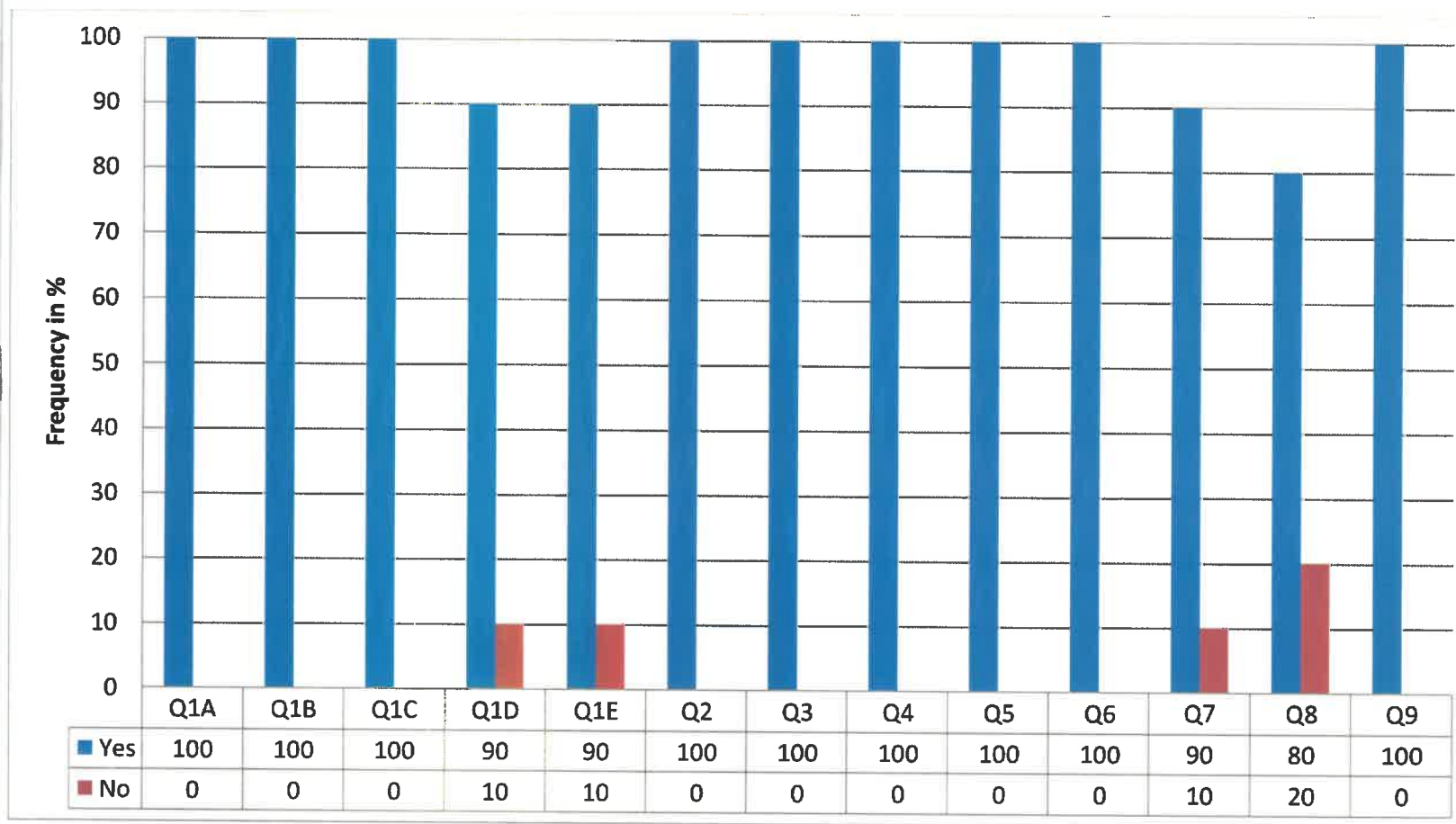


Curriculum Feedback from UG Alumni



M.S. RAMAIAH MEDICAL COLLEGE, M.S. Ramaiah Nagar, MSRT Post, Bangalore 560 054

Tel: 080-2360 5190/1742 /1743 /5408. Fax: 080-2360 6213, Email: msrmedical@msrmc.ac.in, Web: www.msrmc.ac.in,

www.ramaiah-india.org

Bangalore - 560 054

Questions:

Q1. The Curriculum addressed effectively

- a) In dealing with the knowledge content
- b) In addressing Skill development
- c) In developing attitudes expected of a Health- Care professional
- d) In addressing practical issues
- e) In Over-all personality development

Q2. Has it helped you in fulfilling the needs as a Health care professional

Q3. Has it helped in being academically in par with other professional colleagues

Q4. Has it helped you in meeting the requirements of providing efficient health care delivery

Q5. Has it prepared you in meeting the expectations of Health care industry

Q6. Has it been helpful in nurturing needs of the community at large

Q7. Was it helpful in fostering a research culture/environment

Q8. Was there incorporation of standards of Global competency

Q9. Was an effort made to make value additions to the curriculum

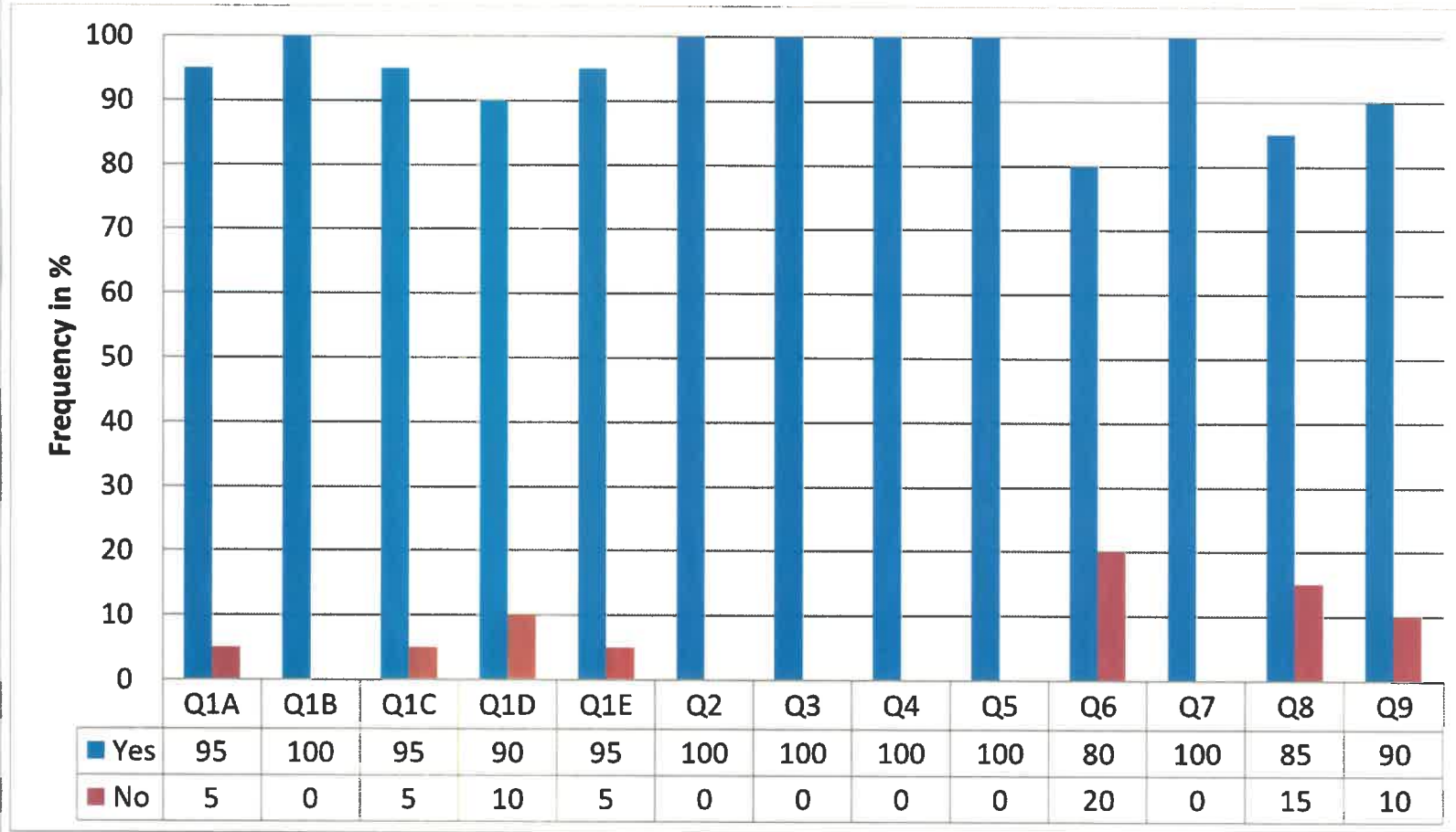
Medha 97ao
PRINCIPAL AND DEAN
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& Teaching Hospital
Bangalore - 560 054

M.S. RAMAIAH MEDICAL COLLEGE, M S Ramaiah Nagar, MSRIT Post, Bangalore 560 054

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Curriculum Feedback from PG Alumni



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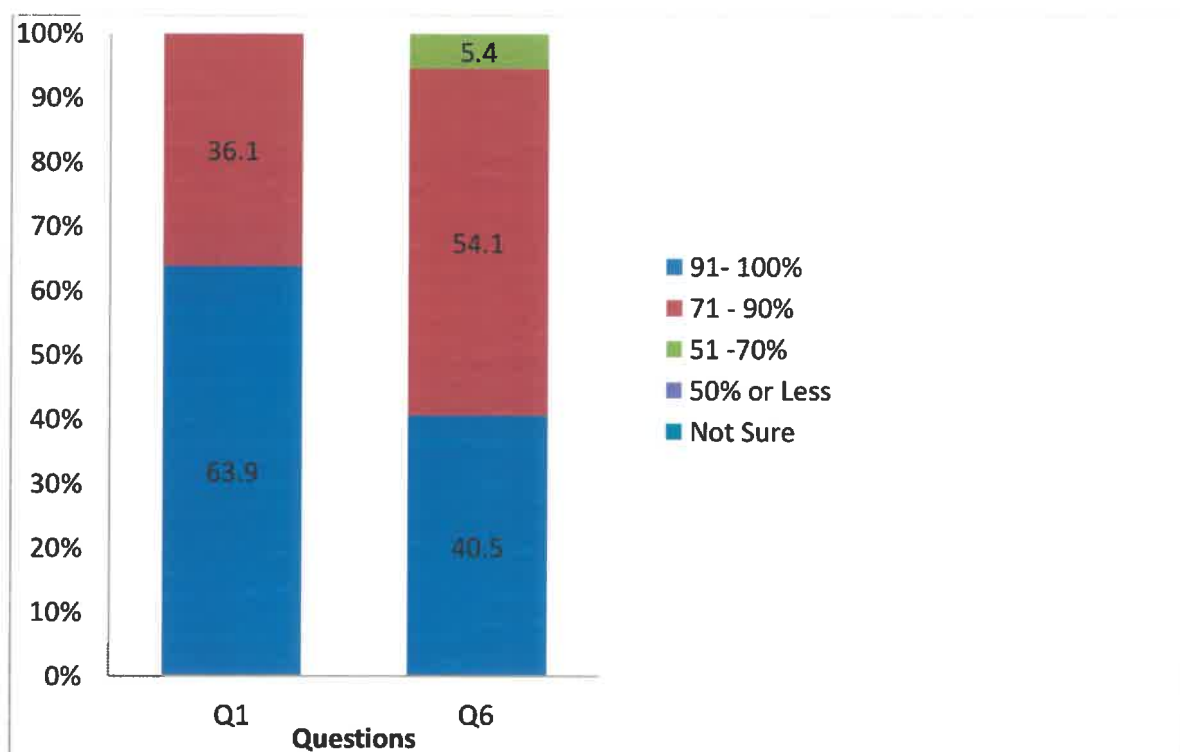
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Figure 1



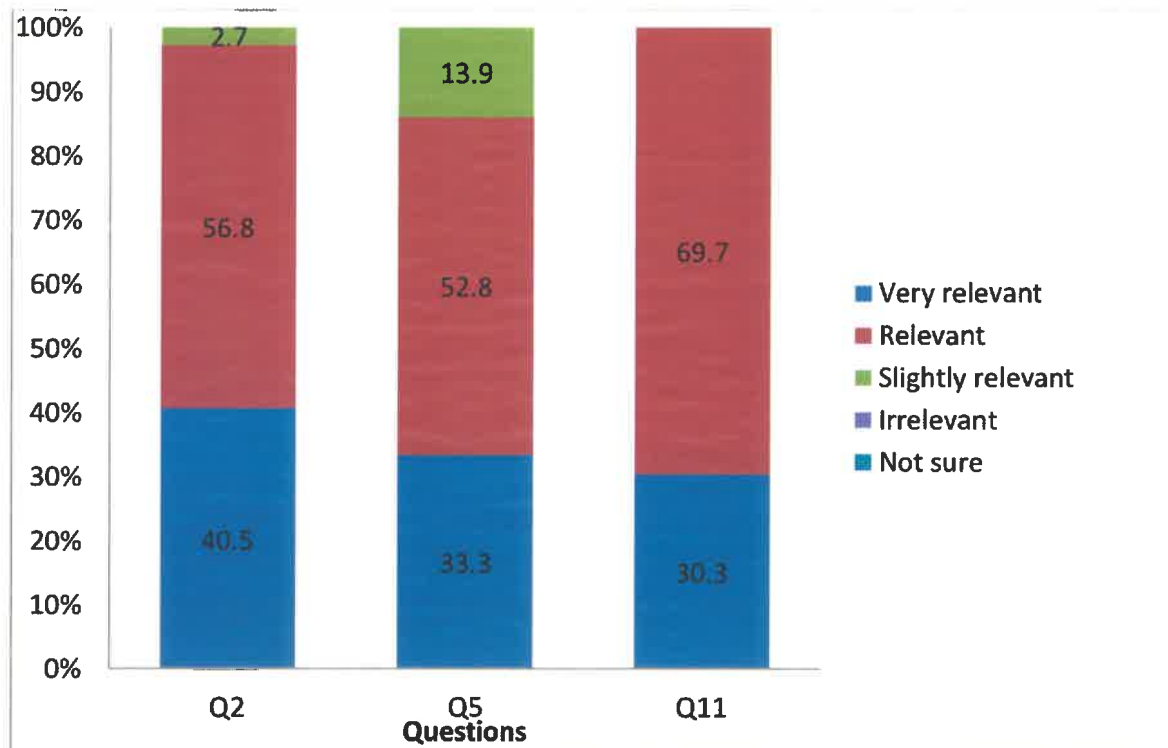
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Figure 2:



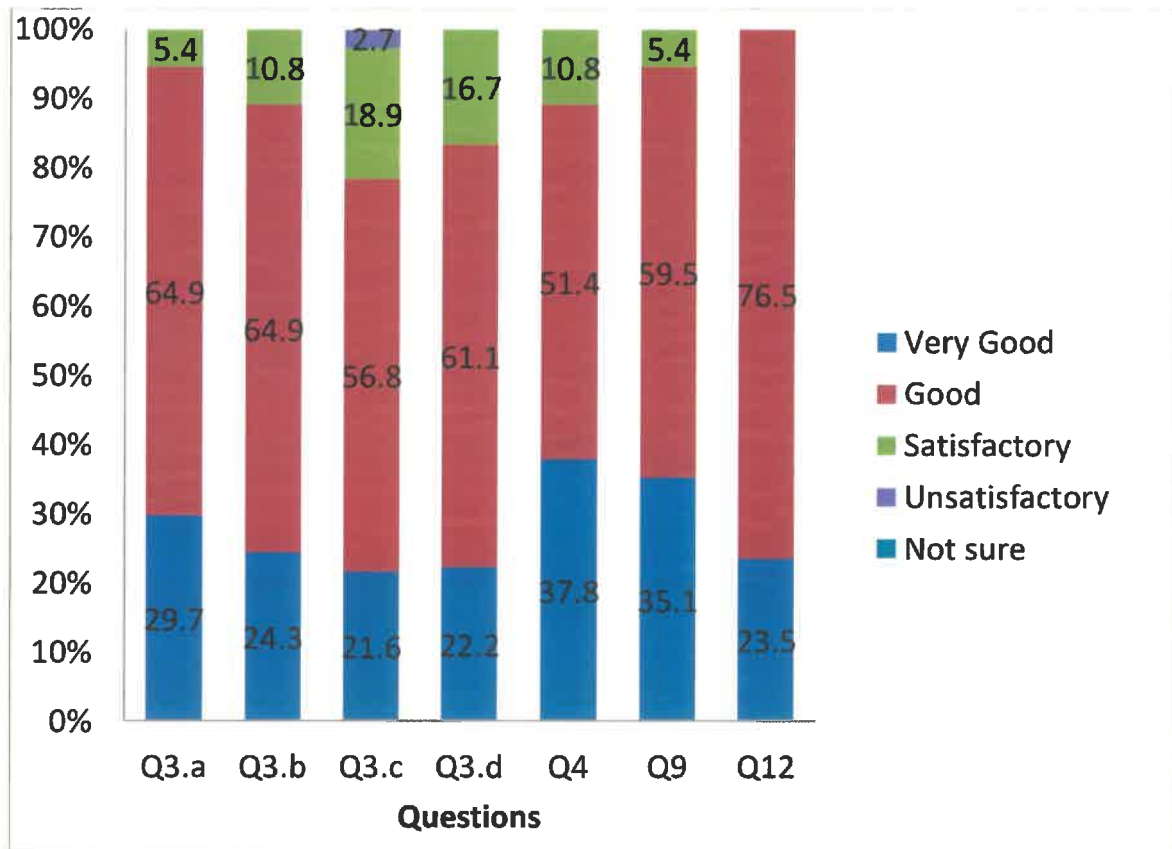
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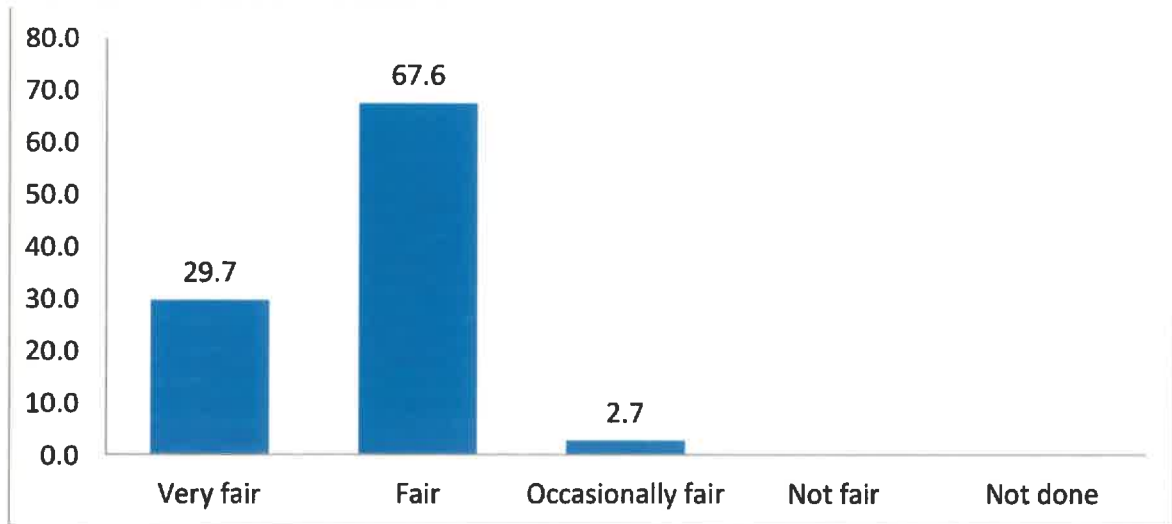
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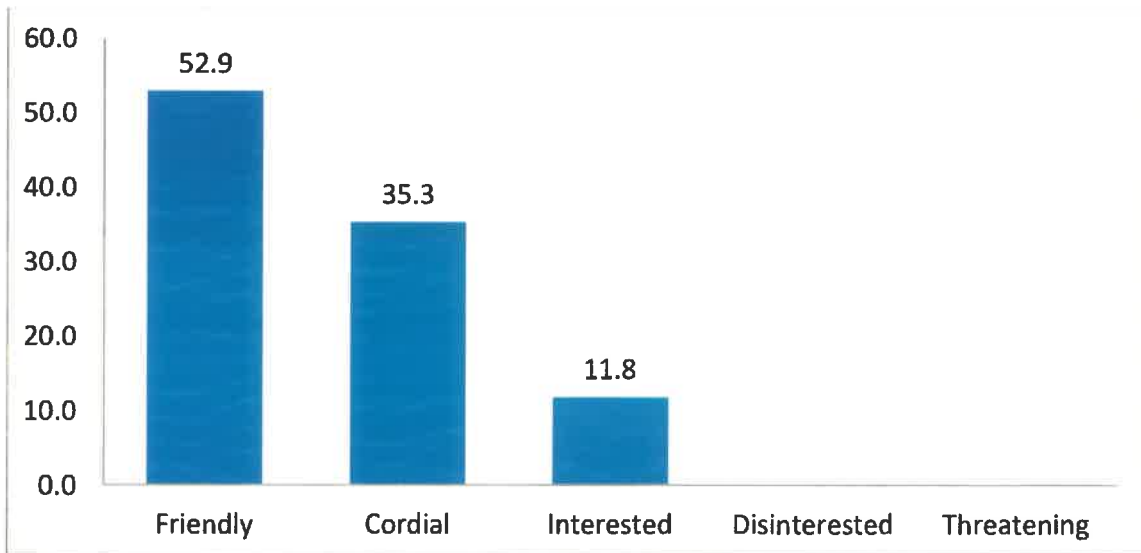
Medha J. J. DEAN
PRINCIPAL & DEAN

Figure 4.



Q8. How much support did you get from the faculty when you faced some difficulty while learning?

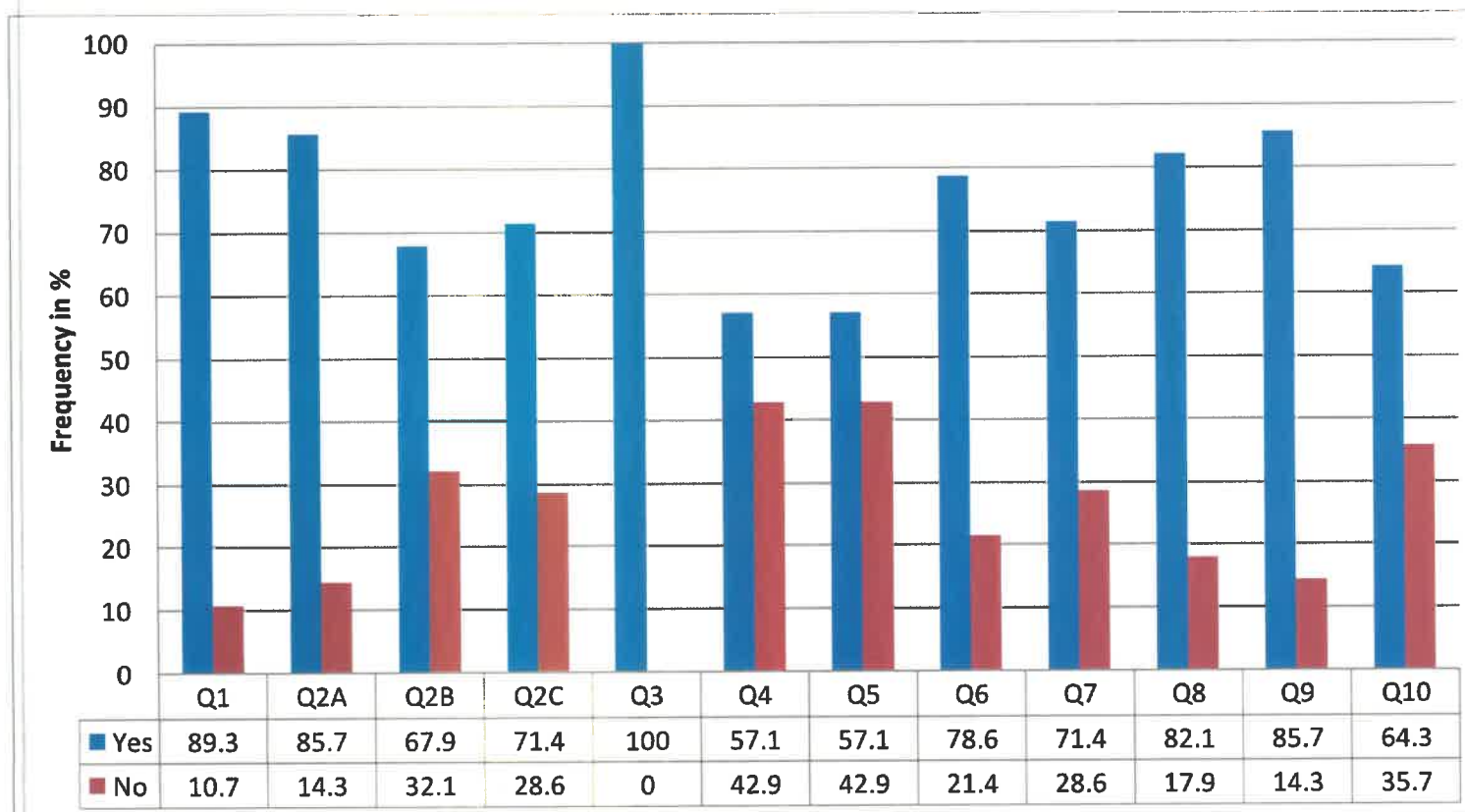
Figure 5:



Q10. Overall attitude of faculty members was

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Curriculum feedback from students



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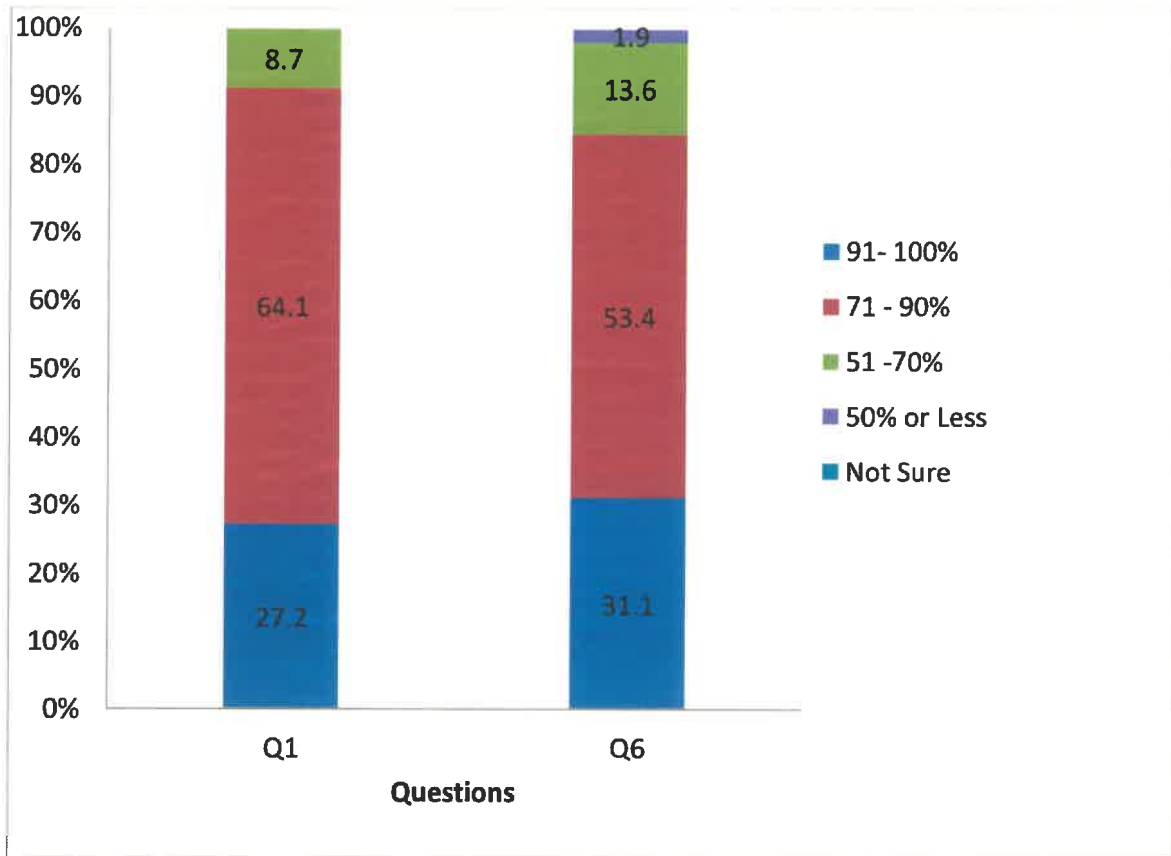
Questions .

- Q1. Has the curriculum been marginally supplemented/enriched by the institute
- Q2. The curriculum has been effective
- a) In dealing with the knowledge content
 - b) In addressing skill development
 - c) In developing attitudes expected of a Health care Professional
- Q3. Have adequate Learning resources provided to fulfill curricular requirements
- Q4. Have the curricular aspects been modified to address student needs
- Q5. Has the student community been involved in enriching the curriculum
- Q6. Has the curriculum been able to address professional requirements/needs
- Q7. Does the curriculum address holistic development of students
- Q8. Has the curriculum been translated/implemented to facilitate student learning
- Q9. Are value additional in tune with regional/national or global trends
- Q10. Have there been revisions/value additions in the curriculum based on feedback

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COURSE EVALUATION - 2016

Figure 1



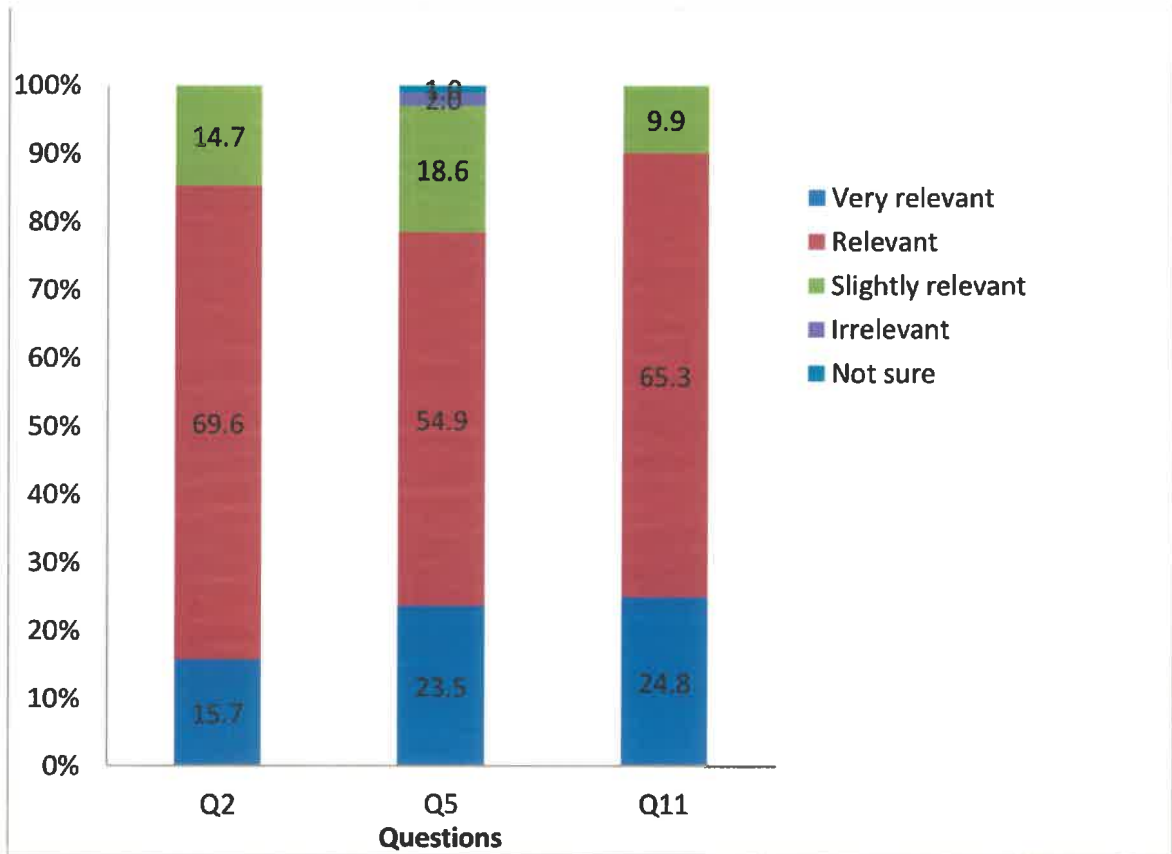
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Medha Rao

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Figure 2:



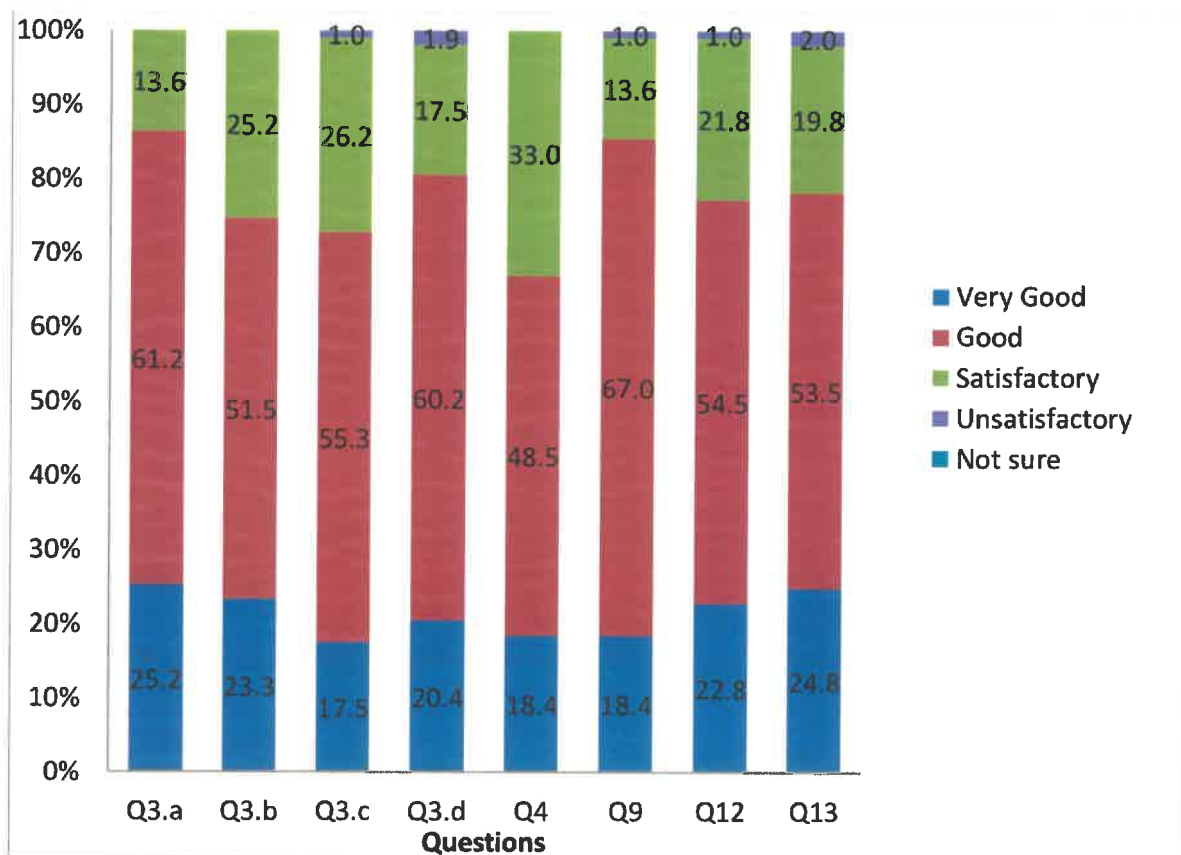
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Meetha G. Rao
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Figure 3.

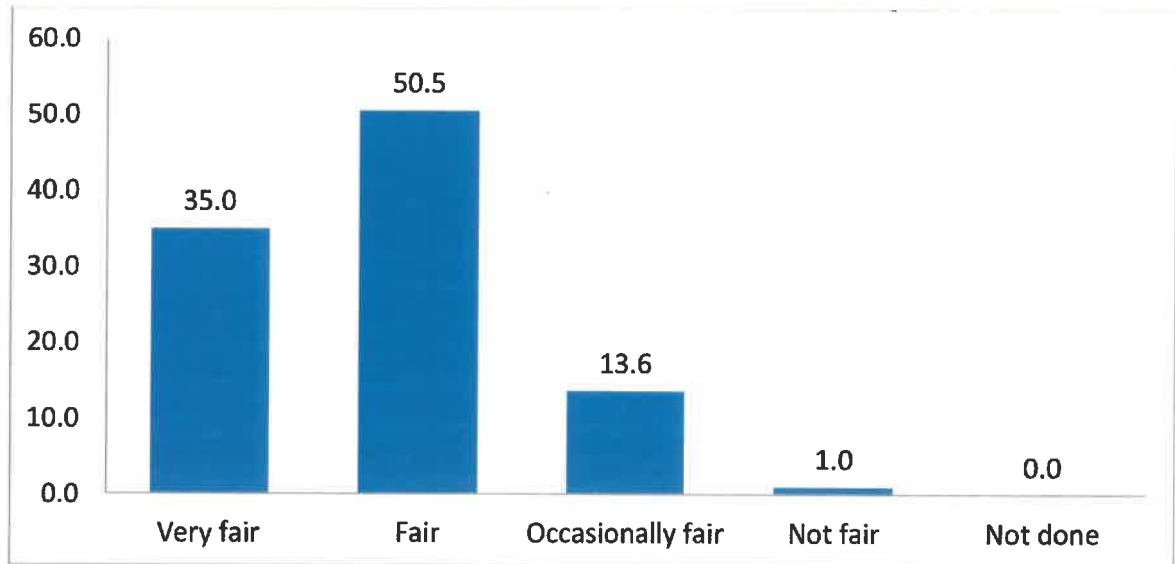


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Medha Rao

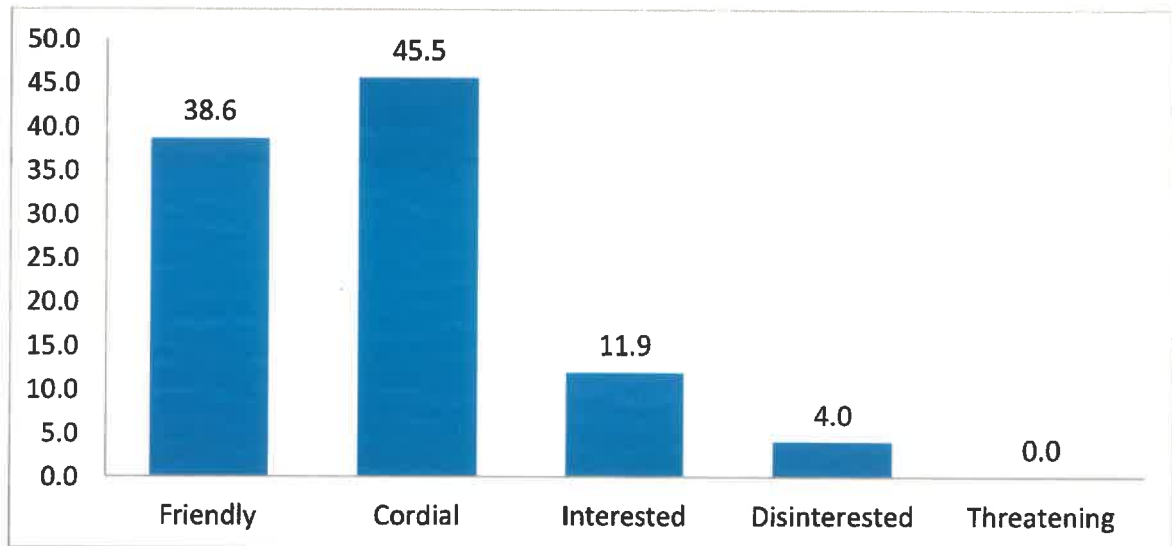
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Figure 4.



Q8. How much support did you get from the faculty when you faced some difficulty while learning?

Figure 5:



Q10. Overall attitude of faculty members was

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1st year MPT – AUGUST 2017
ANALYSIS OF FEEDBACK

1. What went well to continue?

- Regular case presentations and journal clubs and seminars (2)
- MTH - Medicine, paediatrics, Orthopedics and MH – Paediatrics case presentations and discussions
- Prior schedule given every month (academics)
- Emphasize of Research Module and clinical exposure given
- Table talk conducted for research proposal
- Attending Junior practicals (2nd year)

2. What to Stop?

- No Repetitive postings (2) and more of elective postings
- SDL's with Moderators and learning objectives
- Access to leaves when informed a month prior
- Overload of clinical work (after 1 pm) hampering academic learning
- Cancellation of CL's for irrelevant reasons
- Last day information regarding clinical posting schedule
- Being unprofessional irrespective of UG, PG or staff members.

3. What to start?

- Requirement for a librarian (2). Should be available from 9.00 – 4.30
- Term and prelims to be conducted strictly
- Extra-curricular activities to be included
- Full year posting schedule to be given
- Active discussion with PG and staff during clinical posting to be encouraged
- Clinical case discussions in the respective postings
- Sit-through and spot-on case presentations
- Access to all the books including Reference books and PDF's of the same in the library.
- Exam after every module.
- Consultants should be with the PG's for rounds
- Outfield programmes for PG's

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Ramendra
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M.S. Ramaiah Medical College
Bangalore - 54.

1. What went well to continue?

- PG programs (case presentation, journal presentation, seminars). Introduction of every domain.
- In some clinical postings, discussions are good.
- Community postings
- 2nd year PG programme was well organized and were effective in learning
- Exposure
- Privilege to plan the treatment program and progression
- Good initiative in starting onco, weight loss, geriatric rehab, which indeed highlights the role of a Physiotherapist in various fields.

2. What to Stop?

- Repeating posting. (One person getting same posting 5-6 times)
- Junior staff should accompany senior staff for seminar, as the learning is not effective only with junior staff.
- No active interaction of the staff in decision making in treatment program
- Systematic and scheduled time table for academics (a lot of classes gets cancelled)
- More exposure in the elective postings
- If module wise (idea for Coventry timetable) is more systematic
- Comp-off needed after Sunday duties.

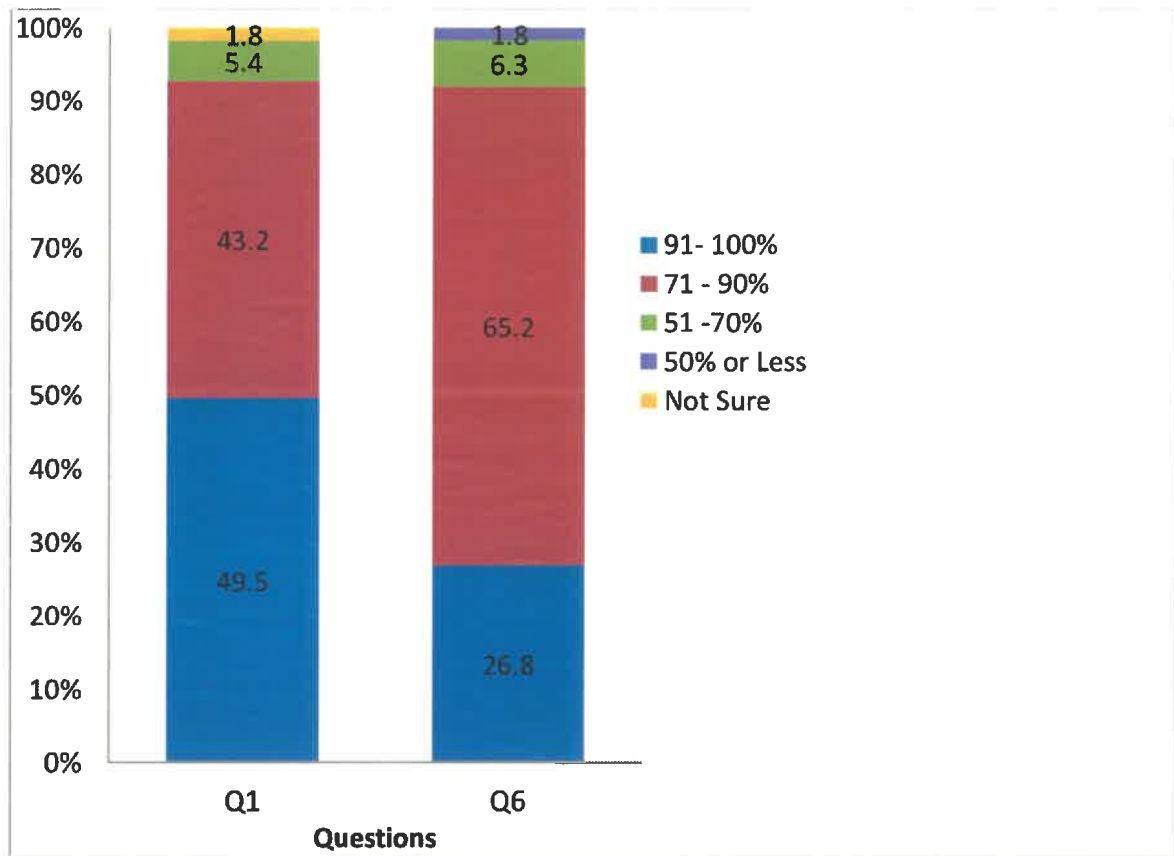
3. What to start?

- Women's health initiation in a better way
- Sports rehabilitation by sending for local field work
- Exercise testing – clinical laboratory for Physiotherapist
- External posting to other reputed hospitals for active learning
- Faculty should come for rounds (in selective postings)
- Systematic PG programme – 1st year
- Cultural events
- Practice skills should be encouraged

Medh9/a
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Saundha
PROF. & HEAD
Dept. of Physiotherapy
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Figure 1

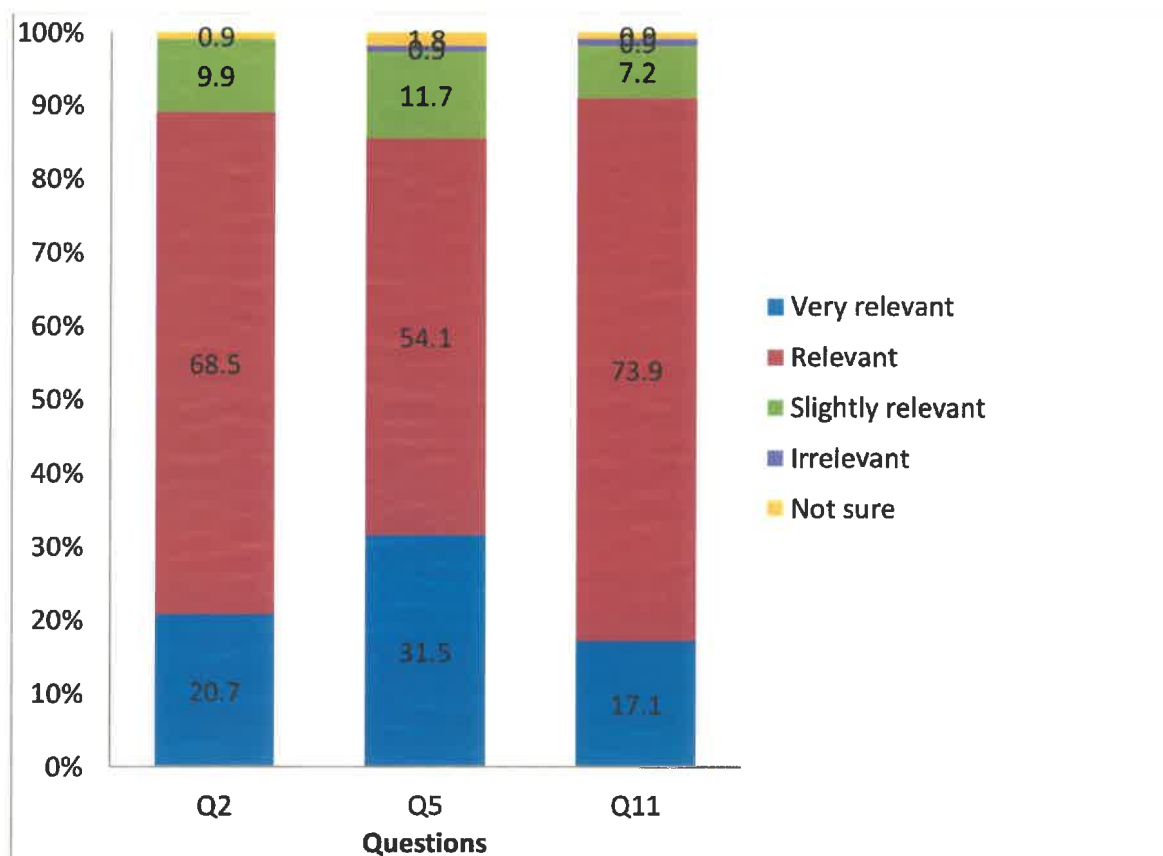


Q1: How much of the syllabus was covered?

Q6: How well did the examination questions reflect the content and emphasis of the teaching?

Medha Y. Rao
PRINCIPAL AND DEAN
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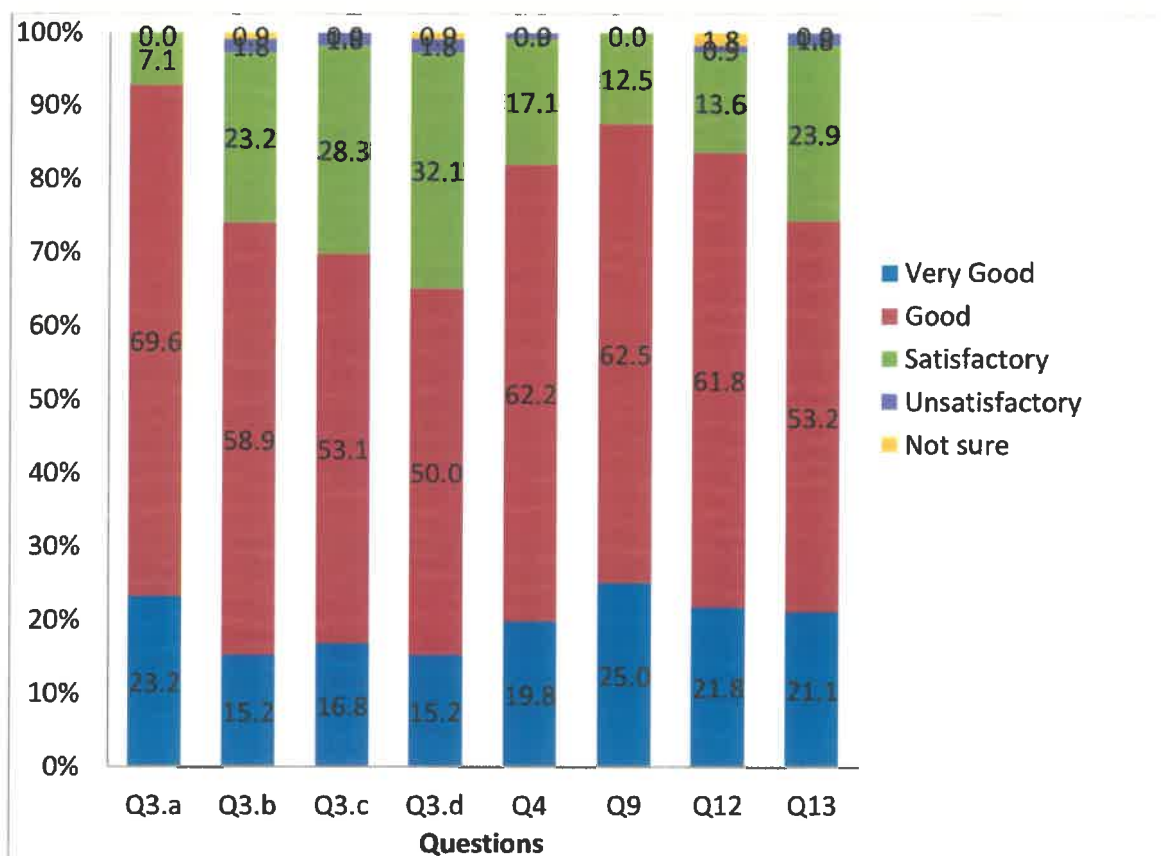
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PRINCIPAL AND DEAN
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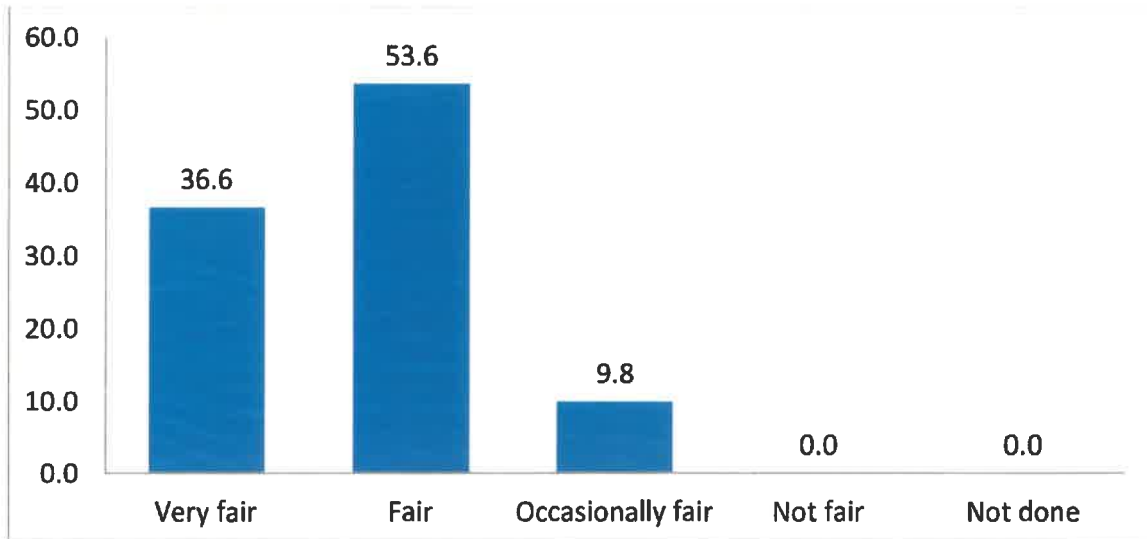


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Medh. G. Rao

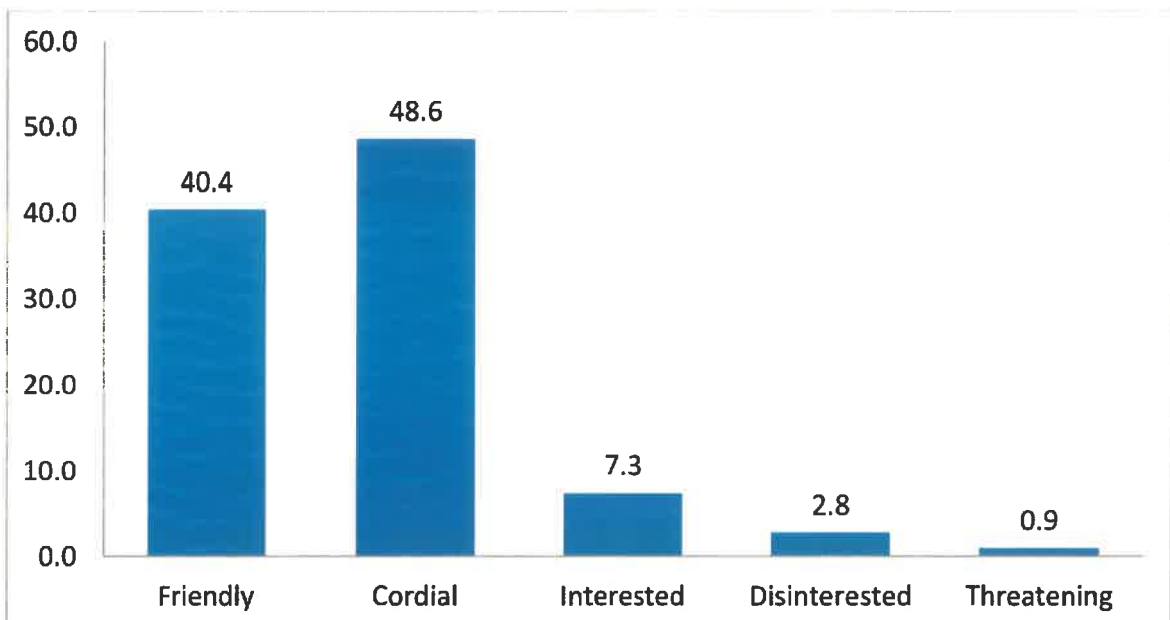
PRINCIPAL AND DEAN

Figure 4.



Q8. How much support did you get from the faculty when you faced some difficulty while learning?

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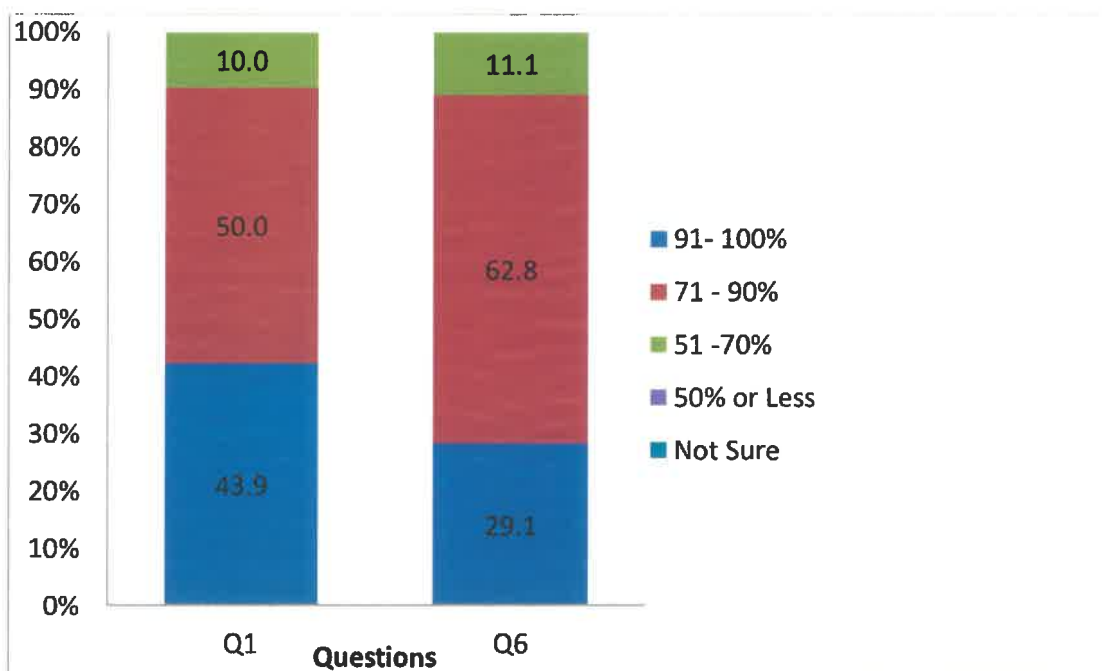


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COURSE EVALUATION - 2018

Figure 1

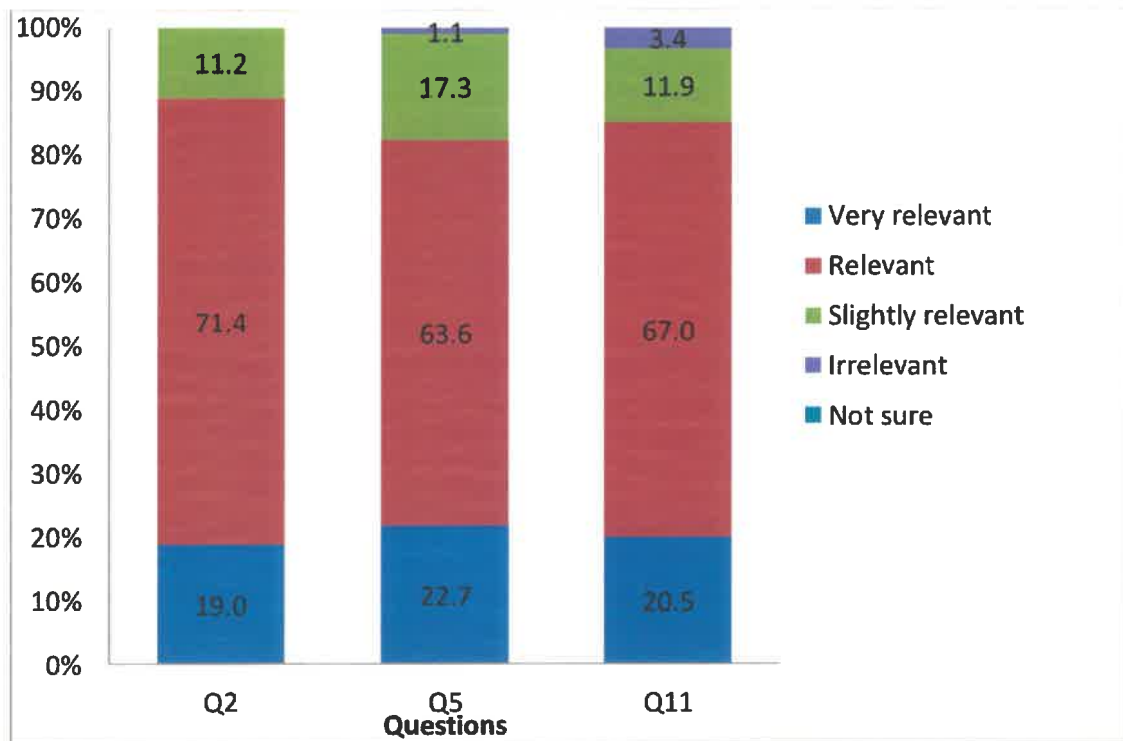


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Figure 2:



Q2 : How relevant and applicable was the training to real life situations?

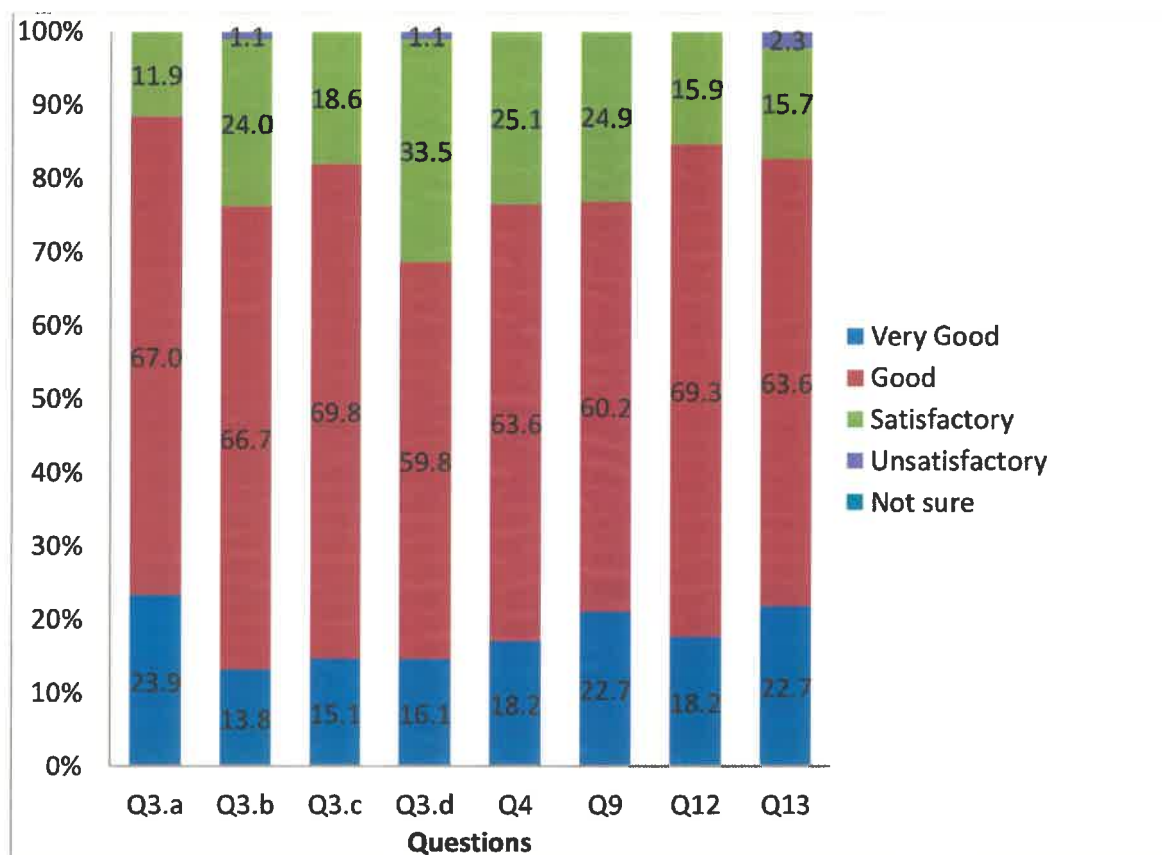
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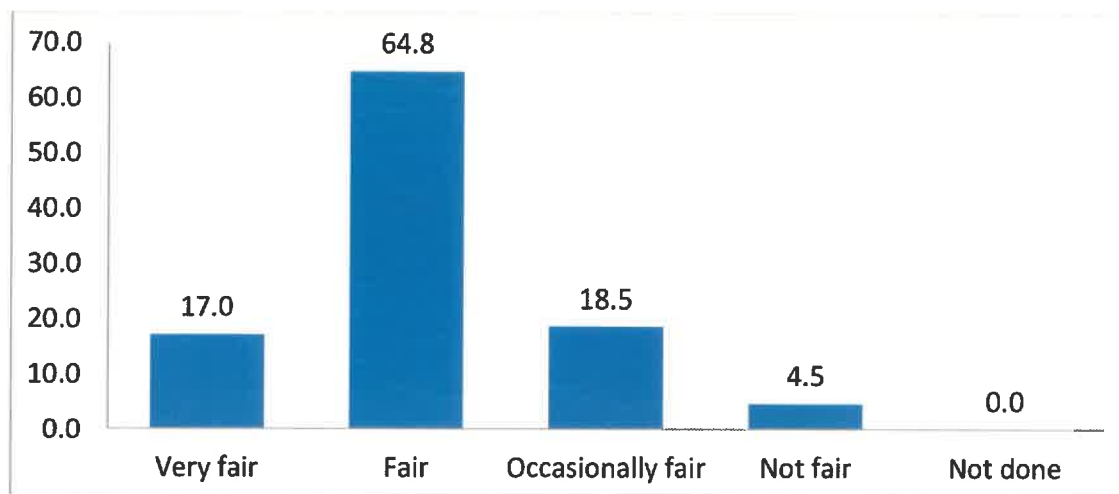
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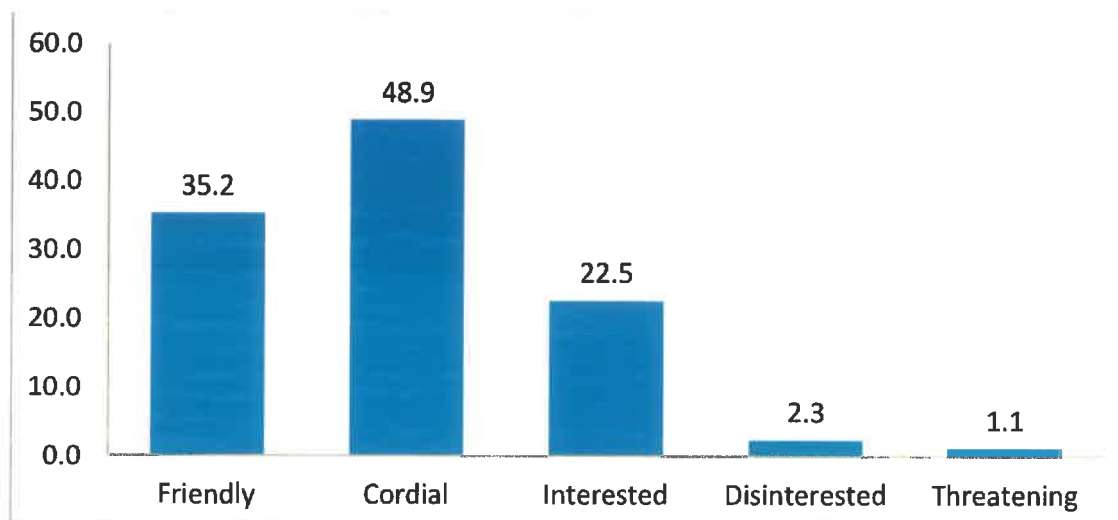
Meha Y. Rao

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ANALYSIS OF FEEDBACK – ACADEMIC PROGRAM**1. What went well that we should continue?**

- Schedule. (2)
- Biometrics
- Case Presentations (4)
- Enthusiastic co-ordinator
- Savita Maam's Classes (2)
- Soni Maam's classes.
- Clinicals.
- Bedside teaching (practicals)
- Journal club (3)
- Modules were scheduled appropriately.
- Women's health module was completed appropriately as compared to other modules.
- Basic assessment classes

2. What needs to be relooked at?

- Log Book. (2)
- Rotations of clinical postings
- Sanctioning of leaves (Our Earned CL's)
- Classroom and laptop for PG's.
- Journal clubs and seminars - (3)
- Spacious lockers to be provided.
- Conduction of classes.
- To finish classes within time period.
- Conduction of Journal club in a better way rather than pressuring the students (interactive and motivate way)
- Classes with the medicine PG's for respective electives eg: Ortho PG's combined class.
- Organized schedule (both from staff and students).
- Seminars; the input from the staff should be more. (2)
- Journal club checklist deadlines should be more earlier.
- Punctuality of staff to class.
- Blame game should be avoided.
- Modules could have been scheduled and done in a better, more practical.
- Emphasis of the module was lost midway started off well but kept lagging throughout.

Heath Jao
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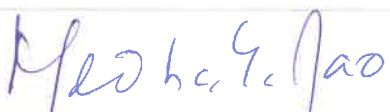
PROF. & H D Ramesha
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M.S. Ramaiah Medical College

- Research classes could be taken in further detail and informative as it was just theoretical and not directly relevant to synopsis.
- Exercise physiology module was not executed properly, learning did not occur out of it.
- Teachers do not adhere to timelines as per schedule.
- ECG Classes NOT TAKEN APPROPRIATELY.
- Paediatric assessment classes.

3. What should we start that would benefit the program?

- Proper class teaching.
- Providing study materials.
- Inputs by staff.
- 6 months of elective postings. (2)
- Combined classes with medical PG's.
- Provision of library card.
- More classes by the staff than students (discussion will be fine)
- Stop treating PG's like they know everything.
- Sharing learning material.
- Active participation from staff.
- More practical and evidence based learning.
- More lab based practical's like the ones held for exercise physiology.
- Exposure to the equipment available both at MH and MTH, as a practical class.
- Lab - Practicals.
- More seminars but with modified approach more teacher/staff interactions.
- NOTICE BOARD AND CLASSROOM FOR PG's
- Student counseling.
- Some extracurricular activities during frustrating phase.
- Clinical society meeting schedule in prior.

WE WOULD LIKE TO HAVE "SUGGESTION BOX" FOR STUDENTS TO COMMUNICATE WITH AUTHORITY.


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Ravendra
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ANALYSIS OF FEEDBACK – CLINICAL TRAINING**1. What went well that we should continue?**


- Morning discussions in few postings. (2)
- Clinical exposure
- Different posting and discussions.
- Hydrotherapy postings
- Shaswat sir's discussions (are the best)
- Individual decision making opportunity
- Exposure inadequate.
- Discussions held at clinics.
- Good Exposure
- Alternative holiday/Sunday duty in MH/MTH.

2. What needs to be relooked at?

- Rotations of clinical postings. (2)
- Clinical timings especially in OPDs
- Clinical rounds.
- Sunday duty and evening duty should not be kept in the same week for a student. Most of the time Sunday duty and evening duty put together.
- Allow PG's to attend surgeries and procedures officially.
- No repeat postings. (3) – Appropriately scheduled cyclic shuffling of postings.
- Log book adherence (by staff)
- Frequent rounds by consultants.
- Struggle for CL.
- Hydrotherapy postings*
- Emphasis on LOGBOOK needs to be mandatory.
- Case presentations should be more number (may be 2) – depending upon student's interest.
- More elective exposure in 1st year too.
- Not everyone comes from a good UG college so it would be better if the staff would consider that into account.
- Patient load in few postings.



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3. What should we start that would benefit the program?

- 6 MONTHS OF ELECTIVE POSTINGS
- Vaccination. (2)
- Offload the work of PG's.
- More involvement of junior staff in clinical WORK.
- Evaluation duties with senior staff.
- Bed side teaching to assess skills.
- If teaching staffs and clinical staffs can take leave for 10 days to 1 month, why is it so that PG's can't take more than 3 days together?
- A few months of elective postings even in 1st year, because directly getting elective posting is difficult to catch up in 2nd year.
- PG – Elective classes with other department PG's (respective)
Eg: Ortho classes with PT & Ortho PG's that are being carried out already.
- Extracurricular activities (Health based/exercise based, sports based activities for staff and PG's)
- Mid-term break and decreased struggle for CL's – because it is frustrating and we are stressed out.
- Hydrotherapy postings.
- Out postings, exposure more frequently.
- Structured clinical posting like UG program for the whole year.
- More of elective posting.

PLEASE CONSIDER ATLEAST THE BOLD WRITINGS AND UNDERLINED.


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ANALYSIS OF FEEDBACK – ACADEMIC PROGRAM**1. What went well that we should continue?**

- Ortho elective was good learning experience /knowledgeable.
- Dr. Shobhalakshmi is all time favourite and the heart winner.
♥♥♥★♥♥♥(love you ma'am) (lots of kisses) You are the best ma'am.
- Knowledge and skill of the professor.
- Dr. Shobha Ma'am - Best/Excellent 2nd year coordinator (2)
- "Shobha Ma'am" managed everything very well, was very understanding and made us feel very comfortable throughout the year which is rare in our college.
- Co-ordinator ensured all classes were scheduled and happened on time. 1st year classes which were missed out also ensured was done.
- Onco class went well.
- Ramesh sir's classes are always mind blowing, brilliant.
- Ortho elective class went well on schedule.
- Out postings and academic conference opportunities were good exposure.
- Interdisciplinary classes should continue as it helps in interacting with consultant and making aware of physio management.
- Shobha Ma'am is awesome.
- Good learning from Ramesh Sir, Soni Ma'am, Sundar Sir, Ziona Ma'am, *Shobha Ma'am*.
- Kaiwara and other out postings were a good experience.
- Good conferences held here.

2. What needs to be relooked at?

- Combined class with the speciality departments should be scheduled and well organized.
- Handling skills should be demonstrated by the staffs (one on one) and students handling skills should be relooked on fine tuning.
- Teaching skill should be taught to the student.
- SPSS Class.
- Most classes were not helpful as most of the staff only yelled at the students for not knowing things which should have been taught. As PG's we are here to learn. It shouldn't be understood we know everything.
- Seminars were not very useful in learning and should not be used as a learning method.


M. S. Ramaiah
PRINCIPAL AND DEAN


S. Ramudra
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Dept. of Physiotherapy
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- Staff needs to provide adequate inputs – lot of time staff walks in and walks out with no input which hampers our learning.
- Classroom teaching for hands-on skills by faculty may not be in detail but mild exposure towards the approach.
- Every month leaves should be updated to the students or once in a while.
- Case presentation should go in proper manner not stopping in between without any conclusion.
- Log book is beneficial in a way but certain topics like new skills and self evaluation are not always applicable.
- Scrubs would be less expensive than buying clothes for college.
- Collection of Physiotherapy books at central library.
- PG rooms need renovation.
- Seminar room's ceiling is falling.

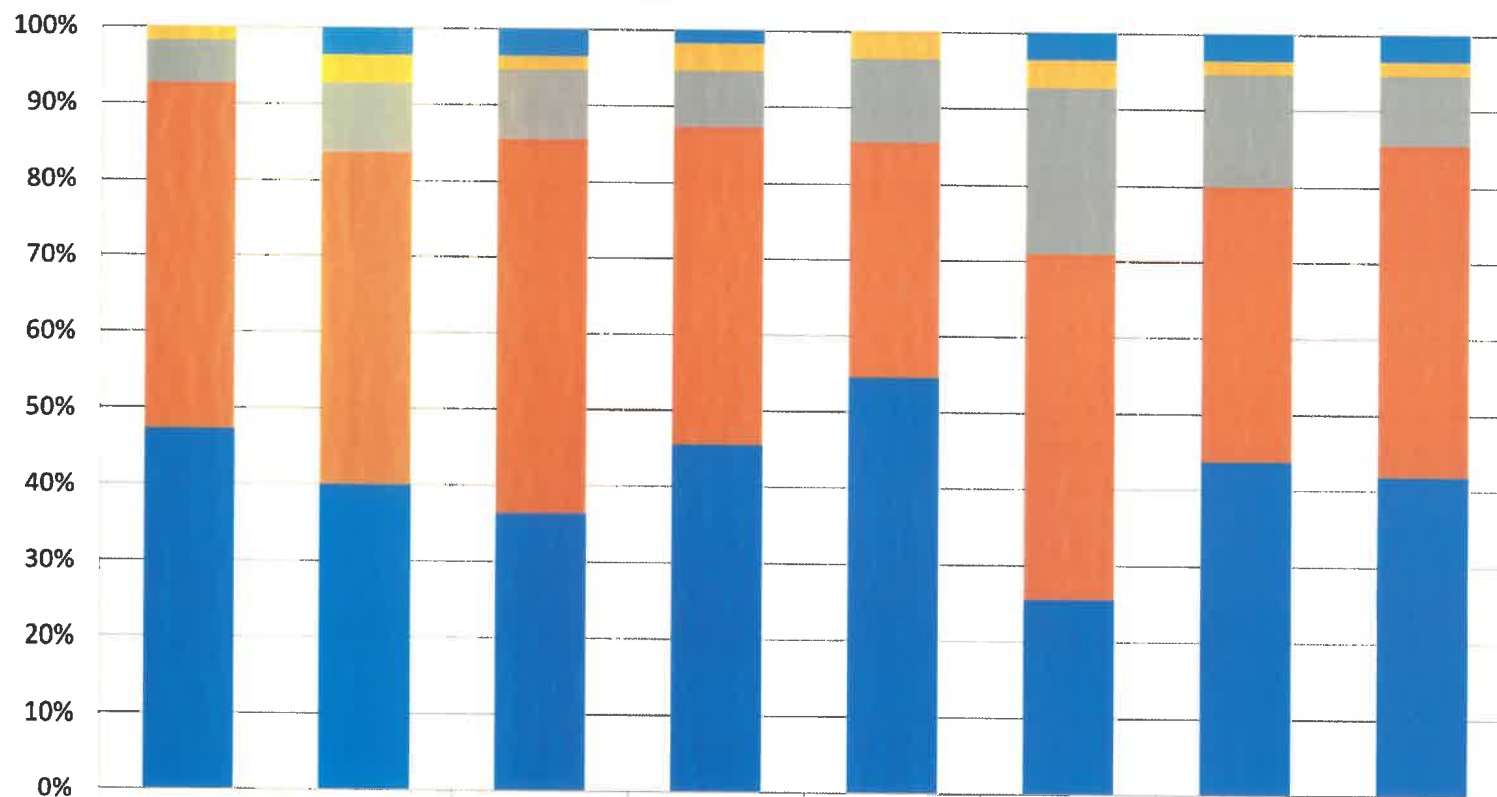
3. What should we start that would benefit the program?

- Increase the duration of elective postings/classes (6-8 months).
- Students life cannot be ruined with PPT, teachers are suppose to teach the student rather than being observer and telling us what is wrong.
- Motivation from teacher would be better rather than under-estimation of the student skill/knowledge.
- Staff oriented classes taken by the staff that would improve our knowledge.
- Discussions and SDL's will not aid our already existent knowledge.
- Elective postings for should be started from 2nd year.
- Organized classes for Neuro elective people especially because classes are in unscheduled manner.
- Giving scheduled seminars and UG teaching programme prior 6 months atleast.
- Scheduled academic time table should be done for 6 months not 1 month prior.
- This year exercise practical haven't been of any use because half of them we have missed. One day we go and next day other batch. There is no flow, due to those once in a week practicals.
- Do not combine RGHHS and RMC rules and regulations. Please follow one set of rules for the whole course. Requirements for a MD is different from MPT students.
- Framework for the PG program should be given before starting; time spend for topic should be relevant to syllabus and exams.
- Whenever there is gap of knowledge during seminars or case presentations, teaching would benefit rather than (staff) walking out.


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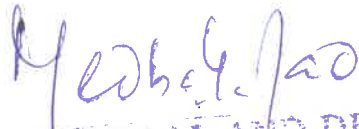

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Alumni feedback on curriculum

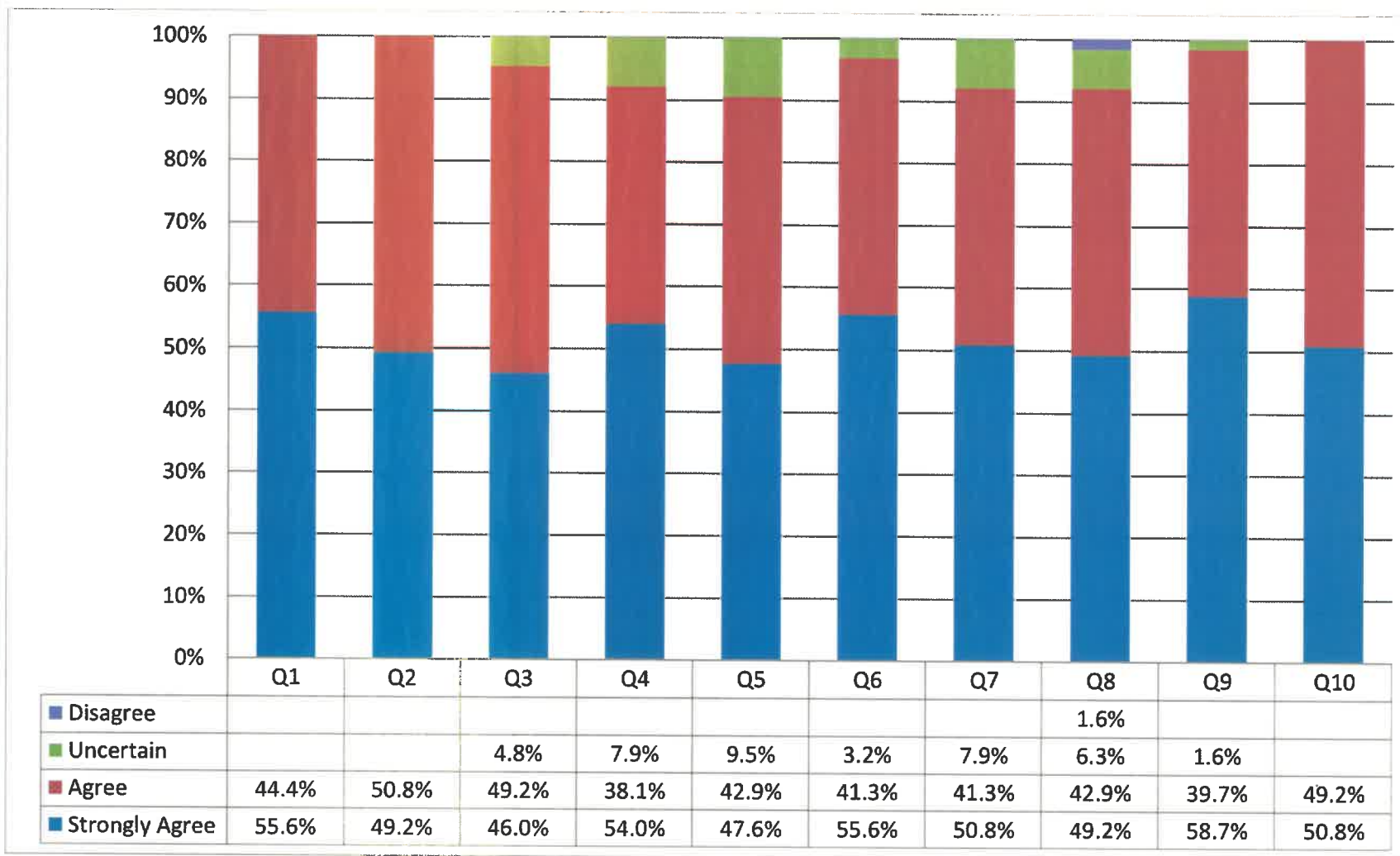


	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8
Strongly Disagree		3.6%	3.6%	1.8%		3.6%	3.6%	3.6%
Disagree	1.8%	3.6%	1.8%	3.6%	3.6%	3.6%	1.8%	1.8%
Uncertain	5.5%	9.1%	9.1%	7.3%	10.9%	21.8%	14.5%	9.1%
Agree	45.5%	43.6%	49.1%	41.8%	30.9%	45.5%	36.4%	43.6%
Strongly Agree	47.3%	40.0%	36.4%	45.5%	54.5%	25.5%	43.6%	41.8%

- Q 1. The educational experience with the curriculum has helped me to perform better in my present assignment.
- Q 2. The curriculum has stressed equally on theoretical knowledge and professional skills.
- Q 3. I was given ample opportunities to learn about professionalism and ethics.
- Q 4. The curriculum has enabled me to gain a humane approach towards peers, students, patients and their families.
- Q 5. The examination system followed was transparent and fair.
- Q 6. The student mentorship program and opportunities for grievance redressal helped me to progress in my academic and extracurricular activities.
- Q 7. It was encouraged to pursue higher studies and research during my training.
- Q 8. The curriculum provided adequate training to appear in competitive examinations and acquire the skills to participate in the challenging field of job placement.


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Employer feedback on curriculum



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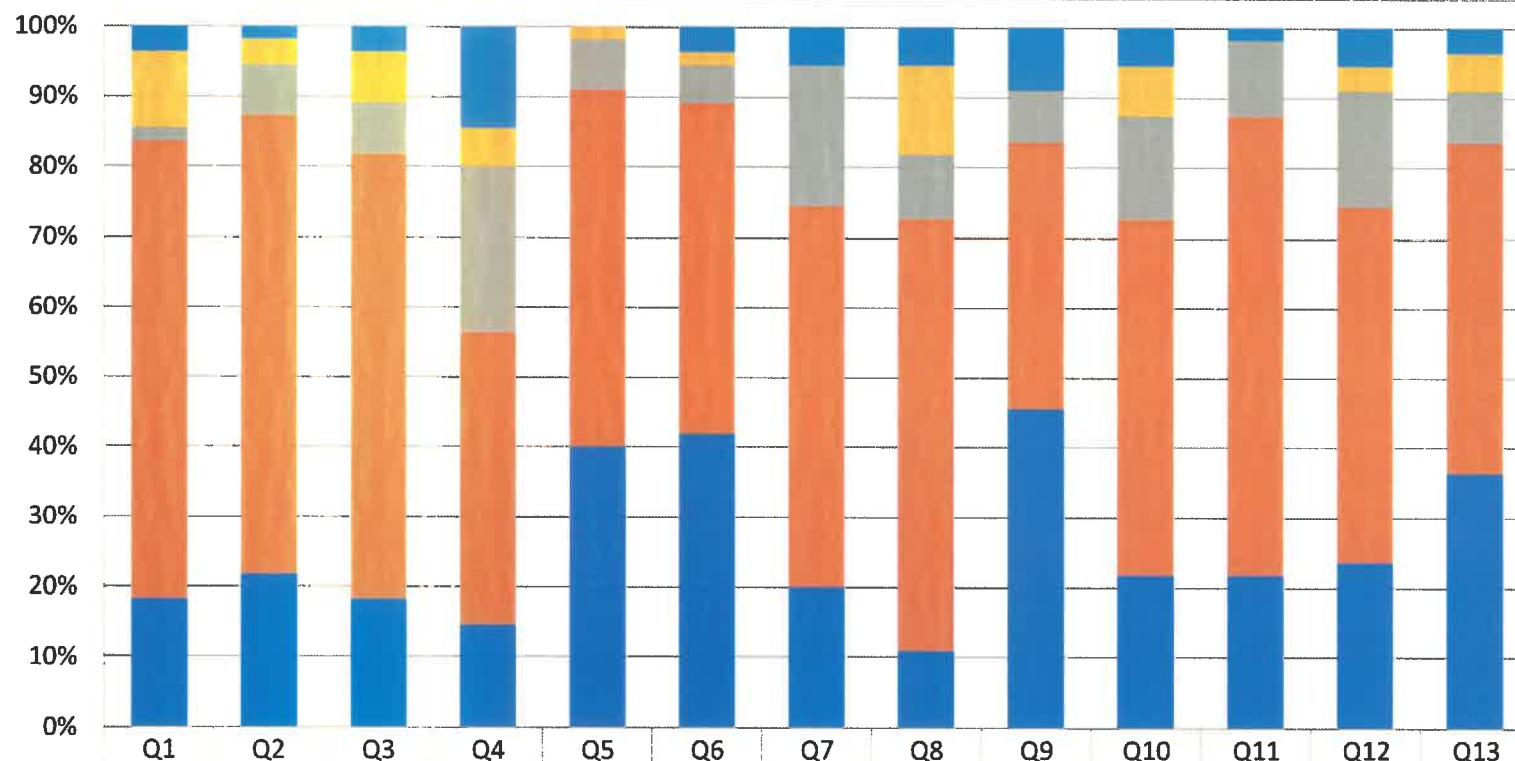
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Handwritten Signature
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- Q1: The curriculum has enabled the employee to acquire adequate subject knowledge, skill and competency.
- Q2: The curriculum has integrated knowledge in basic medical sciences and preventive medicine with its application in clinical practice.
- Q3: The curriculum has enabled the employee to gain an understanding of the importance of a humane approach towards students, peers, patients and their families.
- Q4: The curriculum has enabled the employee to understand group dynamics and be a good team worker.
- Q5: The curriculum has provided the employee with good communication skills.
- Q6: The curriculum has enabled the employee to pursue continued self-learning and to be a life-long learner.
- Q7: The curriculum has enabled the employee to acquire the skills to access electronic learning resources and apply them.
- Q8: The curriculum has created an interest to practice evidence-based medicine and pursue research.
- Q9: The employee can recognize the nature of acute medical emergencies and can effectively carry out basic life-saving procedures.
- Q10: The curriculum has provided the employee with adequate job suitability.

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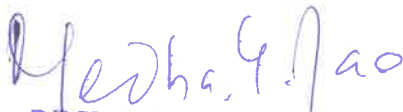
Students (Interns') feedback on curriculum



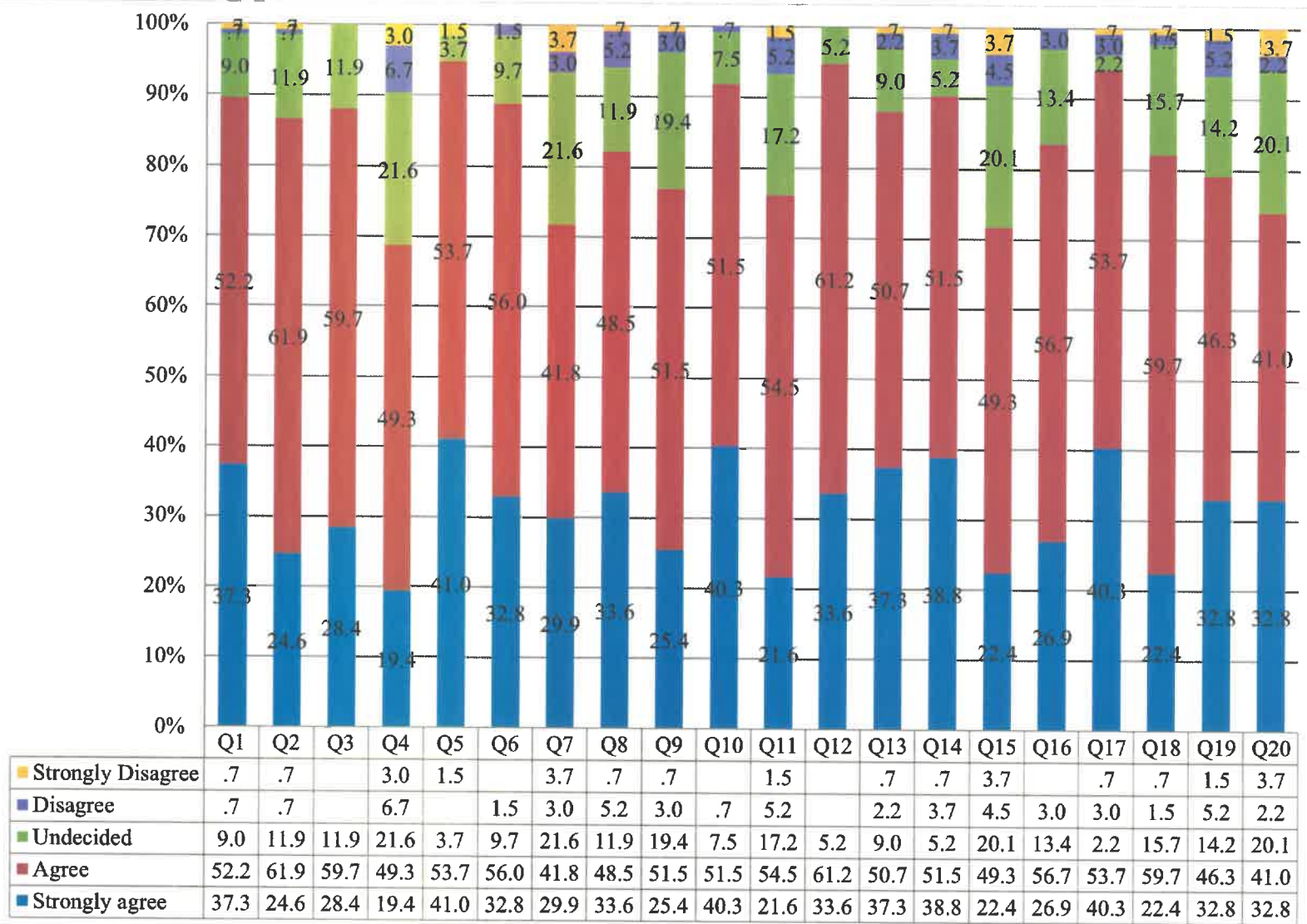
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Yedha. G. Rao
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- Q1. The curriculum enabled me to acquire competence in the diagnosis and management of common health problems.
- Q2. I have developed the skills to do a complete clinical examination, decide on the relevant investigations and interpret.
- Q3. The curriculum integrated knowledge in basic medical sciences with its application in clinical practice.
- Q4. I have acquired the skills to use diagnostic equipment and perform common procedures.
- Q5. I have gained a humane approach towards peers, patients and their families.
- Q6. The training has enabled me to pursue continued self-learning and to be a life-long learner.
- Q7. I have acquired the skills to access electronic learning resources and apply them.
- Q8. The curriculum has created an interest to practice evidence-based medicine and pursue research.
- Q9. I have understood the importance of maintaining accurate medical records.
- Q10. I can recognize the nature of acute medical and surgical emergencies and can effectively carry out basic life-saving procedures.
- Q11. The curriculum has familiarized me with the importance of National health programmes, prevention and control of diseases, immunization and health education.
- Q12. The time allotted to cover the curriculum is adequate.
- Q13. The examination system followed was transparent and fair.


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Curriculum feedback - Phase III



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Medha G. Rao

Questions :

- Q1. The curriculum integrated knowledge in basic medical sciences with its application in clinical practice.
- Q2. I have developed the skills to do a complete clinical examination, relevant investigations and interpret.
- Q3. The curriculum enabled me to diagnose and manage common health problems.
- Q4. I have acquired the skills to perform common clinical procedures.
- Q5. I have gained a humane approach towards peers, patients and their families.
- Q6. The training has enabled me to pursue continued self-learning and to be a life-long learner.
- Q7. I have acquired the skills to access electronic learning resources and apply them.
- Q8. The curriculum has created an interest to practice evidence-based medicine and pursue research.
- Q9. The Integrated Teaching classes conducted have helped me clear my concepts and enabled deeper understanding of the subject.

Q10. I have understood the importance of maintaining accurate medical records.

Q11. I can recognize the nature of acute medical and surgical emergencies and carry out basic life-saving procedures.

Q12. The curriculum has made me aware of the National health programmes, prevention and control of diseases, immunization and health education.

Q13. The examination system followed was transparent and fair.


Q14. Coverage of the course was complete in the prescribed time.

Q15. Contents beyond the syllabus were covered adequately.

Q16. Objectives of the course were achieved.

Q17. Lesson plan/schedule of lectures, practicals and tutorials was provided at the beginning of academic year/semester.

Q18. I have fully achieved the graduate attributes prescribed for the programme.



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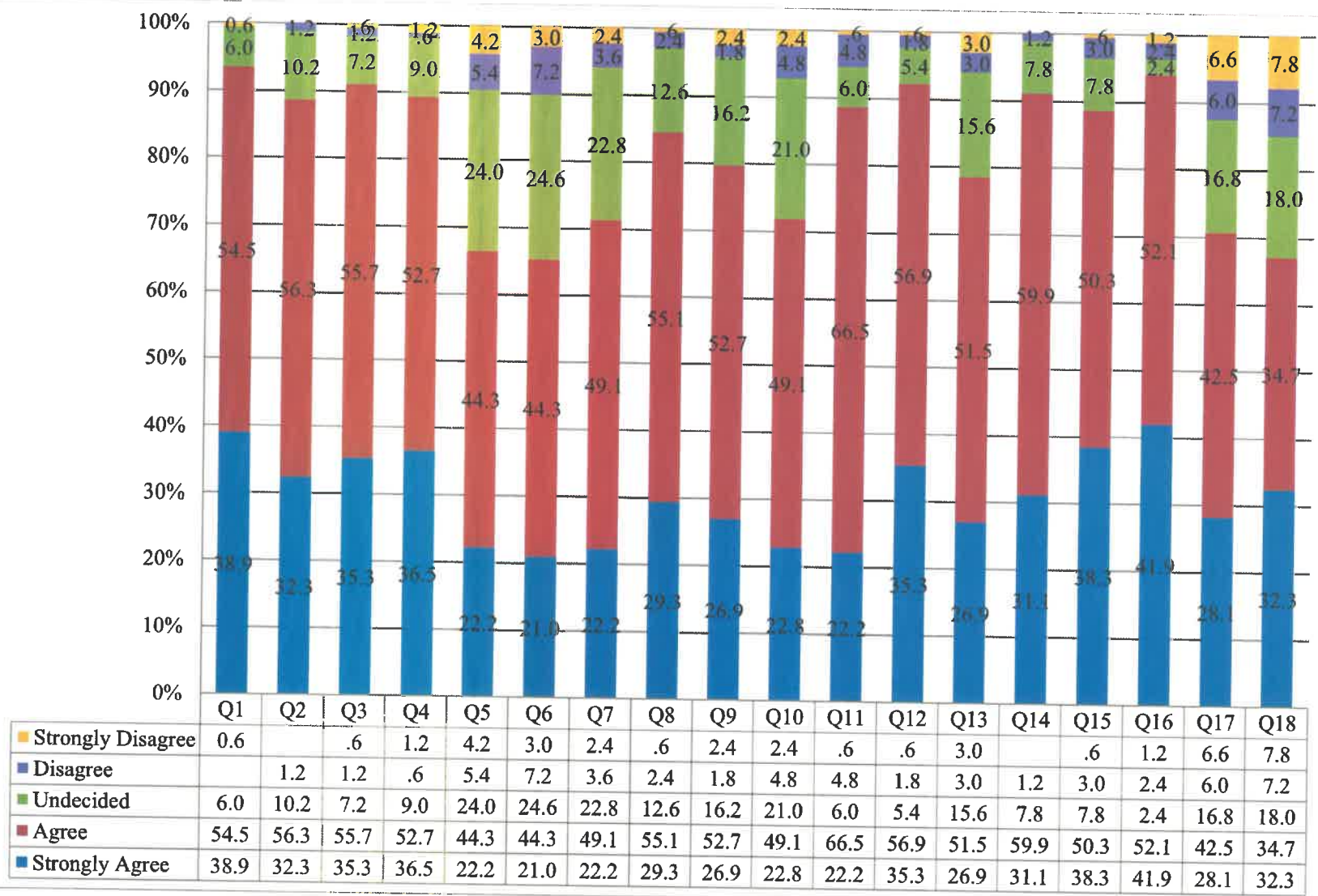
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Q19. Foundation course at the beginning of my MBBS program would have been more helpful.

Q20. Early clinical exposure during phase I of MBBS would have been more helpful.

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Curriculum feedback - Phase II



Meetha G. Rao
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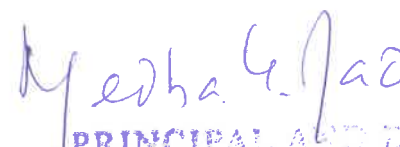
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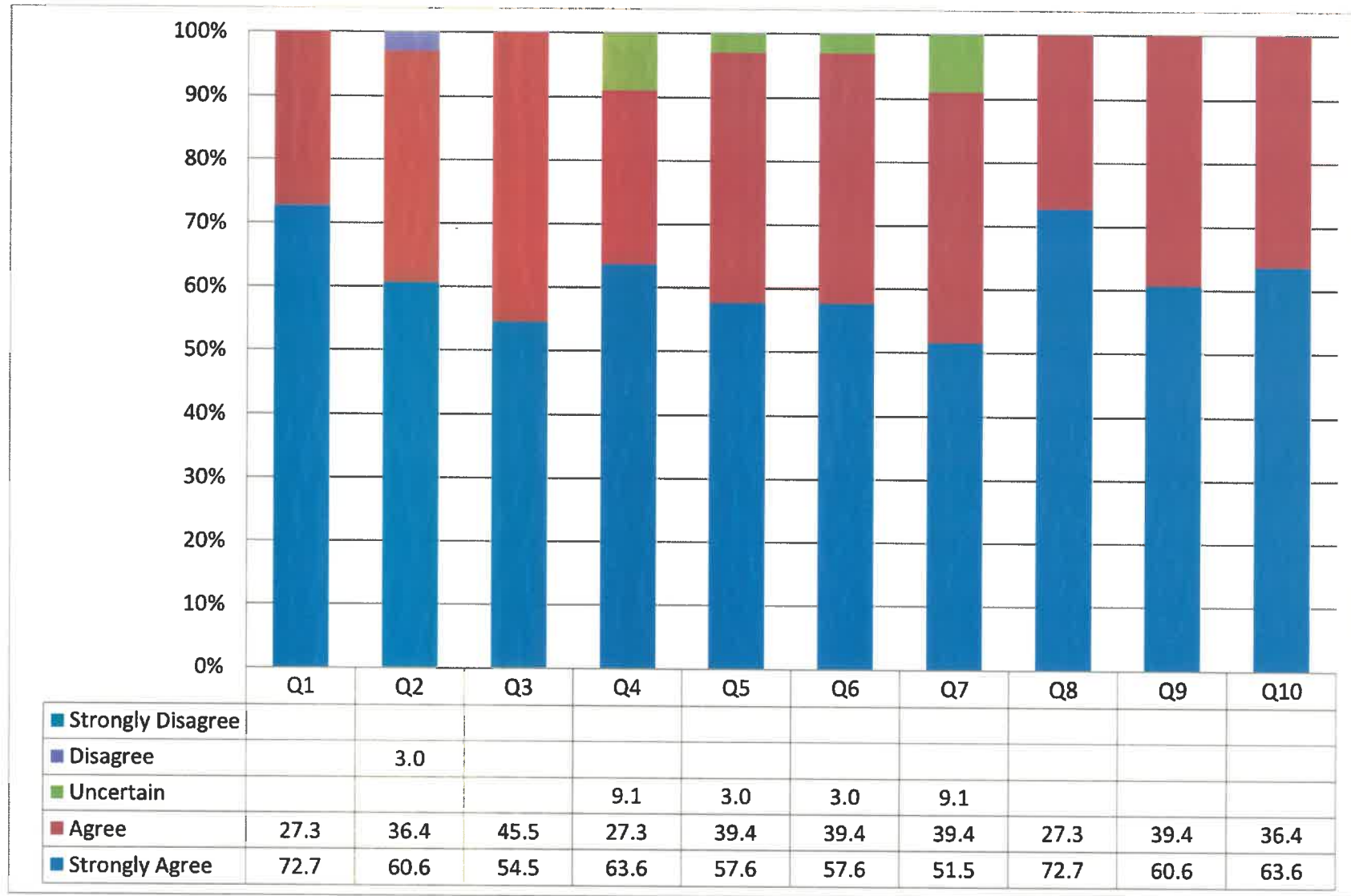
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Questions :

- Q1. The curriculum integrated knowledge in basic medical sciences with its application in clinical practice.
- Q2. The laboratory training also provided me with skills to decide on the relevant investigations and interpret.
- Q3. I have acquired skills to take a complete history and do clinical examination on patients.
- Q4. I have gained a humane approach towards peers, patients and their families.
- Q5. The museum has enabled me to pursue continued self-learning and to be a life-long learner.
- Q6. The museum enabled me to integrate basic sciences with clinical application.
- Q7. I have acquired the skills to access electronic learning resources and apply them.
- Q8. The curriculum has created an interest to practice evidence-based medicine and pursue research.
- Q9. The Integrated Teaching classes conducted have helped me clear my concepts and enabled deeper understanding of the subject.
- Q10. I can recognize the nature of acute medical and surgical emergencies and can effectively carry out basic life-saving procedures.
- Q11. The curriculum has familiarized me with the importance of National health programmes, prevention and control of diseases, immunization and health education.
- Q12. Coverage of the course was complete in the prescribed time.
- Q13. Contents beyond the syllabus were covered adequately.
- Q14. Objectives of the course were achieved.
- Q15. Lesson plan/schedule of lectures, practical's and tutorials was provided at the beginning of academic year/semester.
- Q16. The examination system followed was transparent and fair.
- Q17. Foundation course at the beginning of my MBBS program would have been more helpful.
- Q18. Early clinical exposure during phase I of MBBS would have been more helpful.


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Professional Feedback on curriculum



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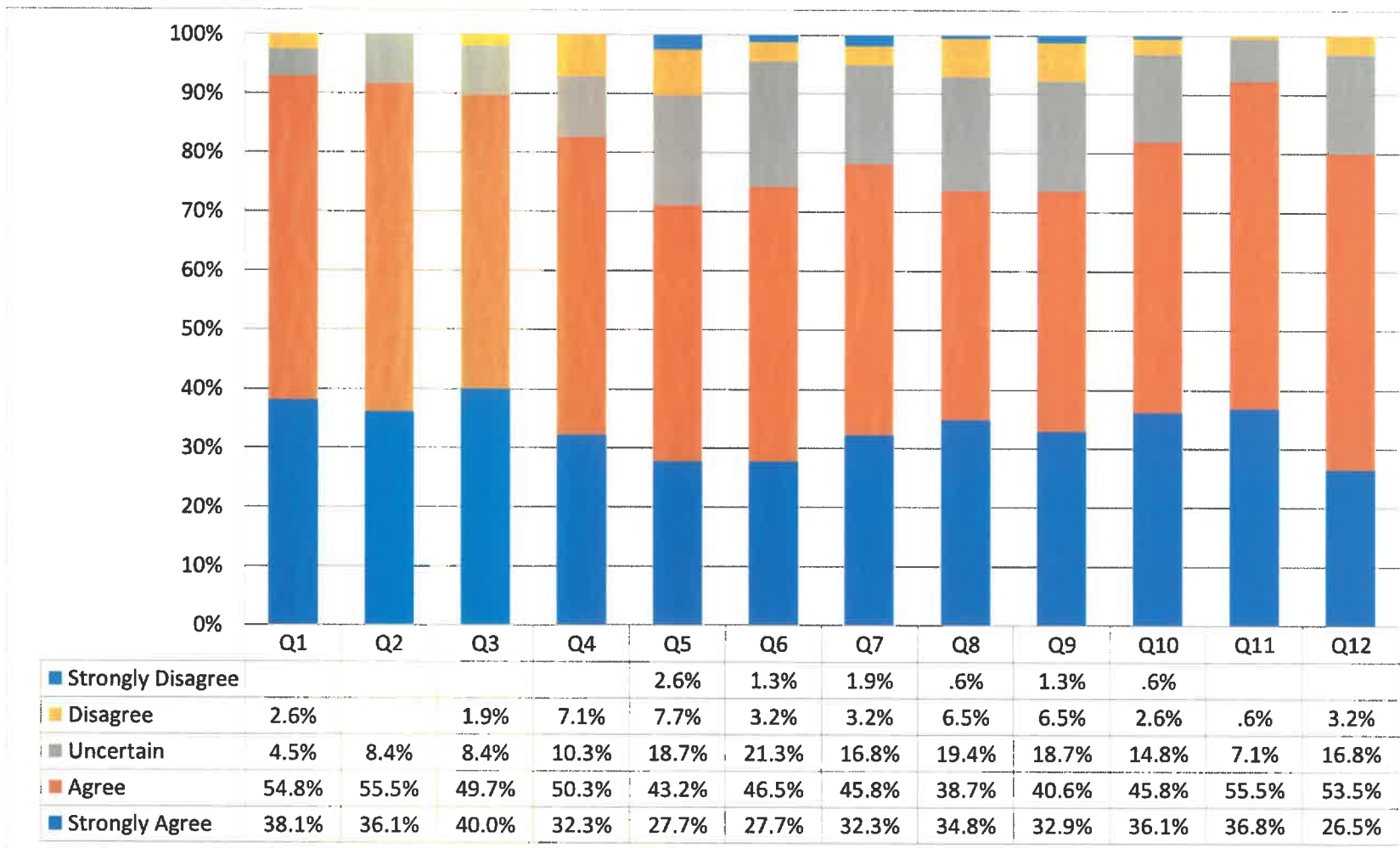
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- Q1: The curriculum has enabled the student to acquire adequate subject knowledge, skill and competency.
- Q2: The curriculum has integrated knowledge in basic medical sciences and preventive medicine with its application in clinical practice
- Q3: The curriculum has enabled the student to gain an understanding of the importance of a humane approach towards students, peers, patients and their families.
- Q4: The curriculum has enabled the student to understand group dynamics and be a good team worker
- Q5: The curriculum has provided the student with good communication skills.
- Q6: The curriculum has enabled the student to pursue continued self-learning and to be a life-long learner.
- Q7: The curriculum has enabled the student to acquire the skills to access electronic learning resources and apply them.
- Q8: The curriculum has created an interest to practice evidence-based medicine and pursue research.
- Q9: The student can recognize the nature of acute medical emergencies and can effectively carry out basic life-saving procedures.
- Q10: The curriculum has provided the student with adequate job suitability.

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Faculty feedback on curriculum



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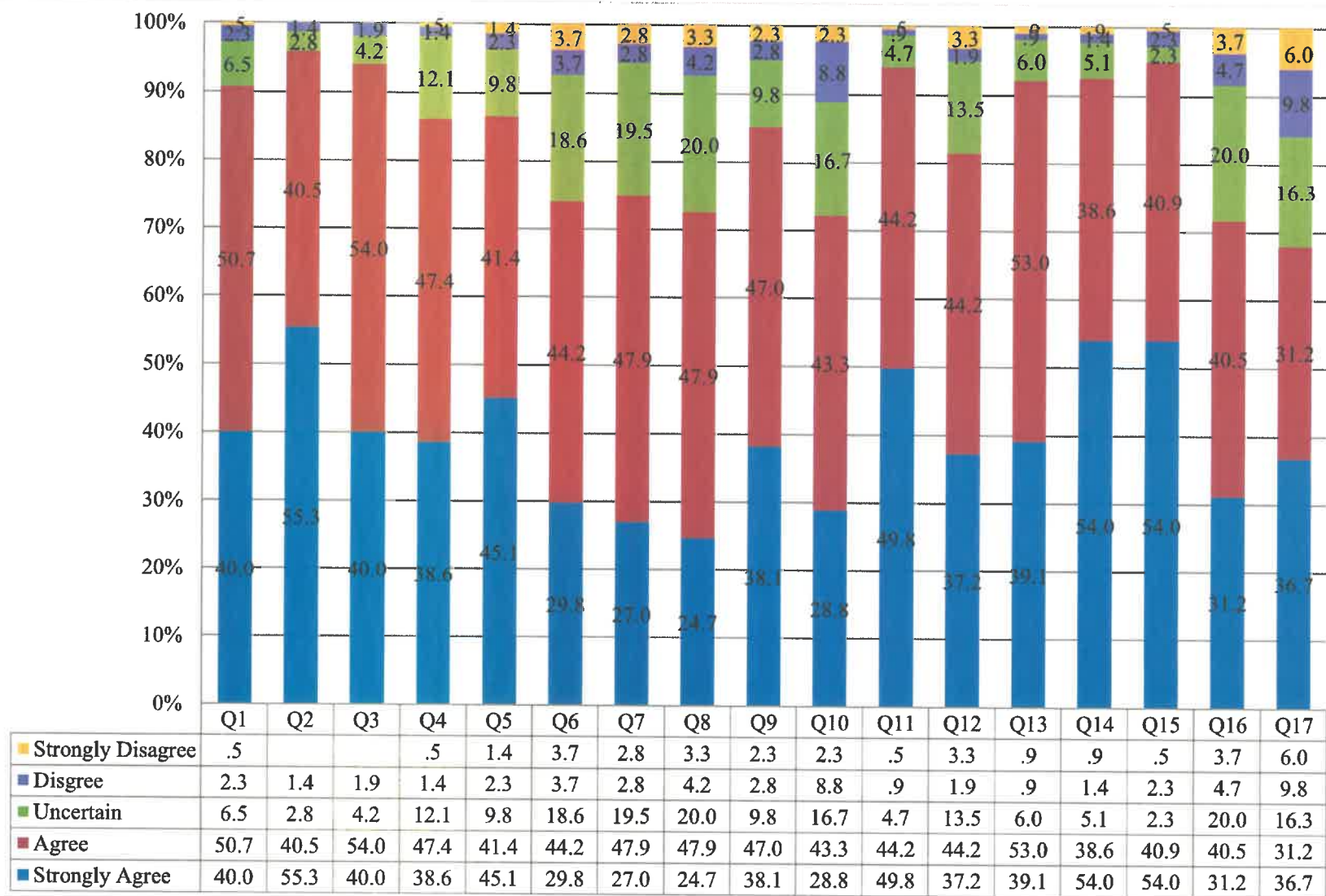
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- Q 1. The curriculum enables the student to acquire competence in the diagnosis and management of common health problems.
- Q 2. The student develops the skills to do a complete clinical examination, decide on the relevant investigations and interpret.
- Q 3. The curriculum integrates knowledge in basic medical sciences with its application in clinical practice.
- Q 4. The curriculum enables the student to acquire the skills to use diagnostic equipment and perform common procedures.
- Q 5. The curriculum enables the student to gain an understanding of the importance of a humane approach towards peers, patients and their families.
- Q 6. The curriculum enables the student to pursue continued self-learning and to be a life-long learner.
- Q 7. The curriculum enables the student to acquire the skills to access electronic learning resources and apply them.
- Q 8. The curriculum creates an interest to practice evidence-based medicine and pursue research.
- Q 9. The student understands the importance of maintaining accurate medical records.
- Q 10. The student can recognize the nature of acute medical and surgical emergencies and can effectively carry out basic life-saving procedures.
- Q 11. The curriculum familiarizes the student with the importance of National health programs, prevention and control diseases, immunization and health education.
- Q 12. The time allotted to cover the curriculum is adequate

Curriculum feedback - Phase 1



Medha K. J.
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Questions :

- Q1. The curriculum integrated knowledge in basic medical sciences with its application in clinical practice.
- Q2. I got the opportunity to learn adequately through cadaver dissection.
- Q3. I have acquired laboratory skills in basic sciences with interpretation.
- Q4. The laboratory training also provided me with skills in clinical examination.
- Q5. I have gained a humane approach towards peers, patients and their families.
- Q6. The museum has enabled me to pursue continued self-learning and to be a life-long learner.
- Q7. The museum enabled me to integrate basic sciences with clinical application.
- Q8. I have acquired the skills to access electronic learning resources and apply them.
- Q9. The curriculum has created an interest to practice evidence-based medicine and pursue research.
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- Q16. Foundation course at the beginning of my MBBS program would have been more helpful.
- Q17. Early clinical exposure during phase I of MBBS would have been more helpful.

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