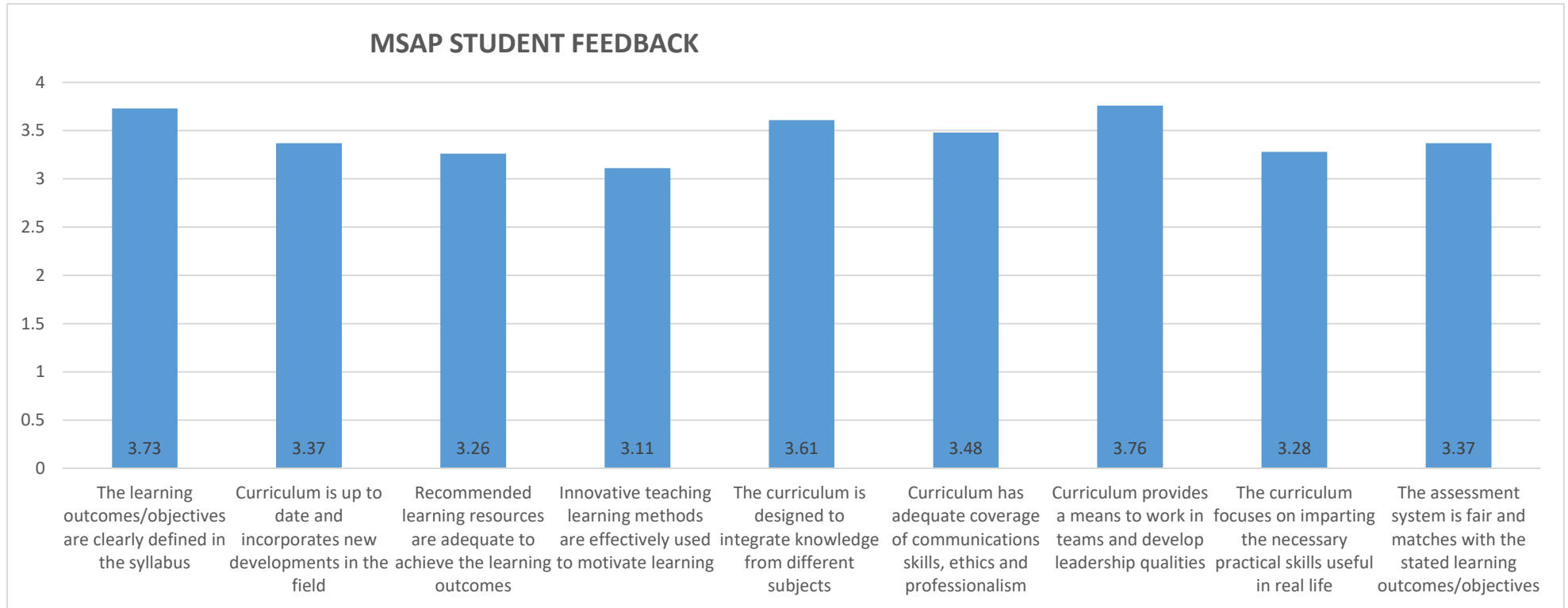


1.4.1 and 1.4.2 Stakeholder Feedback Reports

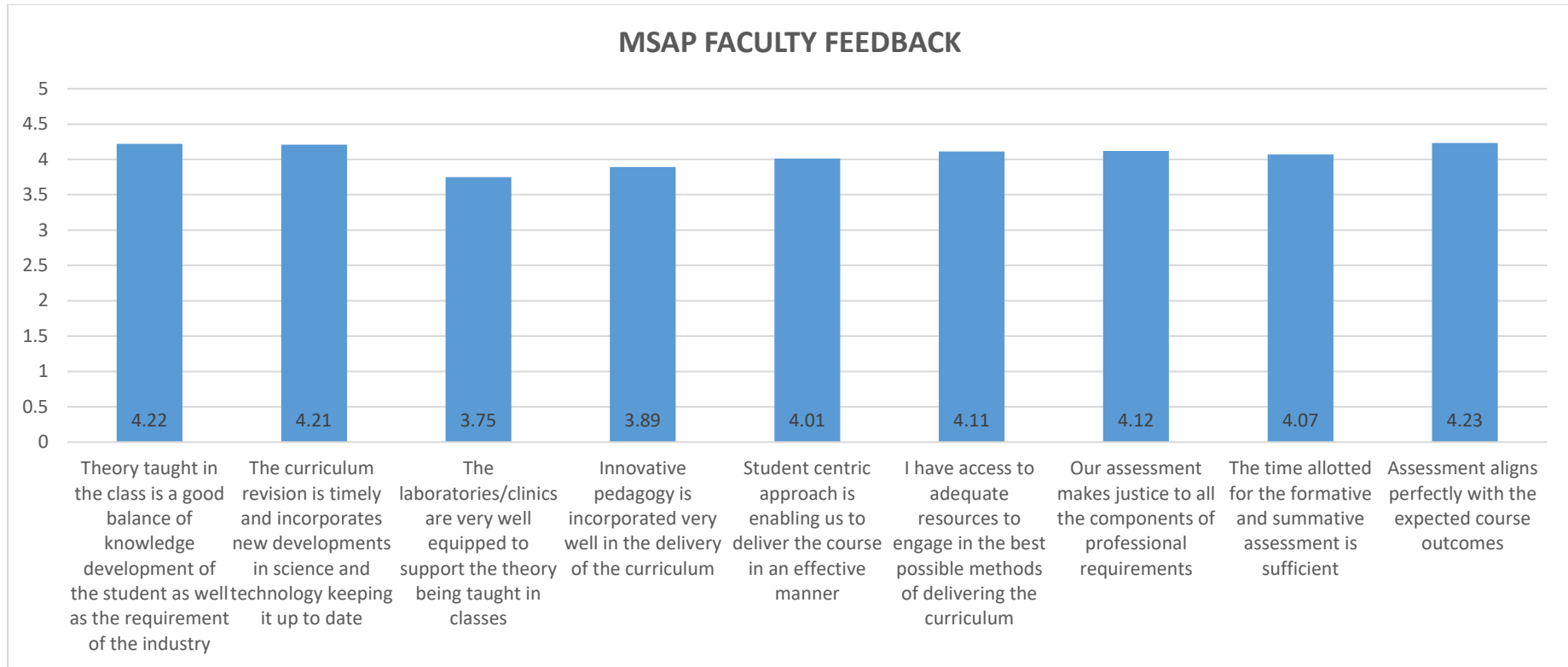
1. Manipal School of Architecture and Planning



Comments

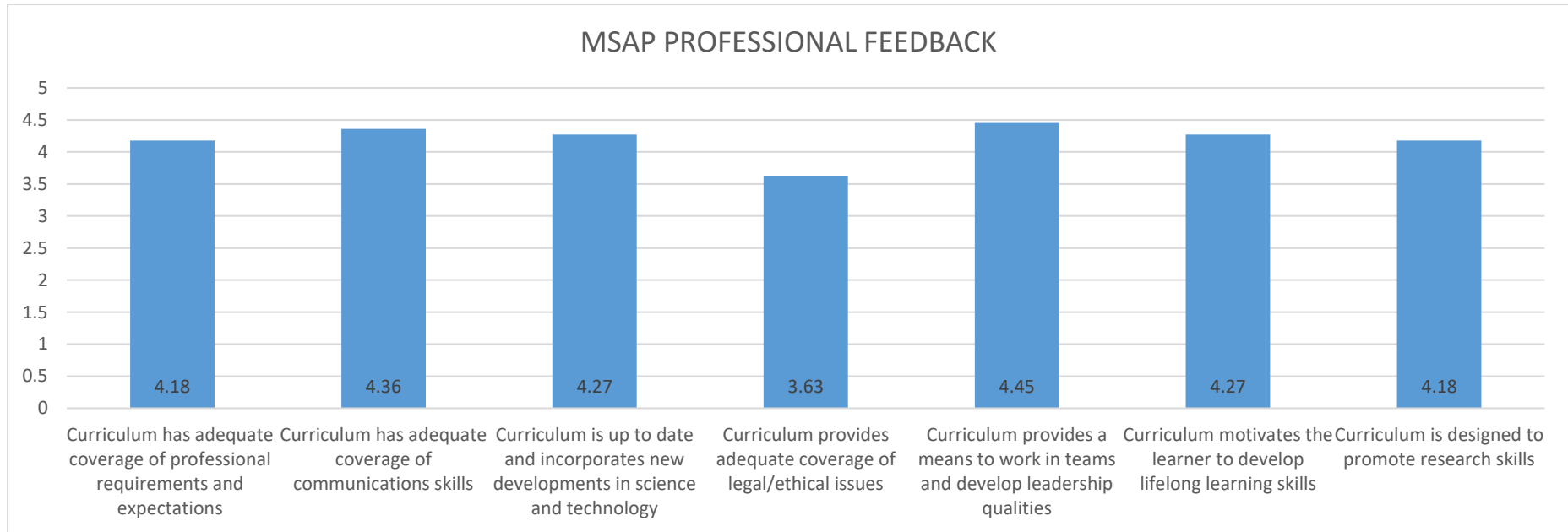
More innovation in teaching methods that incorporate practical knowledge

More of practical learning is required than theoretical.



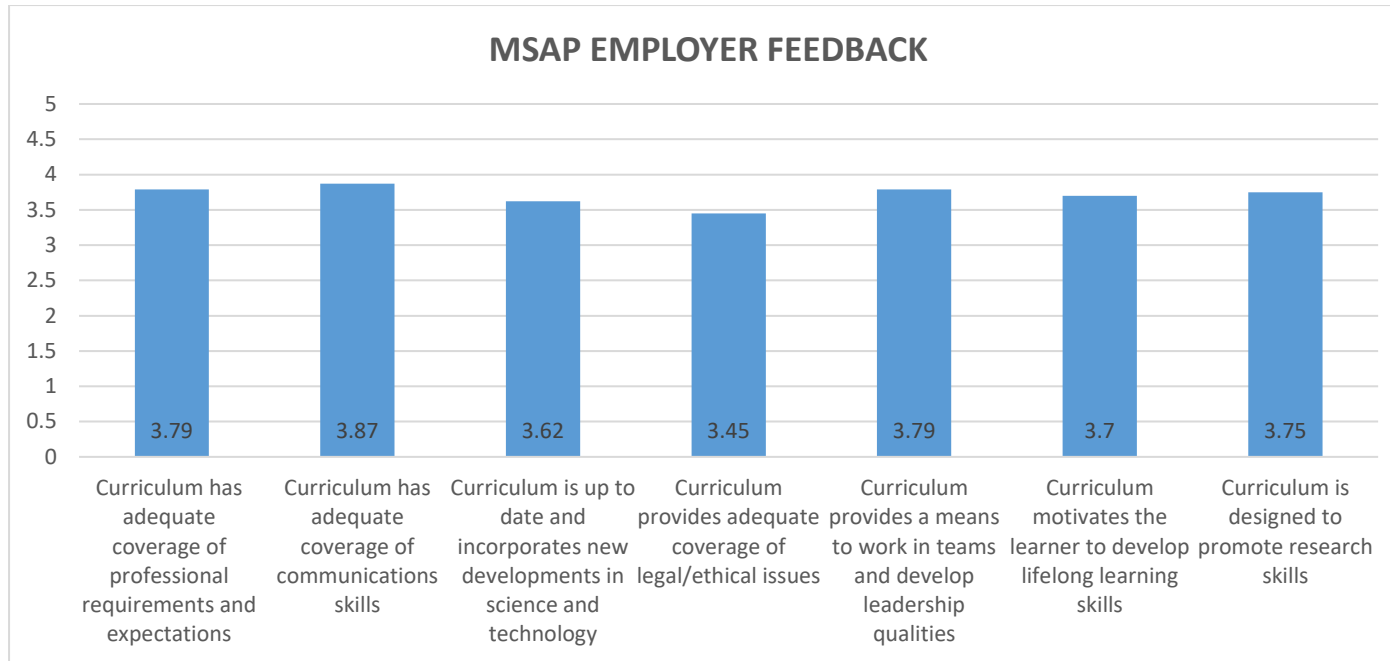
Comments:

Incorporating more hands-on workshop and Guest lectures for the coursework is needed.
Topics which can be involved (a) Nature-Inspired Design to design a small structure (b) Light and Shadow Studies - Play with the effects of light and shade (c) Transformation and Movement - Structure that can change shape or configuration to adapt to different functions or environmental conditions.
New ways of teaching can be adopted.we can have flipped classrooms.One assignment can be experiential learning on field.
It would be helpful for the students if the studio hours are increased from 7 to at least 10 per week
To be updated in line with emerging global trends.
All the courses are running fine , just that design hours could be increased
Site visits and field trips to be incorporated, People from industry to interact with students more frequently



Comments

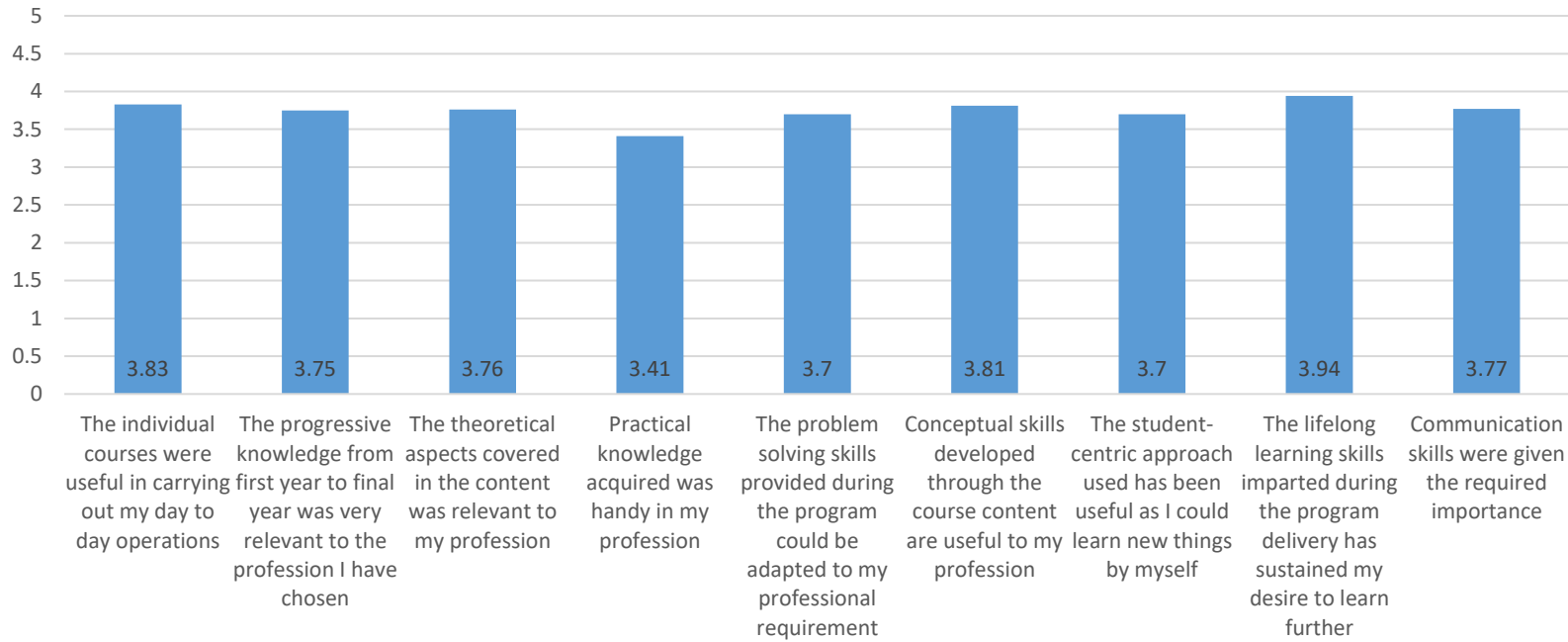
The thesis topics chosen by the students for thesis need strong whetting by faculty with adequate expertise.
 More time to be given to the students to work on their individual projects keeping the latest trends in material and construction innovations in mind.



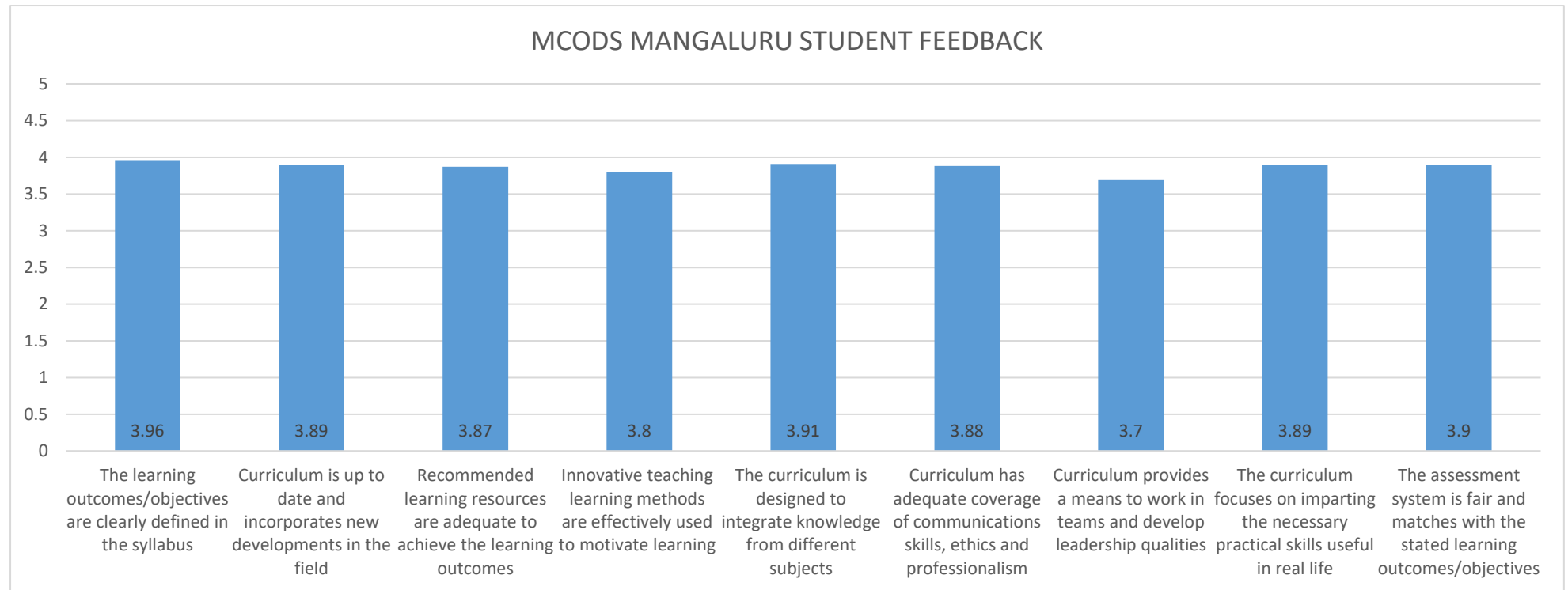
Comments

Motivating students to learn what's happening in the profession is important.
Lacking in technical areas and practical approach
Include subjects like 3d printing, parametric architecture, negotiation, business studies
the focus of the architecture. program is very design centric. the skills needed with the changing industry requirements are not met . software skills and presentation skills are poor. ability to make construction drawing is poor. Your students are too heavy on drugs to function normally .
Detailing needs to be focussed more in the college itself to get thier mindset right with respect to detailing

MSAP ALUMNI FEEDBACK



2. Manipal College of Dental Sciences, Mangaluru



Comments

New developments and practical knowledge has to implemented more for the students. More practical/ hand skills has to be incorporated into the curriculum

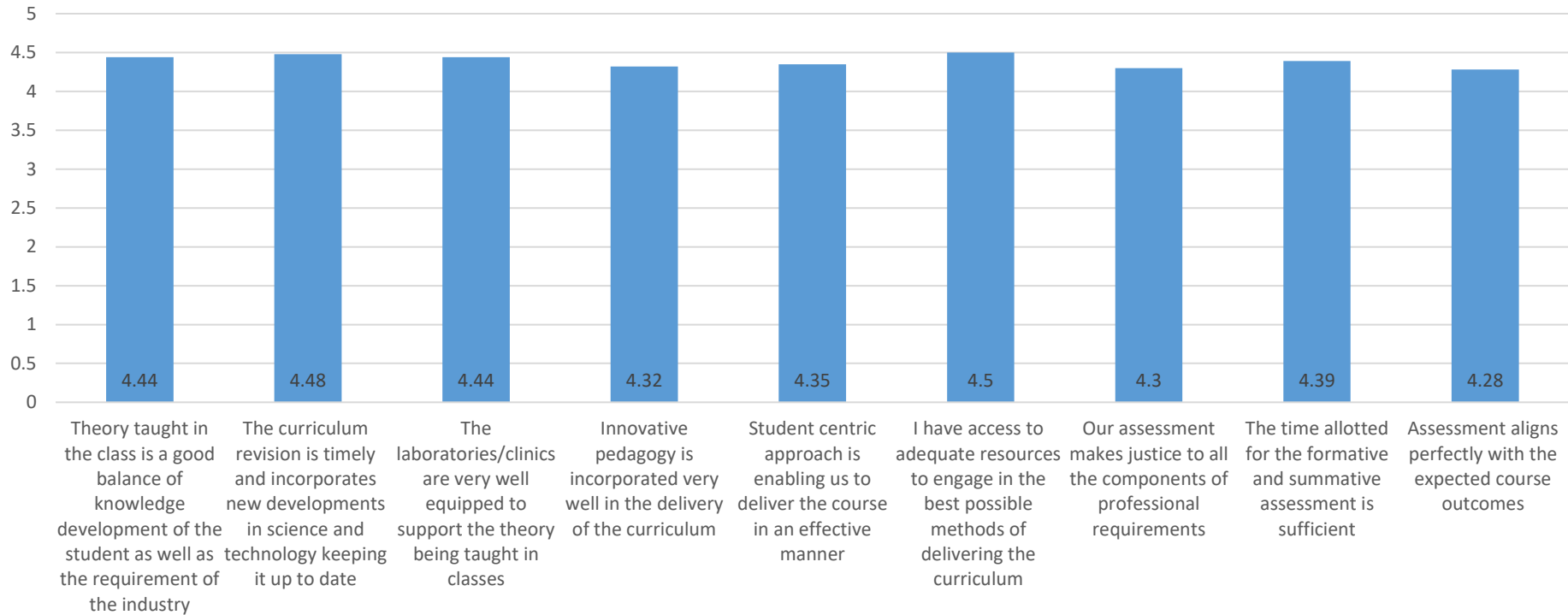
More theory classes related to the subject should be taken even for the postgraduates as it will inculcate a deeper and value learning in students. Also time to time written exams should be included. It will help them in facing the university examination. Special classes on statistics should be included in curriculum as it is an intrinsic part of the subject. Rest the course duration and learning experience is great.

Have video lecture for anat

Teach the required subjects of that particular year

Reduce pre-clinical work for dental students

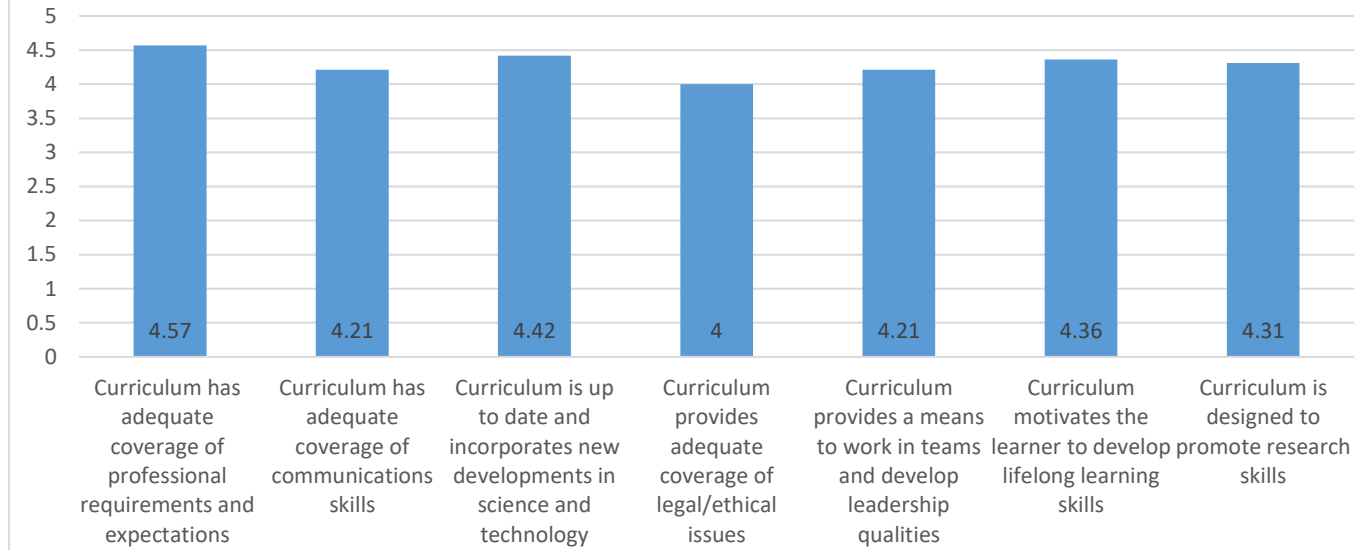
MCODS MANGALURU FACULTY FEEDBACK



Comments

Clinical dentistry has seen tremendous advancement in terms of materials and technology, these things have to kept in mind and innovations need to be made to the existing curriculum
Timely revision to meet the new development in the field of speciality
Training staff for Curriculum
Curriculum should have more Practical Approach
Currently the student clinical training is deficient

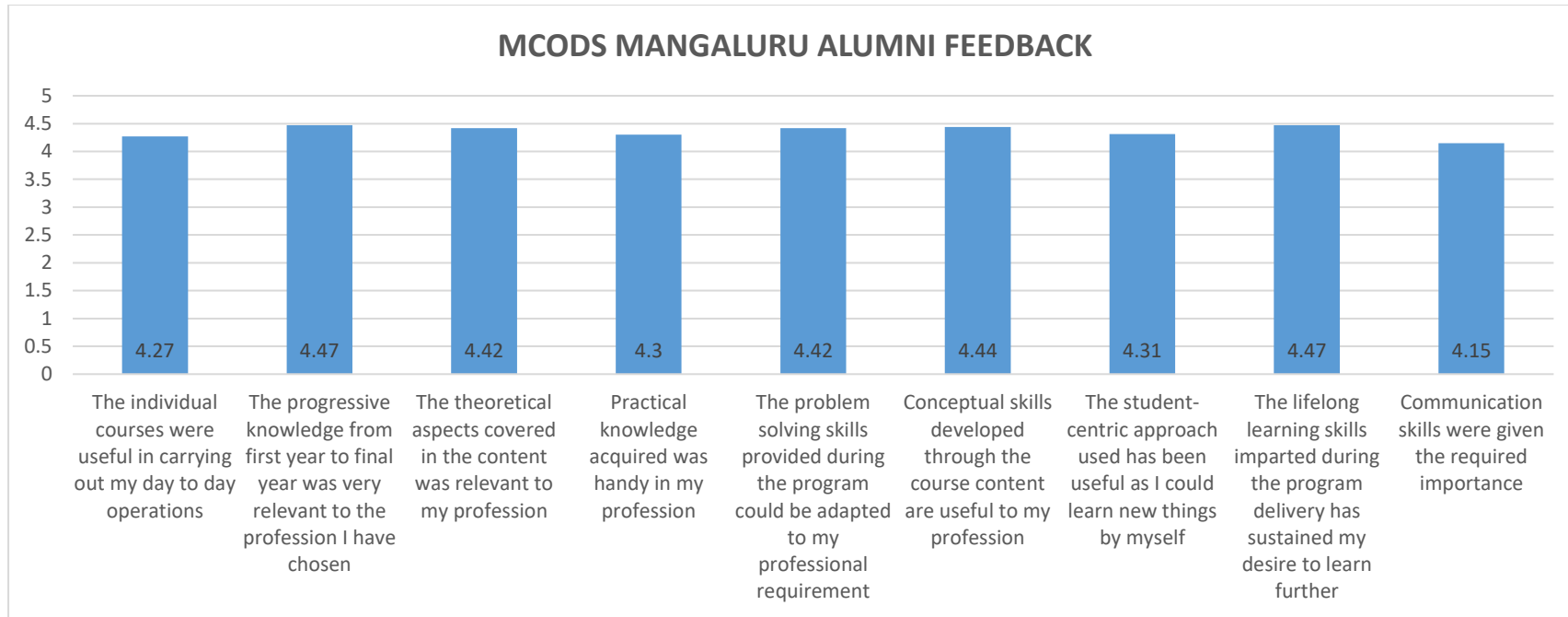
MCODS MANGALURU PROFESSIONAL FEEDBACK



Comments

Clinical exposure can enhance more experience

Interdisciplinary teaching , integrated teaching and learning



Comments

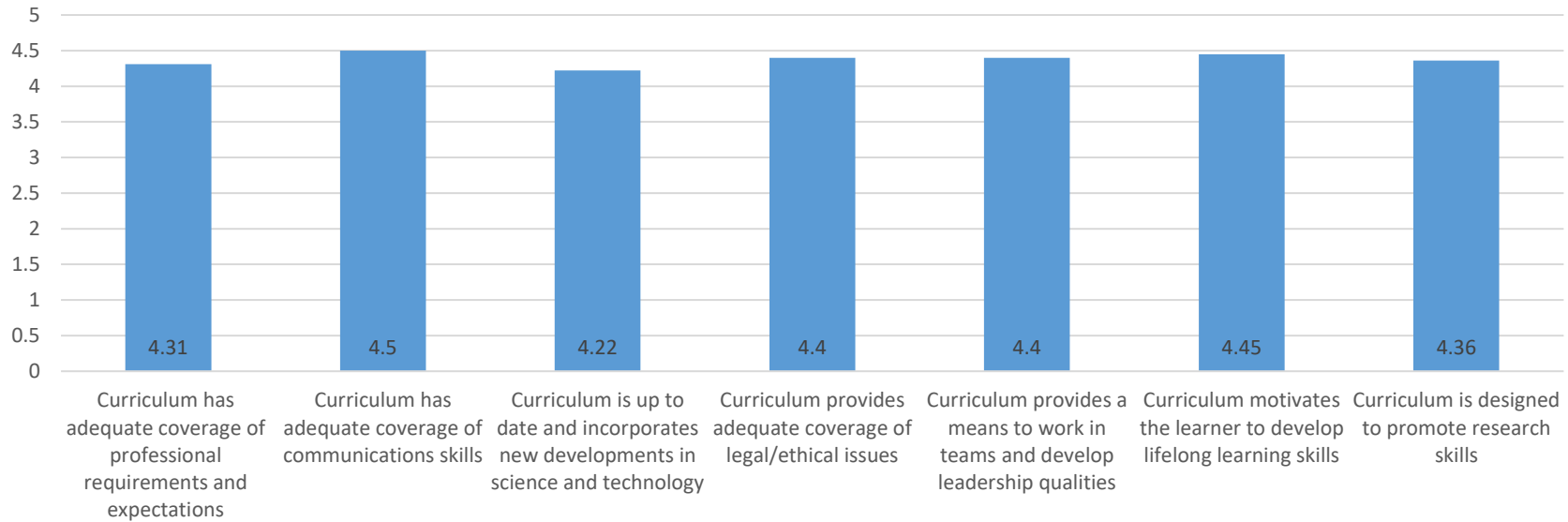
Access to Manipl Library should be continued even for the Alumni.

Please conduct more department-specific camps to increase exposure and patient flow to department for steady clinical practice.

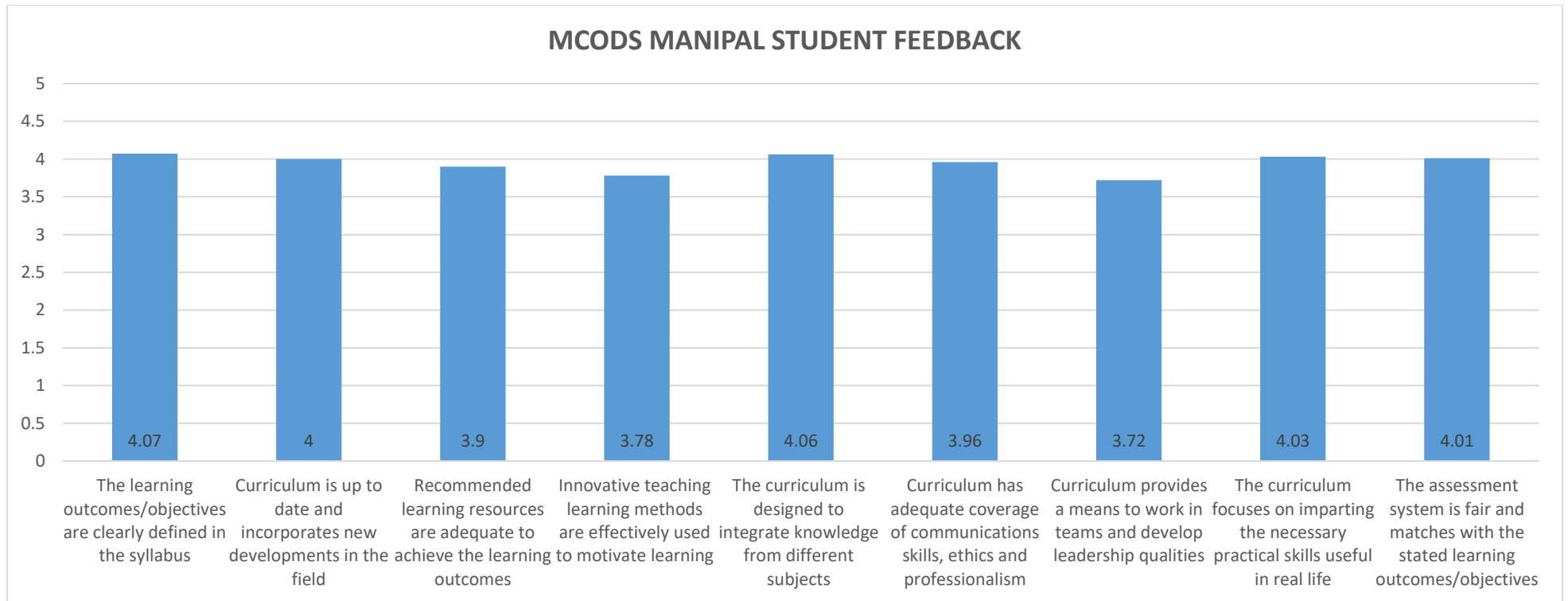
The Undergraduates should be treated with a little more strictness

If the library facilities could be extended for the alumni with some annual fees for library membership, that would be great.

MCODS MANGALURU EMPLOYER FEEDBACK



3. Manipal College of Dental Sciences, Manipal



Comments

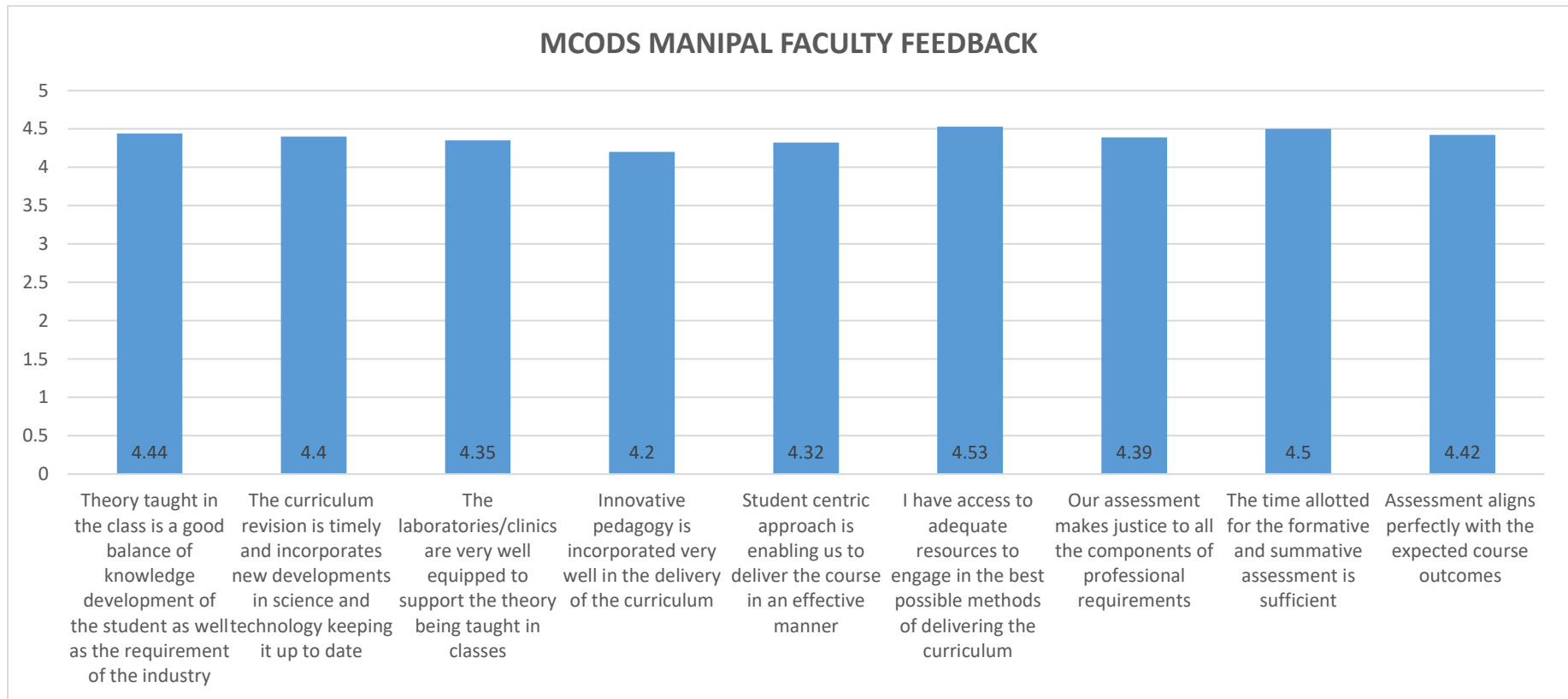
Every topic should be associated with case presentation, more clinical cases

Suggestion to hold healthy professional discussions between students and faculty about new innovations in the field to improve existing knowledge

We need more patients in clinics for practice

Video tutorials for Anatomy Dissection

Advanced technology in dentistry should be part of regular curriculum should improve practical exposure from early stages



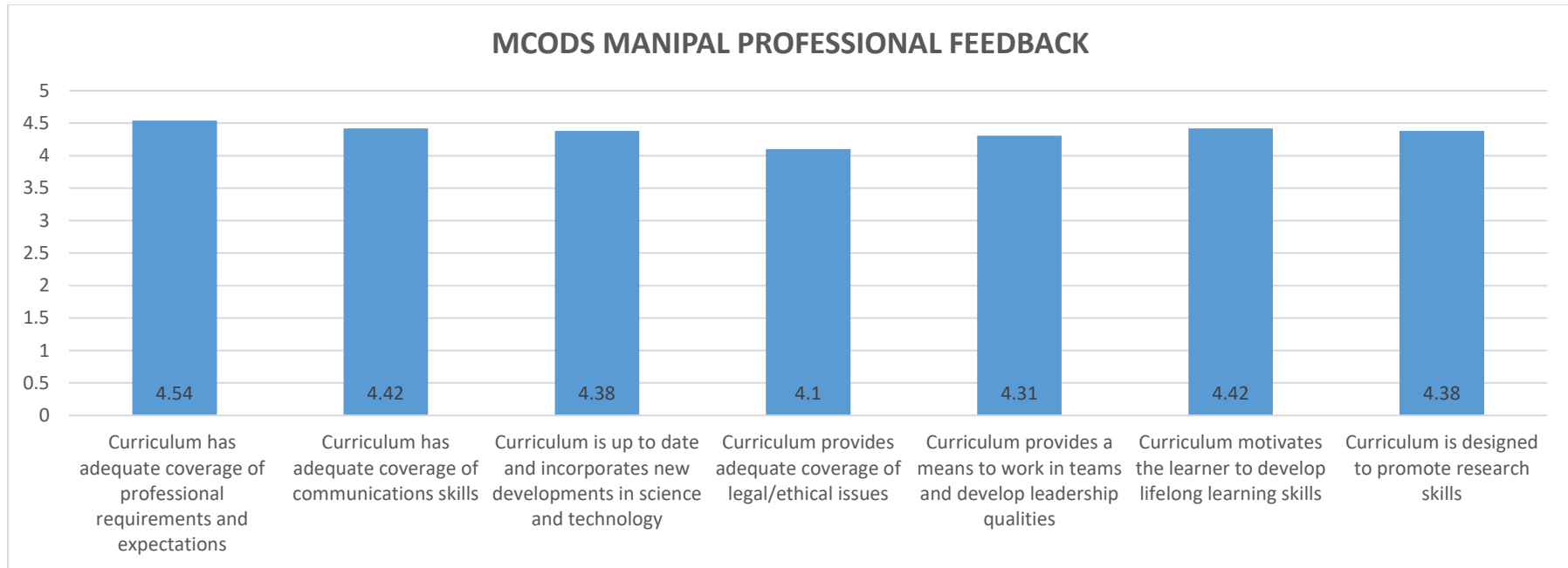
Comments

More field visits and Industry exposure can be facilitated for the Under Graduates and Exchange programs for the Post Graduates.

More of practical based curriculum and less student friendly and more patient centric which might improve the patient inflow in the college

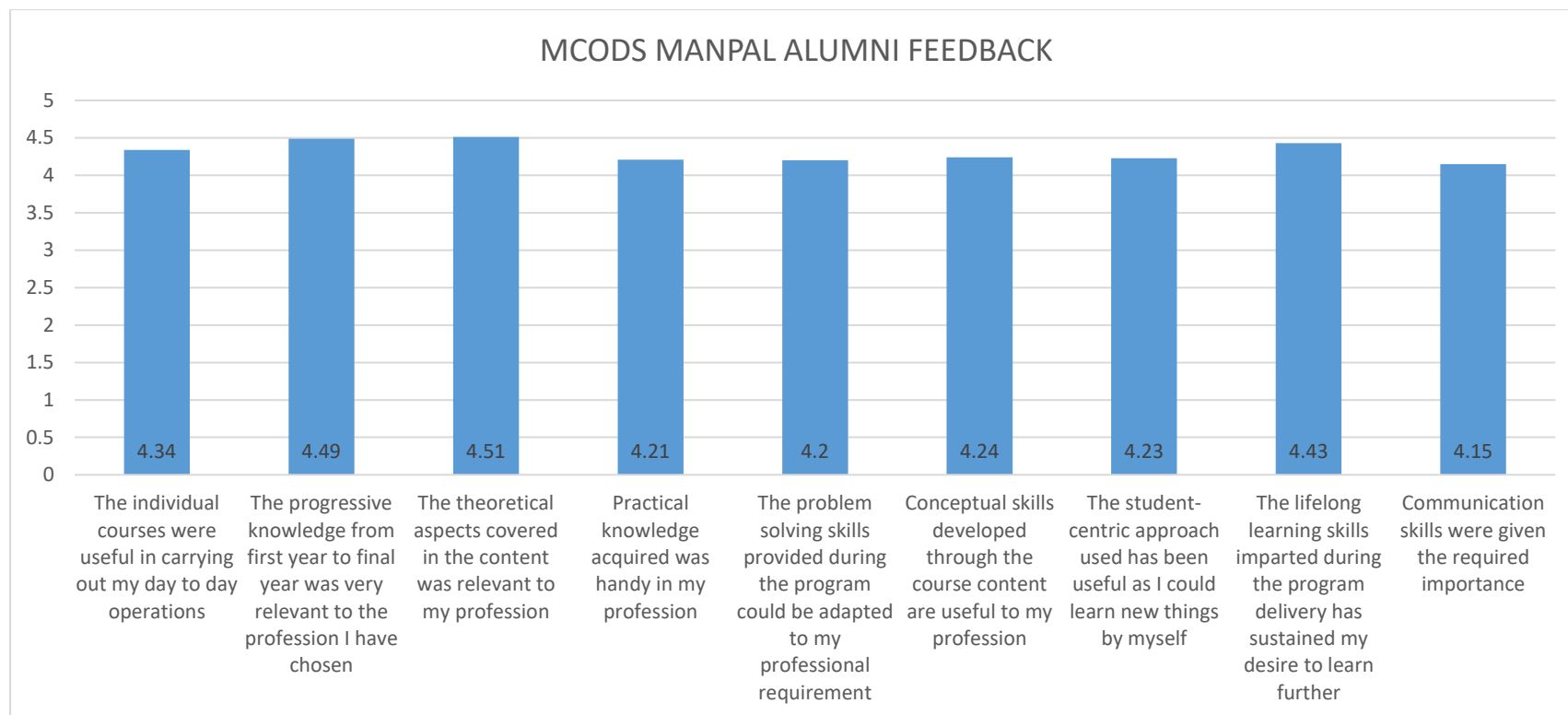
Setting up of a Dental Educational Unit at MCODES, Manipal will be helpful and supportive of Academic initiatives.

It would be beneficial to the students if we procure simulation models for administering local anesthesia, extractions and minor surgical procedures. Many students are of the view that directly treating patients without simulation is difficult. Simulation models for these procedures have been introduced in top colleges worldwide



Comments

Advocacy in public health program and internship in public health foundations will help in providing first hand experience to the students. Research needs to be having a wider perspective rather than sticking on to the budgetary concerns



Comments

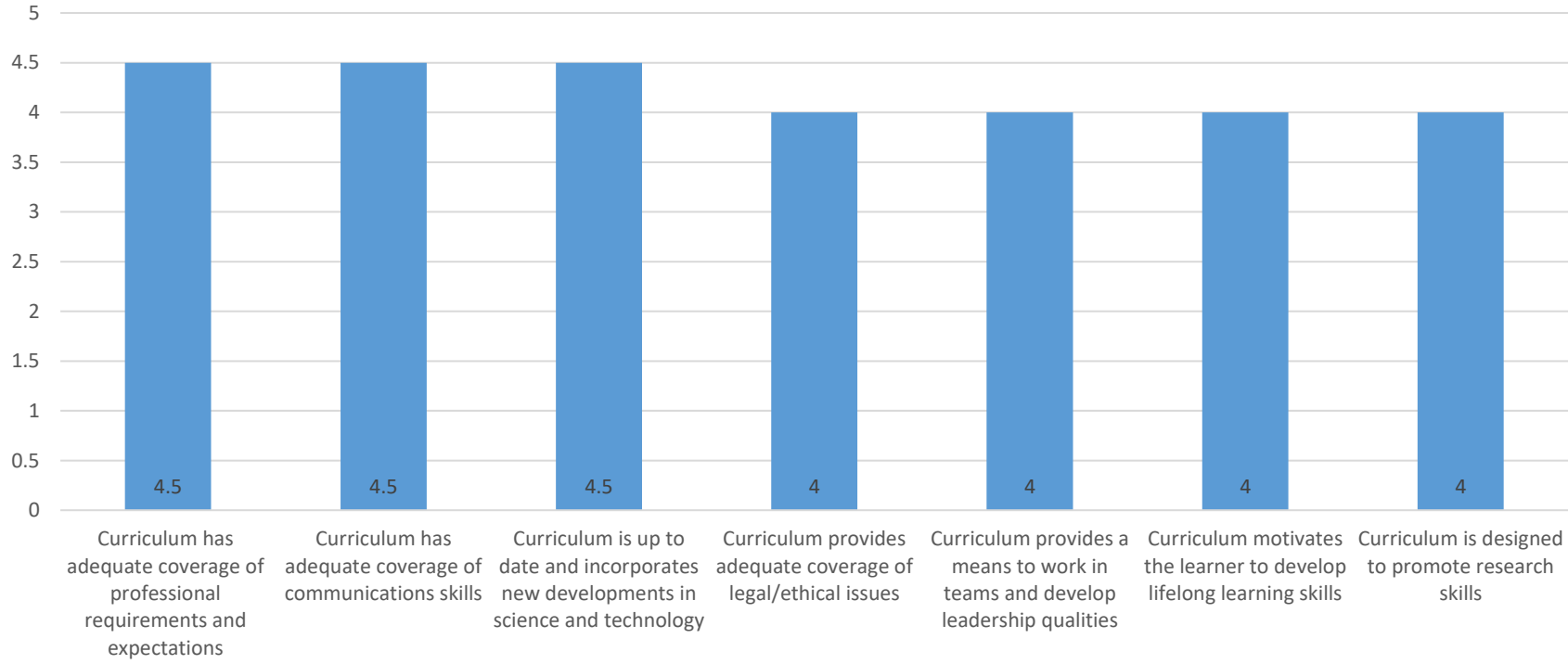
More hands on implant placements need to be taught to post-graduates. Also more theoretical emphasis can be give during the time of residency for sound academics.

Studied outdated concepts with strict academic mark restrictions that just squash any actual interest in the subject. Studying is solely to get marks in this university. None of the practical we did on patients is actually useful in actual clinical scenario

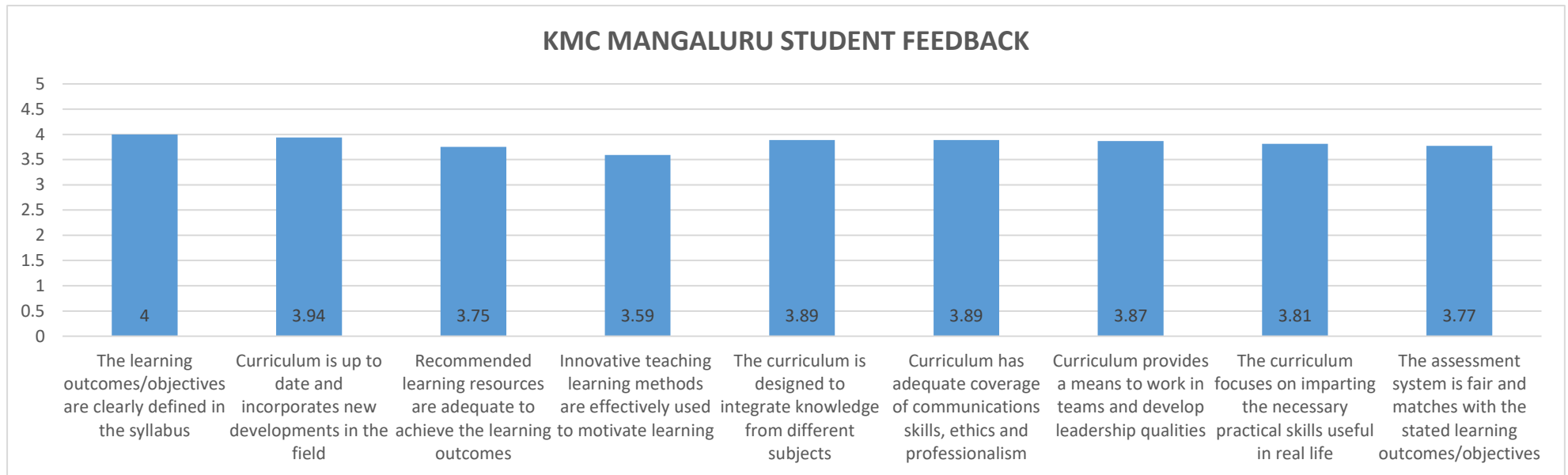
Please provide better equipped staff to help the student focus on curriculum rather than the kind of staff who want to publish students work for authorship in research papers

In prosthodontics, more help could be given as not everyone has good hand skills(it is acquired through practice), so positive reinforcement can benefit, extraction quota can be increased as students have discussed about not getting much cases, communication skills and good rapport with patients can be given more importance- while taking cases and doing internship, we've noticed batchmates treating patients poorly because of language barrier

MCODS MANIPAL EMPLOYER FEEDBACK



4. Kasturba Medical College, Mangaluru



Comments

Important topics should not be done as seminar. Role play is not useful. Sgt should have some interesting stuffs to encourage learning.

Students should be taught how to think on a subject so that we can learn better. Mostly we just learn and paste things in our exam sheet which shouldn't be the case. There is lack of innovative thinking especially in med schools compulsions like 75% attendance for aetcom and all must be reduced cause it is absolutely non-practical we learn way better at clinics and it just adds to a student's compulsion to do something which has no meaning. Clinical Posting are awesome and must be continued as it is.

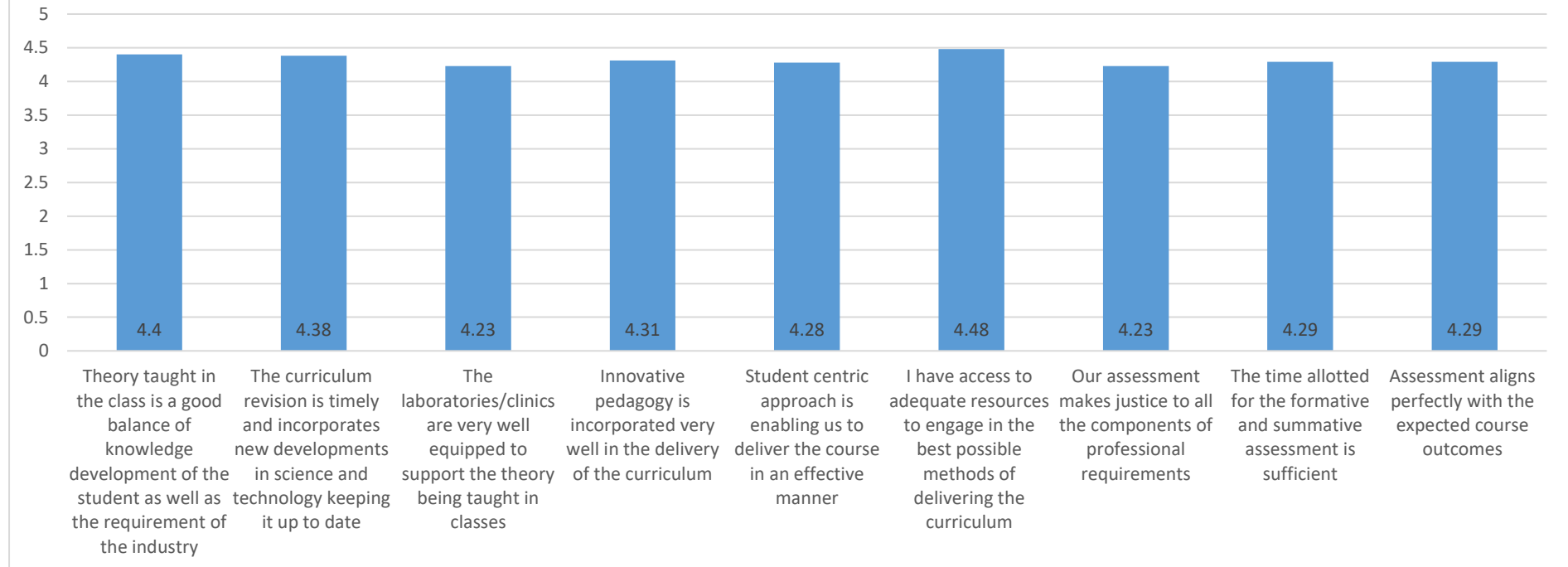
While the subjects and the syllabus cover important topics necessary for the Master's level of content, the effective practical skills gained by it are not taught in the right order. We seem to practice before we learn the process which requires better distribution of subjects. Otherwise, the course provides a good level of motivation, leadership practice and self-learning opportunities

Have a motivating staff to teach for the subject

Remove SDL, PBL, TBL, everyday seminars and sgts. It is just a waste of time. Nobody listens to them and the topic is assumed to be covered.

Weekly quiz

KMC MANGALURU FACULTY FEEDBACK



Comments

more ideas on innovative classes

Keep the teacher student ratio adequate.

curriculum should not be focussing Only on the competencies but overall knowledge, skill and attitude of the student

Final yr students should have theory classes

Student directed Learning

Regular viva voce to be conducted

More focus on active student participation in teaching activities with emphasis on advanced preparation and adequate attendance for all teaching programs

Please stop experimenting with the curriculum delivery for the sake of it. It is stressful for the faculty to keep changing it every year and it being withdrawn on a regular basis just because it doesn't meet the expectations of the higher authorities. Work has become a saddening chore and no motivation nor time left for research and other activities.

educate the students with regard to CBME expectations from a student participation perspective

Strict attendance and strategy to improve the active participation of the students

Amalgamation of older and newer curriculum efficiently denoting the theory and the practical aspects need to be done.

To reduce travel time between various locations for students to attend classes, meaning to keep classes in one location

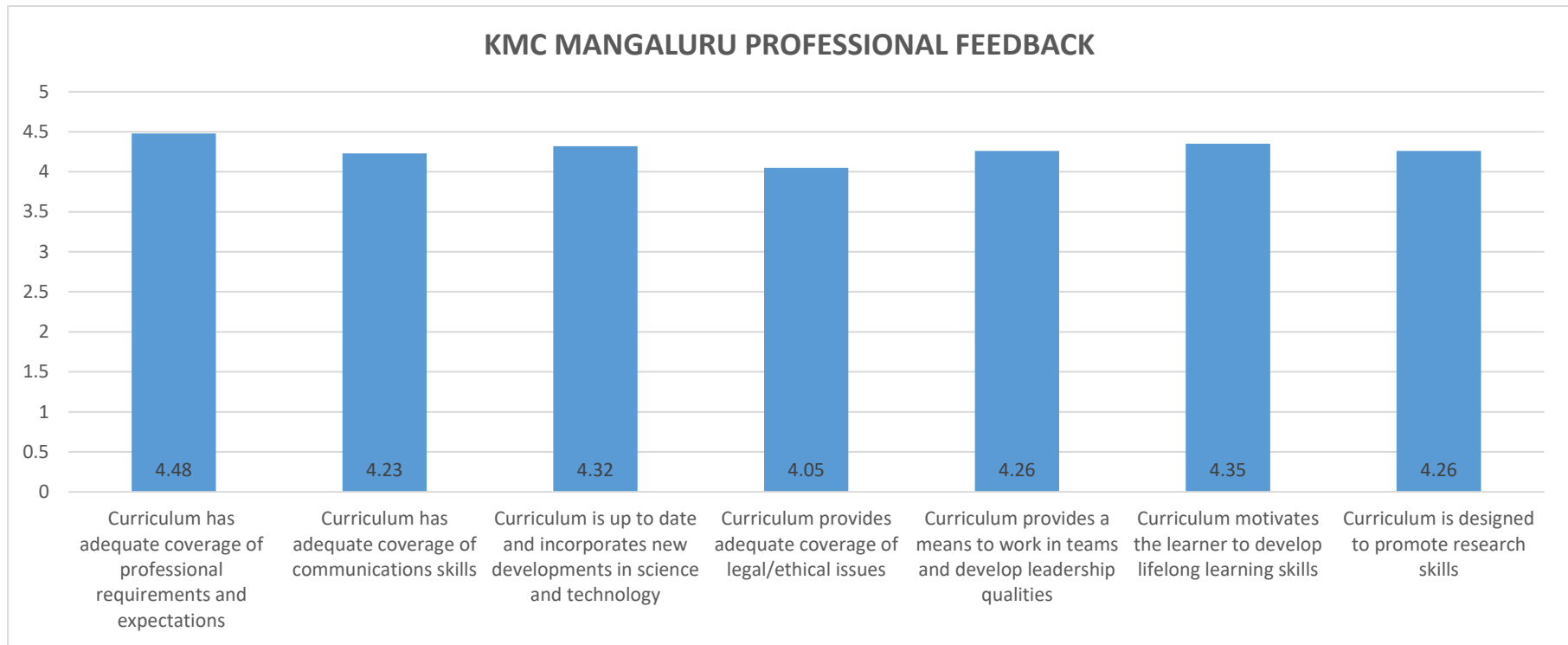
IN THE LONG TERM THEORY CLASSES SHOULD BE MADE VOLUNTARY AND ELECTIVE

more tutors needed to deliver effectively

Student involvement needs improvement.

More of student-centred approaches that peak their desire as well as promote knowledge which tend to be more effective.

Two years is a very short duration for completing MSc medical Biochemistry course

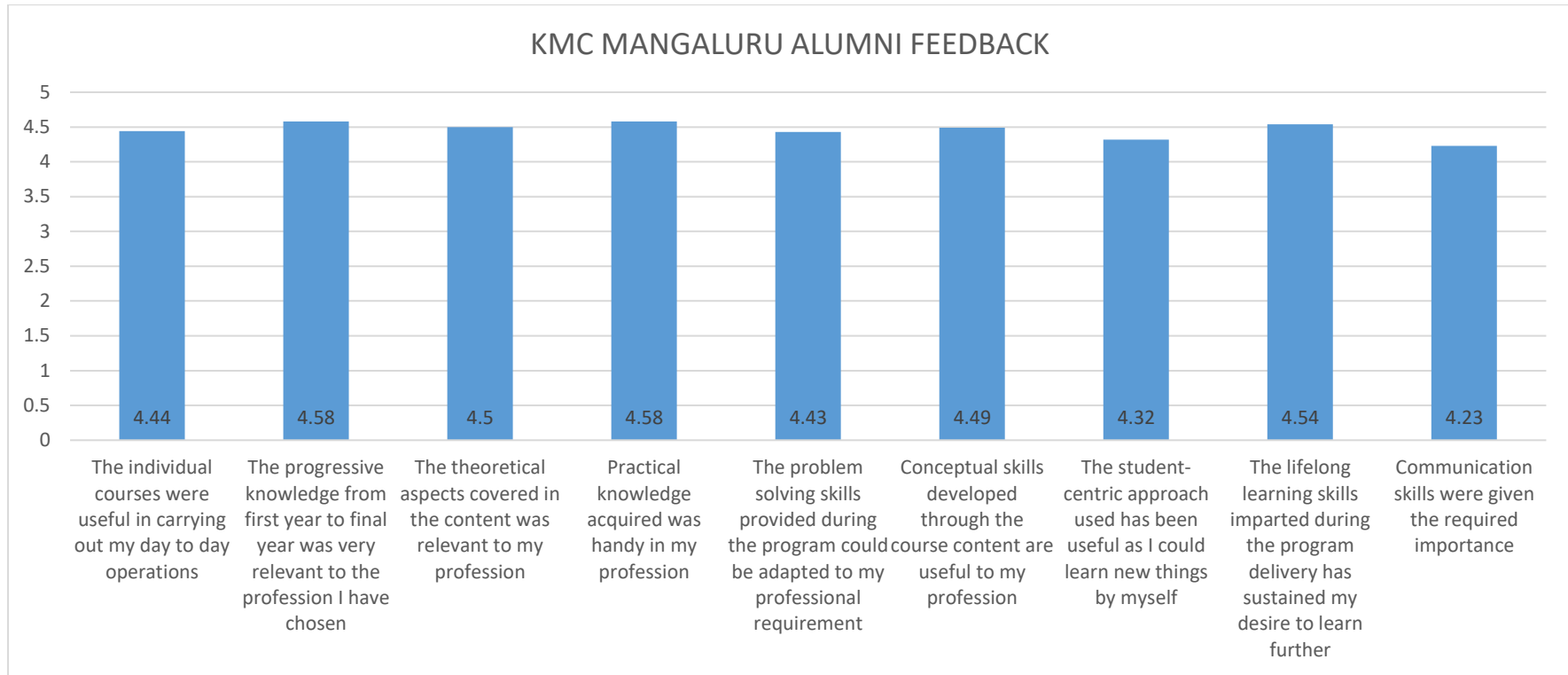


Comments

Curriculum has to be designed and exams are to be conducted as per NMC guidelines. These guidelines have to be referred on timely basis as many revisions also occur in the guidelines.

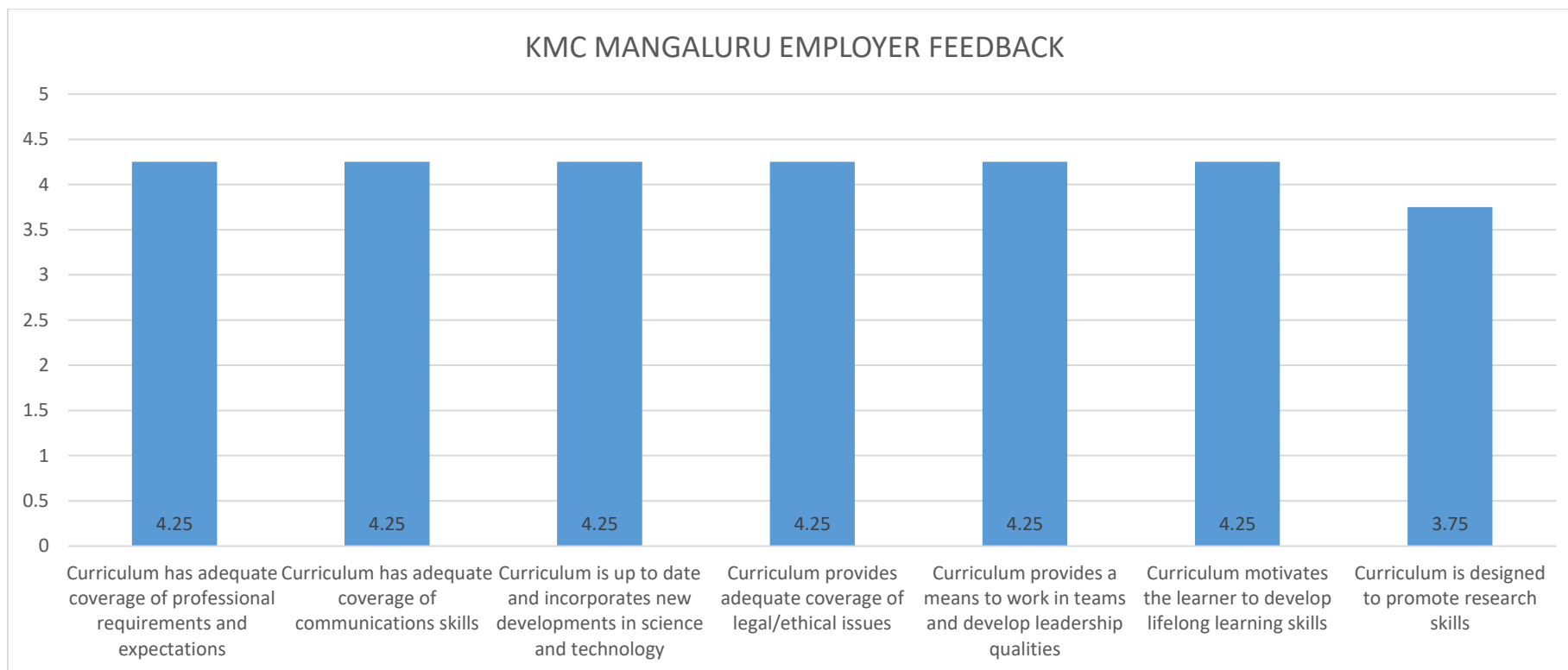
Aetcom question can be added to practicals as per NMC

MD in pharmacology needs upgradation



Comments

Medical lecture classes should be more conceptual and explanatory, instead of professors just reading the slides.
Should focus more on interactive and healthy learning environment



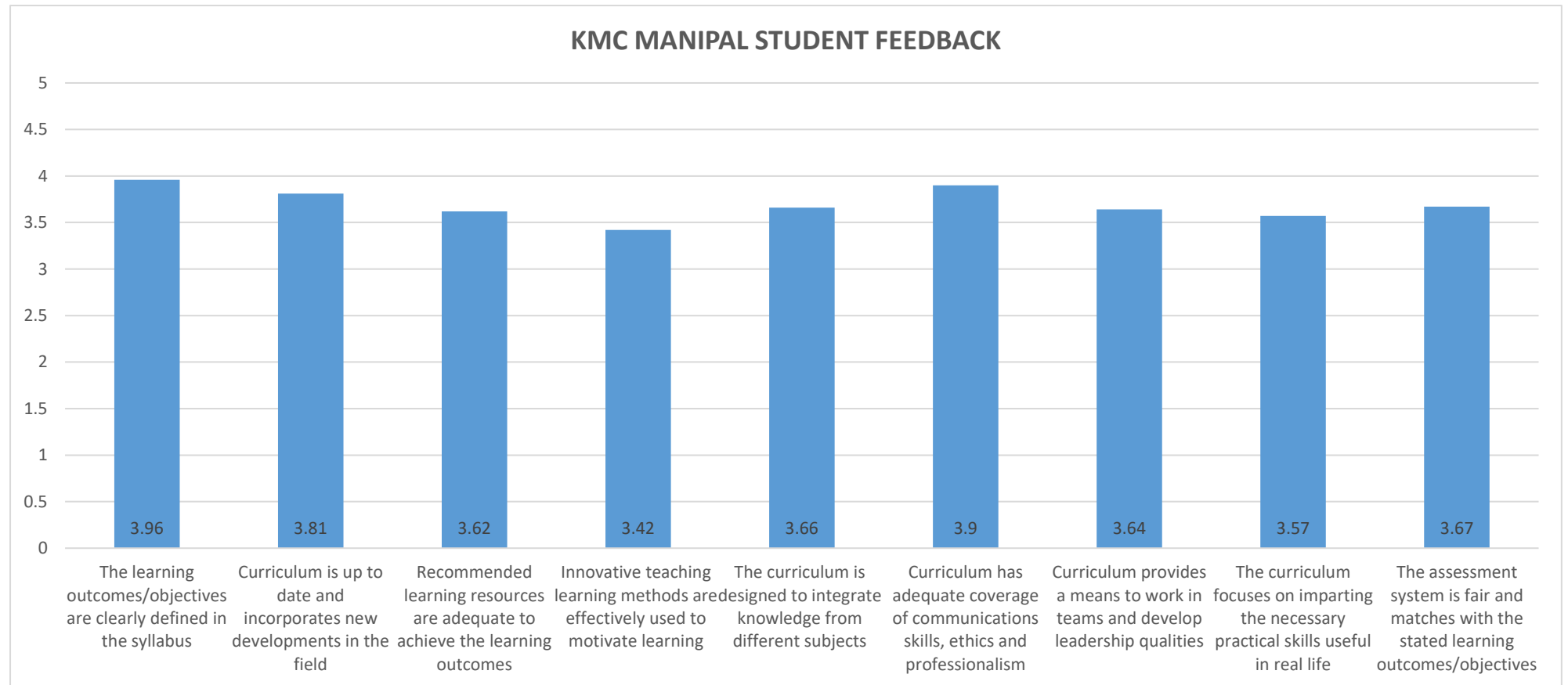
Comments

Dermato surgery portions should be included.

List of recommended books should be enhanced. Model question paper can be added. A paragraph on research projects with link of ICMR STS program can be added.

Suggest Research promotion in Antimicrobial stewardship

5. Kasturba Medical College, Manipal



Comments

Few things that could be done is: 1. Reduce the mandatory attendance criteria and include more testing and assignments, so that students will have to come to classes for learning and not for attendance, 2. Have a system of assessment and awards for extra curricular as well, to promote, 3. Have a class recording or capturing software like impartus

Breakdown of marks for practical exams should be available to students.

Promote the use of various sources and textbooks for studying in a holistic manner. Encourage doubt clearing or one on one sessions.

Scope for improvements

Association with govt centers should reduce and should be as per NMC guidelines. More priority should be given on academic activities. Mental health of the PGs are severely affected because of over work.

Very minimal importance to academics and research activity has been given until now. Clearly define the true objective behind the association with multiple Govt centres where pgs are sent 24x7 throughout the year way beyond the NMC's DRP guidelines and curriculum just to supplement the Govt Medical officers sacrificing the seminars, academics, CMEs, conferences, thesis data collection, research activity, holidays, etc. It was with great hope that we've joined this esteemed institute and very little activity apart from the unproductive Govt postings has taken place until now. Also this has taken a huge toll on the mental health of multiple pgs in the department forcing them to start psychiatric medications as plenty of night duties and holiday duties outside the curriculum is taking place. Also weekly off on Sunday and third Saturday and MAHE holidays to be given to ensure physical and mental health of the pgs which is not happening currently. Kindly define the curriculum and provide the roster of duty well in advance rather than posting the pgs in the last minute in a haphazard and biased manner.

More importance for academics should be given.

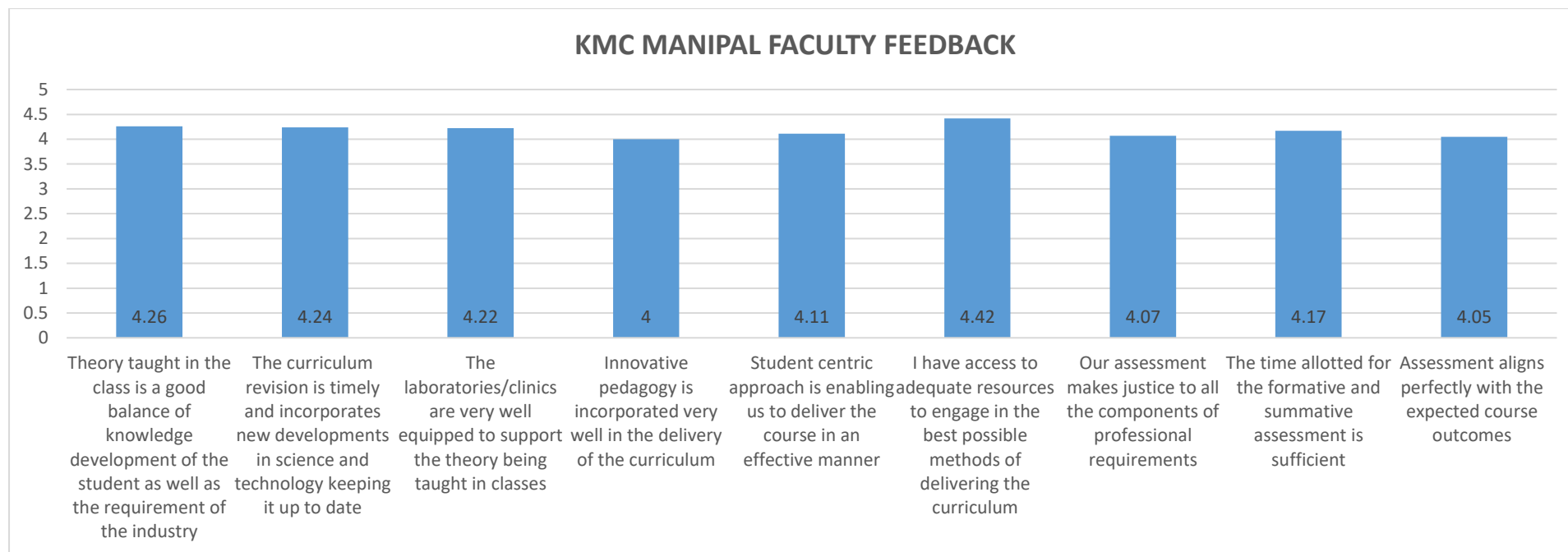
Staff class for the post graduates

NO proper roster, mental health is affected lot, no academics, no research activity, no faculty class, linked with lot of government centers, working for them not attending own department PG seminar, insufficient time to meet faculties and guide .

More research activities, faculty classes, opportunity to present in international conferences, workshops, Weekly offs

1. Schedules for postings should be made a few months in advance and should be made for atleast 6 months. New schedules declared every month usually a day or two prior creates unnecessary confusion. 2. Lack of any rationale in making schedules needs to be rectified. Some people face periphery postings for months on end whereas some do not get any periphery postings. There should not be discrimination in the way postings are decided. 3. The senior faculty should use language of decency with their Residents and not speak with them in rough shouting tone. A professionalism is needed even while correcting students. We are all well aware of what harrasment often leads to in medical residencies. 4 Timings of rounds should be decided and informed to residents on holidays. There have been upto 3-4 hour delays in rounds which leads to increased burn outs for residents. Punctuality and politeness are virtues best taught by practice if faculty feels they are worth teaching.

Incorporating current progress in subject, and all possible job opportunities and all possible scope for higher education as an add on.



Comments

Students participation is poor, needs improvement

OSCE may be introduced in the University examinations

Provision of student assigned clickers to all students which can be used to take attendance as well for formative assessment in the lecture class. Smart boards can be implemented in all lecture rooms for better interaction.

self learning modules can be created

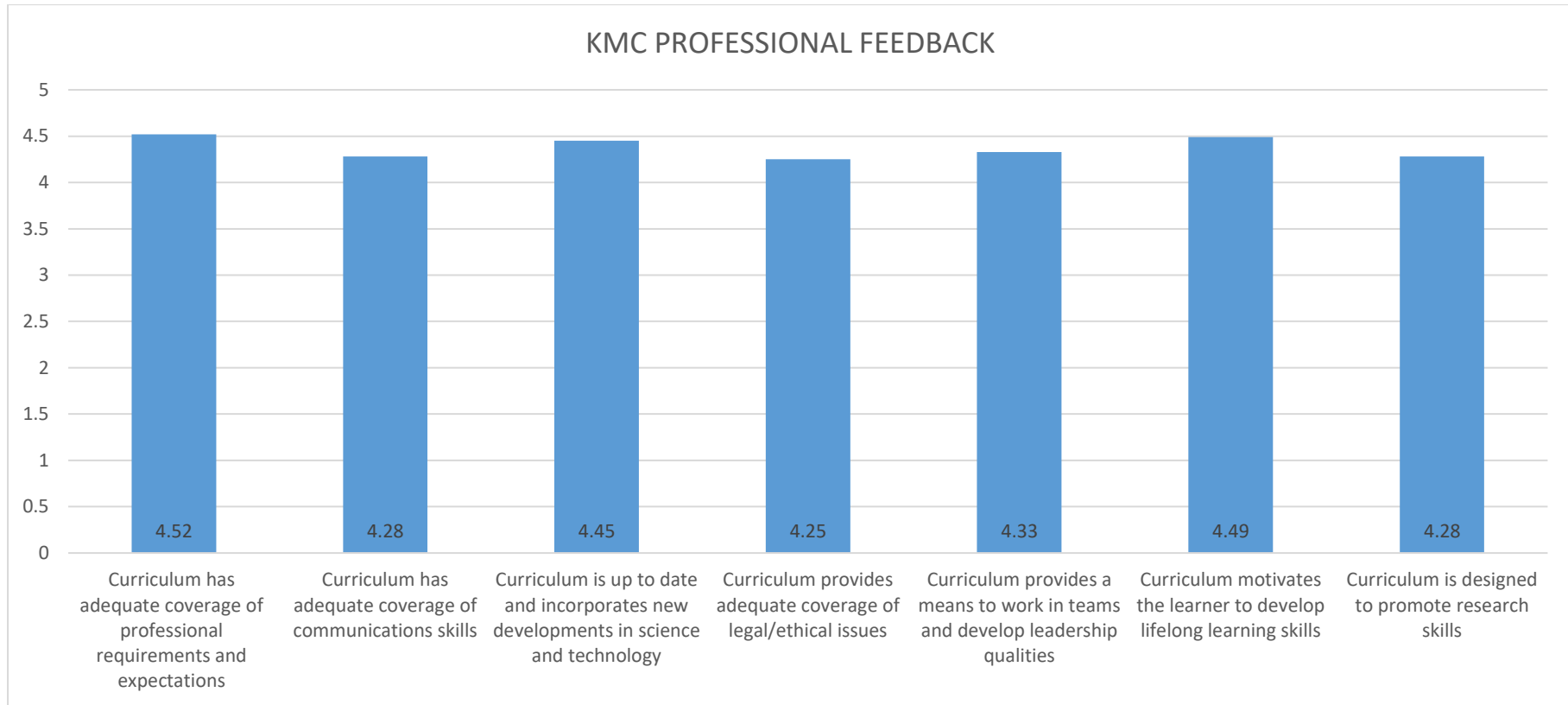
SIMULATION CENTRE FOR GUIDED PROCEDURES

Competence based teaching and evaluation is necessary for M.Ch training. More weightage needs to be given to internal assessment in awarding the degree. Need to evaluate students for competence repeatedly over the course of 3 years, instead of the current single day evaluation of their proficiency in a theory+ semi-practical examination.

Addition of assessment of professionalism (like P-MEX) in the formative assessment plan

E boards and replace blackboard

The lab facility for research and teaching are necessary to improve the quality of teaching and research



Comments

Research Incubator & mentorship program

Undergraduate research projects in Dermatology can be encouraged.

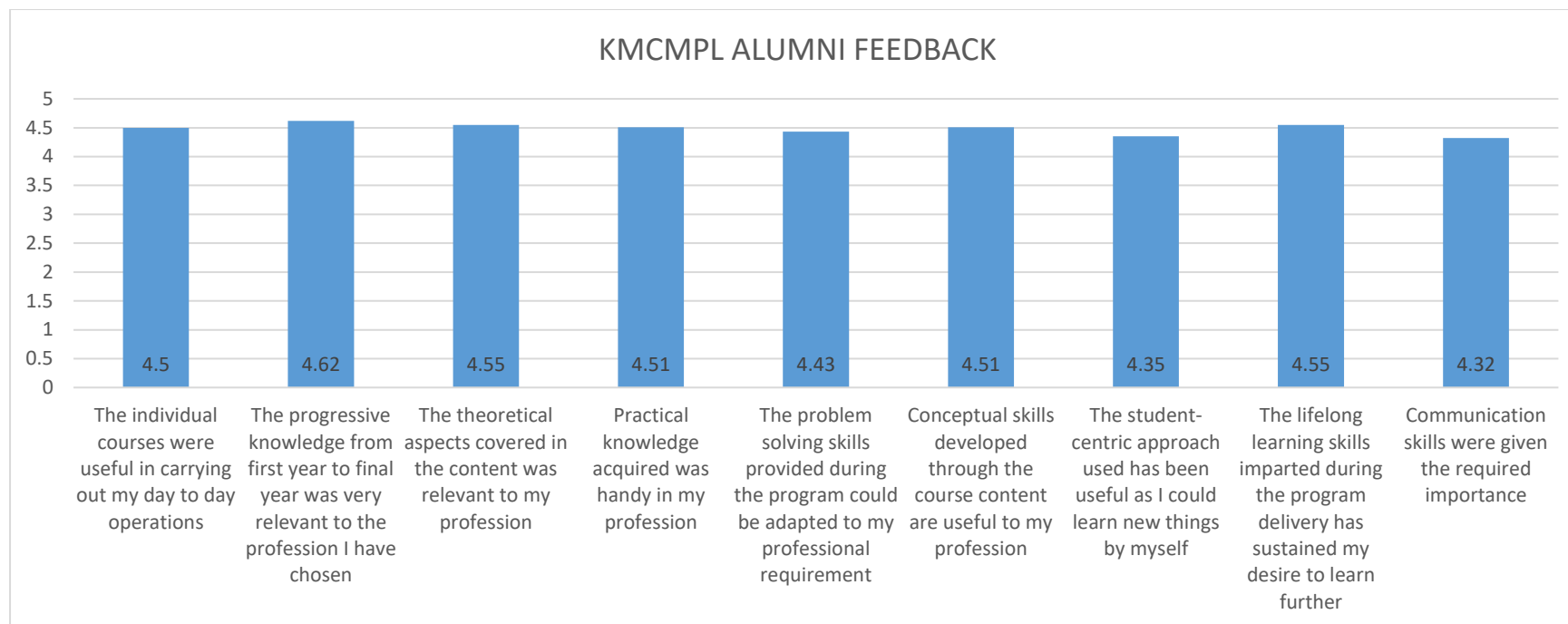
Need complete revamp of MSc curriculum with more emphasis on research and medical education

Student exchange programmes and more focussed CMEs should be helpful and sharing of knowledge and updating everyone

Hands on experience to be gained with the faculty inducted in administration so PG residents get access as well

Need to have collaborative research and development programmes

It should cover latest technological development, newer field like artificial intelligence. Application of Monte Carlo calculation . Hadron Therapy etc



Comments

Outdated & redundant theoretical knowledge should be done away with. Newer & advanced procedures should be started and appropriate training modules specific for those should be in place to equip them for the current scenario.

More theory classes could have been taken for pgs

A more practical approach in the subjects would be better. More oral presentations, assignments and other forms of assignments would help students develop a self learning habit.

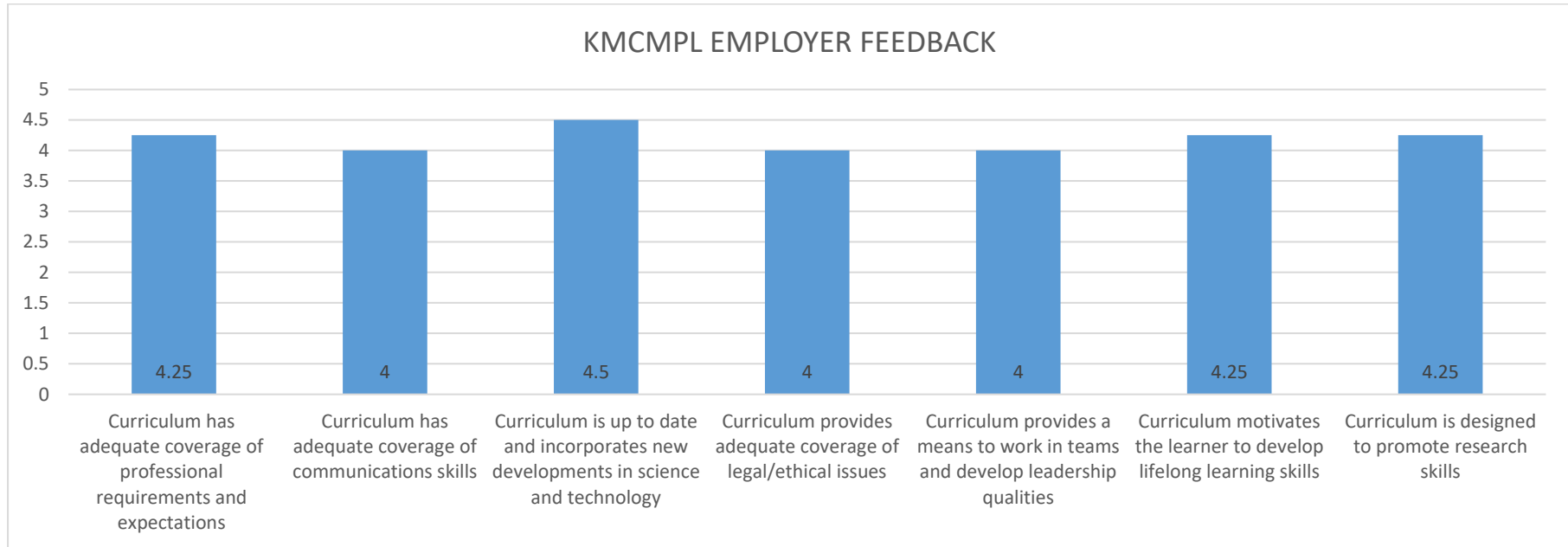
The postgraduate students in surgical branches have to be taught and given hands on during surgery. A humble opinion

A better hands on experience with more crime scene visits

more lateral thinking involved in course

Please give more hands on surgery cases to postgraduate students. They work from admission to discharge of patients with 24-72 hours duty and they deserve a good share of chances in surgery. Departmental policies implemented in ENT like a student's complete work being published with the senior

doctor as first author just for hierarchy sake in system is unethical and unacceptable. If students have done the entire work, they deserve to be the first authors. Institutional ethics committees are so but departmental policies prevented it. It's unacceptable and a wrong practice. could be more student friendly



Comments

Curriculum review is being conducted

Experiential learning, minimum seat matrix to allow adequate time for learning. Current systems over work most PGs. As program have ainimu faculty requirement so should be the number of PGs to start a program particularly one in which the department functions 24/7. This point may not be directly related to curriculum but it directly determines the ability to deliver the curriculum in the best possible learning methods available.

Could explore developing Entrustable Professional Activities for the MD course in Dermatology, Venereology and Leprology