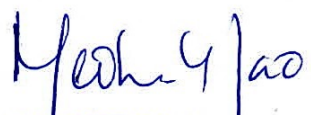
### **Objectives of the Practice**

Geriatric health care facility is established to provide comprehensive geriatric medical education and geriatric health care.

- 1) Develop an ecosystem for comprehensive geriatric medical education and health care services.
- 2) Create a supportive system for a range of preventive, promotive, curative and rehabilitative health care services to the elderly.
- 3) Adopt the latest biomedical and digital technology for enhancing geriatric services and medical education.
- 4) Facilitate teaching-learning and research among UG-PG-Faculty.
- 5) Commence specialized certificate/diploma courses in Geriatric Medicine and to provide direction to its practice.
- 6) Plan for preventive geriatrics to improve their quality of life.

### **The Context**

It's not the years in your life that counts but it's the life in your years. Geriatric population is on the rise and their needs are entirely different both physically and mentally. Considering their healthy aging and maintaining vitality throughout life, the Institution has made geriatric medicine a priority healthcare service and a relevant need based component of medical education. Accordingly it has dedicated a separate unit to cater to the growing needs of the aging population. The intention of this facility is to develop a specific comprehensive healthcare unit. A greater challenge was to instill confidence in the elderly to make use of the facility. One of the needs in geriatric health care is to develop assistive devices and services that address the specific needs of the elderly. It is also to specifically orient UG-PG-Faculty towards the emerging branch of geriatric medicine.

  
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## **The Practice**

### **Comprehensive Geriatric Health Care Services (Multi-specialty)**

**1.OPD and IPD services:** The Institution offers dedicated outpatient and inpatient care with 20% concession for all services. The patients are referred to various broad and super specialties based on the requirement for additional services.

The geriatric unit provides free annual health checkup to voluntary body donors who pledge to donate their bodies after death for the purpose of medical education and research. A 50% concession is given for all hospitalized care. An annual thanks giving program "Abhinandana" is conducted to felicitate the donors and health-related talks are organized for their awareness.

**2.Health Camps:** Geriatric health urban and rural screening camps are conducted for evaluation and management of common diseases. Regular old-age home screening for residents of Sri Rama, Sri Sai Mandali and Kaiwara rural old age homes with provision for essential medications happen free of cost. The blindness screening camps are conducted regularly aligning with national health program by the Ophthalmology department. Routine healthcare services, along with basic tests, referral to hospital, specialized ophthalmology services for cataract detection and correction are offered. All are done at a subsidized cost. The faculty conduct regular awareness programs for the elderly.

### **3.Geriatric Rehabilitation & Physiotherapy services:**

One post-graduate student and two final year physiotherapy students are posted in the geriatric clinic for screening and referral to physiotherapy consultants. This model, in addition to training young graduates ensures screening and referral to services for maximum number of seniors. Joint replacement surgery, spine surgery, Movement Disorder Clinic, Geriatric Assessment Interdisciplinary Team, IK Testing, Hydrotherapy, Electrotherapy, Muscle Skeletal & Cardiothoracic physiotherapy. During the Covid 19 pandemic, online video support was given about self-care and precautions to be taken. Digital modules on fitness programs for the elderly were also undertaken.

  
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#### 4. Geriatric immunization

The geriatric immunization program started in 2017 provides vaccination to the elderly to protect them against influenza, TT, Varicella, Pneumococcal, Hepatitis B, HIB, Meningococcal infections.

#### **Geriatric Medical Training and Research:**

As a part of the curriculum and social accountability, the undergraduate and postgraduate have regular classes and are trained for geriatric care. Exposure to geriatric health happens during the IPD/ OPD postings and visit to old age homes in urban and rural setups. In addition the postgraduates take up dissertation projects on health issues in the elderly and publish. Physiotherapy students are also posted for rehabilitative services of the elderly at old age homes. The faculty attend continued medical education programs to train themselves in different aspects of geriatrics.

#### **Evidence of Success**

Eleven projects/dissertations have been conducted by postgraduates and faculty on the elderly population. Eleven original articles including 2 chapters in the case supplement of Davidson's Textbook of Medicine, 22<sup>nd</sup> edition have been published. As a part of the Indo-Swedish tele-geriatrics project funded by ICMR- India, and FORTE-Sweden, the Institution provides point of care screening and tele-evaluation by specialists for continuous monitoring and care. A total of 2054 elderly have been screened through the telemedicine Indo-Sweden project in 2018-19.

In order to address the issues of incontinence, a female urinary collection cup has been developed with a US patent publication. One US patent has been granted for Device, System and Apparatus for Functional Electrical stimulation of Muscle respectively.

The services are integrated to undergraduate and postgraduate teaching programs with dissertations, presentations and publications based on the experience gained in treating the elderly and research as outcomes. The Indira Gandhi Open University (IGNOU) has recognized the Institution as a student center for the Post Graduate Diploma in Geriatric Medicine course. The Institution supports active aging by providing

- o Extensions to deserving faculty members post retirement.

- o Working opportunities as Help Desk volunteers.

**Problems Encountered and Resources Required (150/150)**

The major challenges were to integrate and establish a facility and prepare a modular geriatric medicine curriculum for preventive, curative, rehabilitative and promotive care under one roof and provide comprehensive health care at reasonable and affordable cost on one hand and ensure teaching of geriatric medicine to UG-PG-Faculty.

The complex socio economic milieu poses a persistent challenge to reach the large number of elders in need. The comprehensive management of geriatric specific healthcare is a huge challenge in terms of physical, mental and psychological demands.

The scarcity of Geriatric nursing and caregiver training programs leads to incomplete geriatric specific healthcare. In addition, getting caregivers who are compassionate about the elderly in providing quality care is a challenge.

The fragmenting social structure of the nuclear families especially in the urban set-up increases the demand for geriatric healthcare services. Taking elderly subjects into confidence and convincing them about healthcare is a challenge

  
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