

FEEDBACK FROM STAKEHOLDERS AND ACTION TAKEN REPORT

Name of the institute/department: Manipal School of Architecture and Planning

Name of the Programme: B.Arch.

Academic year:2022-23

Feedback from students:

SI No.	Comment/suggestion	Action taken
1	More innovation in teaching methods that incorporate practical knowledge	User centric design approach is in practice. New methods are incorporated in the upcoming syllabus 2024 (physical models, visualization, digital methods, international guest lectures, at least one module with MOOCS, Swayam etc.)
2	More of practical learning is required than theoretical.	Live Case study and site visit is mandatory for all Design and Studio courses which are in practice as per the curriculum. Live projects are selected for the academic studios, wherever possible. Interactions for students with relevant industry experts for integrating services during design development is being practiced. The same is incorporated and more open electives and hands-on workshops are planned and new courses are proposed in the upcoming refined syllabus 2024
3	More practical hands on experience and more exposure to the industry	

Feedback from faculty:

SI No.	Comment/suggestion	Action taken
1	Incorporating more hands-on workshop and Guest lectures for the coursework is needed.	Currently in practice and proposed in the new syllabus 2024 as well.
2	New ways of teaching can be adopted. We can have flipped classrooms. One assignment can be experiential learning on field.	Worked in the new syllabus 2024
3	It would be helpful for the students if the studio hours are increased from 7 to at least 10 per week	Incorporated in the new syllabus 2024
4	All the courses are running fine, just that design hours could be increased	
5	To be updated in line with emerging global trends.	Worked in the new syllabus 2024
6	Site visits and field trips to be incorporated, People from industry to interact with students more frequently	More guest lectures are organized (industry experts). Each Coursework is planned with a guest lecture/workshop accordingly.

Feedback from professionals:

SI No.	Comment/suggestion	Action taken
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1	The thesis topics chosen by the students for thesis need strong whetting by faculty with adequate expertise.	SoP for Guide selection through mapping of the student topic and guide's research expertise is in practice. Student guide consent form is taken as a record.
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Feedback from Employers:

SI No.	Comment/suggestion	Action taken
1	Motivating students to learn what's happening in the profession is important.	Guest lectures and experts and alumni are invited to enhance students learning skills and update them about the profession world wide.
2	Lacking in technical areas and practical approach	Hands-on workshop and live site visits, live projects are in practice. Case studies and sites and live projects identified by visiting faculty are considered for academic studios.
3	Include subjects like 3d printing, parametric architecture, negotiation, business studies	Incorporated in the new syllabus 2024.
4	Detailing needs to be focused more in the college itself to get their mindset right with respect to detailing	Students are oriented for more detailing in design in their studio projects by increasing the no. of weeks for detailing. Incorporated in the course plans.



Signature of HOD/HOI with seal

DIRECTOR
Manipal School of Architecture and Planning
 MAHE, Manipal



Feedback from stakeholders and action taken report

Name of the institute/department: **Manipal College of Dental Sciences, Mangalore**

Name of the programme: **BDS and MDS**

Academic year:2022-23

Feedback from students:

Sl No.	Comment/suggestion	Action taken
1	New developments and practical knowledge has to implemented more for the students. More practical/ hand skills has to be incorporated into the curriculum	<ul style="list-style-type: none"> • Each department conducts capsular workshops in the recent advances or value addition in their respective fields to enhance their clinical skills • Each department conducts professional development courses, most of which are open for interns to attend.
2	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.	<ul style="list-style-type: none"> • Postgraduation is an advanced learning system where guides act like facilitators rather than content givers. In this regards, Discussions, journal clubs, seminars, chair side vivas taken as a learning strategy. • Written exams in the form of Mock exams in the first as well as final year. The mock exams are conducted and evaluated across MCODES, Mangalore and Manipal • Evidens is a research methodology workshop conducted by the department of Public Health Dentistry which is open for all Postgraduates
3	Have video lecture for anatomy	•
4	Teach the required subjects of that particular year	<ul style="list-style-type: none"> • Not feasible as per the DCI there are both exam going and non exam going subjects. • The curriculum is designed to includes classes for each exam going subjects
5	Reduce pre-clinical work for dental students	<ul style="list-style-type: none"> • Dentistry is a skill based work demanding more training in preclinical activities and the Pre clinical work is as per the DCI recommendations and is needed to prepare students for clinical postings

Feedback from faculty:

Sl No.	Comment/suggestion	Action taken
1	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	<ul style="list-style-type: none"> • Curriculum is revised at regular intervals during BoS meetings • New advancements are imparted to students through continual professional development programs • Advancements are also incorporated through Corporate-Academia collaborations
2	Timely revision to meet the new development in the field of speciality	
3	Training staff for Curriculum	<ul style="list-style-type: none"> • Curriculum conclave is conducted once in two years to discuss and upgrade the curriculum and know the newer developments in dental education • FDP programmes being done at regular intervals by the Dental Education unit-

		<p>such as OBE, OSPE, OSCE and skill training</p> <ul style="list-style-type: none"> • Faculty are free to discuss the required topics with the dental education unit
4	Curriculum should have more Practical Approach	<ul style="list-style-type: none"> • Each department conducts capsular workshops to provide practical and improve their skills • Each department conducts professional development courses, most of which are open for interns to attend.
5	Currently the student clinical training is deficient	<ul style="list-style-type: none"> • Efforts are made to provide adequate clinical material to students through organising outreach screening and outreach camps at nodal centers and improving awareness among the public.

Feedback from alumni:

Sl No.	Comment/suggestion	Action taken
1	Access to Manipal Library should be continued even for the Alumni.	<ul style="list-style-type: none"> • The request will be escalated to the Library committee at MAHE.
2	If the library facilities could be extended for the alumini with some annual fees for library membership, that would be great.	
3	Please conduct more department-specific camps to increase exposure and patient flow to department for steady clinical practice.	<ul style="list-style-type: none"> • At present, there are speciality specific camps on daily basis and this should be adequate to provide necessary training
4	The Undergraduates should be treated with a little more strictness	<ul style="list-style-type: none"> • Teaching discipline among students is necessary and is being followed

Feedback from professionals:

Sl No.	Comment/suggestion	Action taken
1	Clinical exposure can enhance more experience	<ul style="list-style-type: none"> • Efforts are made to provide adequate clinical material to students through organising outreach screening and outreach camps at nodal centers and improving awareness among the public.
2	Interdisciplinary teaching, integrated teaching and learning	<ul style="list-style-type: none"> • At present, the DCI curriculum do not integrate interdisciplinary teaching, but we are in the process of integrating specialities for teaching and learning • The new BDS curriculum Draft proposed in 2020 requires interdisciplinary and integrated teaching, which will be implemented in near future.


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Manipal College of Dental Sciences
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Feedback from stakeholders and action taken report

Name of the institution: Manipal College of Dental Sciences, Manipal

Name of the programmes : BDS, MDS

Academic year: 2022-23

Feedback from students:

Sl No.	Comment/suggestion	Action taken
1	Every topic should be associated with case presentation, more clinical cases	This issues is already discussed with all departments and instructed to provide more cases to students in the dental clinics.
2	Suggestion to hold healthy professional discussions between students and faculty about new innovations in the field to improve existing knowledge	Students are encouraged to have regular discussion with faculty members and take part in new innovations at our newly launched innovation lab in MMMC premises.
3	Advanced technology in dentistry should be part of regular curriculum. should improve practical exposure from early stages	Areas related to advances technology are incorporated in the curriculum and students are exposed to practical in 1 st and 2 nd year followed by clinical exposure in 3 rd and 4 th year as per DCI guidelines.
4.	We need more patients in clinics for practice	Measures have been taken to improve the patient inflow. Number of outreach programs are increased.
5.	Video tutorials for Anatomy Dissection	This issue will be discussed with Department of Anatomy.

Feedback from faculty:

Sl No.	Comment/suggestion	Action taken
1	More field visits and Industry exposure can be facilitated for the Under Graduates and Exchange programs for the Post Graduates.	Field visit have been increased for the UGs this year. Exchange programs for PGs will be discussed with all HODs.
2	More of practical based curriculum and less student friendly and more patient centric which might improve the patient inflow in the college	Our curriculum is based on statutory guidelines recommended by DCI for UG and PG.
3	Setting up of a Dental Educational Unit at MCODS, Manipal will be helpful and supportive of Academic initiatives.	Setting up of DEU at MCODS was discussed earlier with KMC Manipal and will be taken up for discussion again
4.	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	Setting up of "Skill lab" having Simulation models for dentistry is in the process
5.	Do not make too many changes often in the curriculum as it becomes to transition from one system to another too quickly and also to actually assess impact of the curriculum for one batch thoroughly. We should change after we review one system thoroughly. There are changes happening too often and no one is actually prepared enough to understand the nuances of the new curriculum and accordingly implement changes.	Curriculum at MCODS Manipal is as per DCI guidelines and MAHE initiatives for OBE

Feedback from alumni:

Sl No.	Comment/suggestion	Action taken
1	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.	This issue is already discussed with concerned departments and number of implants placed by each student have been increased
2	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.	Syllabus recommended by DCI is followed and all topics under this curriculum are covered in great details. Faculty are always updated to new concepts and discuss these topics with students regularly.
3	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	Students were contacted for query regarding their unpublished research work which is misunderstood by the student.
4.	In prostho, 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 batch mates treating patients poorly because of language barrier	This issue is discussed with the faculty members. Reinforcement to learn Kannada by the students. Sessions will be organized by faculty members which will help the students to learn the local language and improve communication with the patients.

Feedback from professionals:

Sl No.	Comment/suggestion	Action taken
1	Advocacy in public health program and internship in public health foundations will help in providing first hand experience to the students.	Students are encouraged to join public health programs and explore the opportunities in various organizations which help in serving the needy people to improve their health.
2	Research needs to be having a wider perspective rather than sticking on to the budgetary concerns	Students are encouraged to take wide variety of research topics under the guidance of faculty members. MAHE and our institution provide the logistics as much as possible to the budding researchers.

Monica e Solomon
Signature of HOI with seal

DEAN
MANIPAL COLLEGE OF DENTAL SCIENCES
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Dec 13 2023

Feedback from stakeholders and action taken report

Name of the institute/department: Kasturba Medical College, Mangalore

Name of the programme: MBBS, MD, MS, MSc & Allied Health Course

Academic year: 2022-2023

Feedback from students:

Sl No.	Comment/suggestion	Action taken
1	Important topics should not be done as seminar. Role play is not useful. Sgt should have some interesting stuffs to encourage learning.	The feedback pertaining to seminar & SGTs would be passed on to HODs during the CCM. The TL methodology of role play is mandatory for certain competencies as specified by the regulator.
2	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 because 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.	The institution ensures that active learning strategies are used both in large groups and small groups. There is enough scientific literature to prove that active learning leads to better learning. However, students also need to take an active role in their learning. The attendance requirement is as mandated by the regulator.
3	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	As per the syllabus, there is a clear instruction stating that first-year students are expected to learn case history in the first semester and assessments in the second semester while second years to learn about conducting basic therapies under the guidance of a clinical psychologist. Given this, a conscious effort was made by the faculty to engage students in the given assignment/roles. However, considering students' current concerns, the below measures will be taken: <ul style="list-style-type: none"> • For the first years, though the Case history taking, and diagnostic formulation are taught in detail in the first semester before assigning them to the clinics, the same will be reiterated comprehensively. • For the 2yrs, only the basic therapeutic interventions like- psychoeducation, supportive therapy, behavioural activation, and

		<p>counselling skills will be highlighted in the clinical training.</p> <ul style="list-style-type: none"> • The syllabus mentions the self-learning hours during these 2 years of MSc. Course, which can be used by the students in learning both academic/clinical skills. <p>Challenges :</p> <ul style="list-style-type: none"> • Having low manpower in the department, with a disproportionate caseload it becomes challenging for the staff to provide adequate supervision hours to the students to learn the required concepts and clinical skills.
4	Have a motivating staff to teach for the subject	A deliberation was held with the concerned faculties of course and they were sensitized about inclusion of innovative teaching learning pedagogy in their schedule
5	Remove SDL, PBL, TBL, everyday seminars and SGT's. It is just a waste of time. Nobody listens to them and the topic is assumed to be covered.	The idea of having varied TL methodologies is to ensure active learning. Ther institution has already developed SOPs/provided guidance to ensure standardisation and more active participation of the students. The same would be emphasised during the College Co-ordination Committee Meeting (CCM).
6	Weekly quiz	Formative assessment is an integral part of the academic process. Departments have already been instructed to have this as a part of their teaching. Faculty are also being encouraged to use the LMS for the same. In addition, there is continuous assessment (at least two per block for all major subjects).

Feedback from faculty:

Sl. No	Comment/suggestion	Action taken
1	More ideas on innovative classes	The Department of Medical Education conducts monthly workshops on various aspects related to teaching-learning-assessment. Various innovative ideas for classes are discussed during these workshops.
2	Keep the teacher student ratio adequate.	The faculty numbers have been put in place based on the numbers specified by the regulator. This is constantly reviewed to identify if there is any need to recruit additional faculty.
3	curriculum should not be focussing Only on the competencies but overall knowledge, skill and attitude of the student	The idea of the CBME curriculum is holistic development of the student keeping in mind the goals of the Indian Medical Graduate.
4	Final yr students should have theory classes	Final year students do have theory classes.
5	Student directed Learning	The institution has always emphasised student-centric learning processes. The idea of using active learning is to ensure student-centricity.
6	Regular viva voice to be conducted	Viva voce is one of the assessment tools. A balance is required to ensure appropriate and adequate use of various assessment tools so that we achieve both 'assessment of learning' & 'assessment for learning'.
7	More focus on active student participation in teaching activities with emphasis on advanced preparation and adequate attendance for all teaching programs	Individual departments are expected to inform the students of what they need to do. This would be re-emphasised during the CCM.
8	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.	The curriculum is as decided by the regulator. The institution has to make the necessary changes as mandated by the regulator.
9	Educate the students with regard to CBME expectations from a student participation perspective	Individual departments are expected to inform the students of what they need to do. This would be re-emphasised during the CCM.

10	Strict attendance and strategy to improve the active participation of the students	HODs have already been instructed to monitor attendance diligently. HODs would be asked to instruct their faculty to ensure active participation of the students.
11	Amalgamation of older and newer curriculum efficiently denoting the theory and the practical aspects need to be done.	The curricula are separate and there is no amalgamation possible. The last of the old curriculum batch has finished their training.
12	To reduce travel time between various locations for students to attend classes, meaning to keep classes in one location	Keeping in mind that the Mangalore campus is not a unitary campus and lecture halls and demo rooms are located at various places, at best optimisation can be done & the same has already been completed.
13	In the long term theory classes should be made voluntary and elective	Non-actionable as the regulator has specified a minimum attendance percentage that the student has to meet to be eligible to appear for the examination.
14	More tutors needed to deliver effectively	The faculty numbers have been put in place based on the numbers specified by the regulator. This is constantly reviewed to identify if there is any need to recruit additional faculty.
15	Student involvement needs improvement.	HODs would be asked to instruct their faculty to ensure active participation of the students.
16	More of student-centred approaches that peak their desire as well as promote knowledge which tend to be more effective.	The process of refining the Teaching-Learning strategy based on feedback from students is an ongoing process. Based on the course evaluation feedback every department has been asked to identify actionable points and come up with a strategy to address the same.
17	Two year is a very short duration for completing MSc medical Biochemistry course	The two-year MSc Medical Biochemistry offered MAHE is as per the UGC Guidelines for a post graduate course.

Feedback from alumni:

Sl No	Comment/suggestion	Action taken
1	Medical lecture classes should be more conceptual and explanatory, instead of professors just reading the slides.	Faculty have been explained the role of lectures when they have attended the mandatory course in medical education. This would be re-emphasised to HODs during the CCM.
2	Should focus more on interactive and healthy learning environment	The institution has adopted and continues to refine the various active learning strategies.

Feedback from professionals:

Sl No.	Comment/suggestion	Action taken
1	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.	All NMC changes are referred to as & when notified by the regulatory body discussed in the BOS & incorporated in the curriculum
2	Aetcom question can be added to practicals as per NMC	We do ask AETCom questions in theory exams. We will plan for its practical assessment
3	MD in pharmacology needs upgradation	All NMC mandatory curriculum are incorporated in newer MD pharmacology curriculum

Feedback from employers:

Sl No.	Comment/suggestion	Action taken
1	Dermato surgery portions should be included.	As per the NMC Dermato surgery is not a part of UG curriculum. Hence it need not be incorporated
2	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.	In every BoS meeting the list of recommended books is reviewed & where necessary changes are done. The blueprint of the examination is shared with the students. The last sessional examination is conducted mimicking the University exam pattern. The institution constantly conducts various research related workshops for students wherein they are provided awareness regarding various research opportunities including ICMR-STS.
3	Suggest Research promotion in Antimicrobial stewardship	Planning to add a session on project planning such that at the end of course participants will have a research proposal which can be implemented in their place of work.



Signature of HOD/HOI with seal

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Kasturba Medical College
MANGALORE - 575 001

Feedback from stakeholders and action taken report

Name of the institute/department: Kasturba Medical College, Manipal

Name of the programme: All courses offered by KMC Academic year: 2022-23


Feedback from students:

Sl No.	Comment/suggestion	Action taken
1	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	1. Minimum no of attendance and classes are maintained as per NMC guidelines and if time permits tests and assignments are given 2. Extracurricular activities are encouraged and awarded during annual day and other cultural events 3. Class capturing system was discontinued as audit trail showed very poor utilization by students
2	Breakdown of marks for practical exams should be available to students	This will be considered and discussed in curriculum meeting
3	Promote the use of various sources and textbooks for studying in a holistic manner. Encourage doubt clearing or one on one sessions	Students are encouraged to refer to various resources and text books for SGT and SDL
4	Scope for improvements	Regular discussions with students and faculty members are conducted. The poor performers are given additional opportunities to improve their internal examination grade.
5	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	70 – 80 pgs are in department every month as part of DRP (and 60 to 120 interns sometime) therefore collaboration with government facilities as per NMC required
6	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	Community Medicine PGs are expected to be posted in PHC/CHC (residential) for period of one year. Since government hospital working on Sundays too Pgs are posted however all PGs are given at least one day weekly holiday not necessarily

	<p>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</p>	<p>on Sundays but any other working day replacing PG with staff .and whenever PG s asked for leave (including long leaves) it was permitted.</p> <p>Nearly 12 CMEs conducted in last one year in department in coordination with other departments.</p> <p>Monthly schedule posted for all PGs last day of previous month.</p> <p>Currently Final yr PGs are given total free time for data collection .</p> <p>Some of them already completed data collection 6 months ahead of dissertation submission</p>
7	<p>More importance for academics should be given</p>	<p>Weekly 2 seminar/ journal presentation/ case presentation going on in addition they are joining such presentations in other departments too while posted there.</p>
8	<p>Staff class for the post graduates</p>	<p>Faculty lecture/ guest lecture 2 times months scheduled.</p>
9	<p>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</p>	<p>Monthly schedule is prepared and displayed in notice board well before the beginning of months</p>
10	<p>More research activities, faculty classes, opportunity to present in international conferences, workshops, Weekly offs</p>	<p>Research opportunities in the form of publishing papers have been offered with no takers from the postgraduates.</p> <p>MD in pathology is a difficult course and postgraduates have difficulty in completing their thesis with little time for other research activities</p> <p>Opportunities to present in International Conferences is at the discretion of the Dean.</p> <p>There is no objection from the Department.</p> <p>Workshops -For the past 2 years the Department of</p>

		Pathology has been conducting workshops Weekly off - Postgraduate students have regular weekly offs except when they are posted in Clinical Lab
11	<p>1. Schedules for postings should be made a few months in advance and should be made for at least 6 months. New schedules declared every month usually a day or two prior creates unnecessary confusion.</p> <p>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 peripheral postings. There should not be discrimination in the way postings are decided.</p> <p>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 harassment often leads to in medical residencies.</p> <p>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.</p>	<p>We have discussed all four points raised by the stakeholders, among the faculty members of our department.</p> <p>The following actions were taken</p> <ol style="list-style-type: none"> 1. Postings of residents shall be made in advance. 2. Peripheral postings shall be distributed uniformly. 3. Faculty shall interact with the residents politely and professionally. 4. The timing of the rounds during holidays shall be informed a priori to all those concerned.
12	Incorporating current progress in subject, and all possible job opportunities and all possible scope for higher education as an add on	Clinical posting in Medicine IFD, Cardiology, Endocrinology Emergency Medicine, Dermatology Palliative Medicine, HA moulds them to become good Family medicine Practitioners/ Consultants in Private / Corporate Hospitals in addition to existing scope in the speciality Two of our just passed out graduates already placed in prestigious government medical colleges (AIIMS &ESI) inspite of tough competitions

Feedback from faculty:


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Sl No.	Comment/suggestion	Action taken
1	Students participation is poor, needs improvement	Faculty advised to make use of innovative methods of teaching to make classes interesting and effective
2	OSCE may be introduced in the University examinations	Part of NMC guidelines and is being done
3	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.	Faculty can utilize various modes of platforms for such interactive assessments like pollevy where, Kahoot
4	self learning modules can be created	MedAce platform for students have self learning modules
5	SIMULATION CENTRE FOR GUIDED PROCEDURES	Simulation mannequin is one of the teaching modules in radiology for both diagnostic and interventional procedures. This would be useful for both PG and UG students. Multiple such equipment available eg: for antenatal USG learning, can be collected to develop Simulation center at KMC. Thus can be used to train PGs from other institution too.
6	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	Competency and curriculum as per NMC guidelines
7	Addition of assessment of professionalism (like P-MEX) in the formative assessment plan	Taken initial steps to connect with the Clinical Psychology Department to reproduce the same system in Department of Emergency Medicine, KMC.
8	E boards and replace blackboard	For student strength of 250 they have poor visibility and not advisable
9	The lab facility for research and teaching are necessary to improve the quality of teaching and research	Laboratories are renovated with additional space created for postgraduate training/ practical and research

Feedback from alumni:

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Sl No.	Comment/suggestion	Action taken
1	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	The post graduate (PG) residents are subject to training in Dermatology, Venereology and Leprosy as per the guidelines of the National Medical Council of India (NMC). We can't change the syllabus. Our department has good learning environments with infrastructure and faculty to support students to hone their skills to become outstanding medical professionals.
2	More theory classes could have been taken for PGs- MD (pathology)	The current PGs have mentioned that there is too much of teaching activities however regular slide discussions and interdepartmental case discussions are held in addition to weekly journal clubs, gross seminars and subject seminars . Regarding Theory classes - as postgraduates are adult learners, it is expected that efforts to read the subject should be self directed
3	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	We are already doing it. We will strengthen it further
4	The postgraduate students in surgical branches have to be taught and given hands on during surgery. A humble opinion	Considering a credit based system depending on sincerity and efficiency of the student to perform procedures under supervision
5	A better hands on experience with more crime scene visits	We are already taking the students to crime scene. We will further strengthen it
6	more lateral thinking involved in course	We have discussed this in the department meeting and will come up with an actionable plan.



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7	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	PGs are given hands on in second and third year Will be looked into and discussed in department meeting
8	could be more student friendly	We have discussed this in the department meeting and all faculty agreed to reflect on how to be more student friendly.

Feedback from professionals:

Sl No.	Comment/suggestion	Action taken
1	Research Incubator & mentorship program	UG research vertical of KMC puts out letter of interest and research topics by faculty for student participation
2	Undergraduate research projects in Dermatology can be encouraged	UG research vertical of KMC puts out letter of interest and research topics by faculty for student participation
3	Need complete revamp of MSc curriculum with more emphasis on research and medical education	A two-year full-time MSc Anatomy OBE curriculum was implemented recently to equip the postgraduate with dissection skills, basic histological and embalming techniques, research methodologies, and pedagogical skills. The program also addresses the ethical aspects integral to the profession, such as cadaveric ethics, research ethics, and bioethics. The program is structured into 4 semesters of 5-6 months each, culminating in a university examination. Each semester consists of 3-4 courses. Each course outcomes were mapped with

		<p>program outcomes for effective learning.</p> <p>To encourage the quality research and for wide areas of opportunity for the future, two electives (one at the 2nd and another at 3rd semester) and one project (at 4th semester) were implemented.</p> <p>Elective 1: This course sensitizes students towards research and helps them to acquire knowledge in the basic aspects of biostatistics and research methodology. Also helps to gain an understanding of using computer applications for searching scientific databases.</p> <p>Elective 2: This exposure to multidisciplinary courses will help them develop interests and abilities that will help them further their career skills. Students can choose any one of the electives listed below in the respective campuses.</p> <p>Project: This exposure to multidisciplinary courses will help them develop interests and abilities that will help them further their career skills. Students can choose any one of the electives, listed below in the respective campuses.</p>
4	<p>Student exchange programmes and more focussed CMEs should be helpful and sharing of knowledge and updating everyone.</p>	<p>Student exchange programs are initiated at the College and University level and the Department welcomes all exchange programs. We have not received any requests for the past 10 years. Focussed CME's are being conducted for the past 2 years from the Department funds.</p>


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5	Hands on experience to be gained with the faculty inducted in administration so PG residents get access as well.	1) Faculty are represented in Committees as Chairperson or members in Committees (Medical Record Audit, Disaster Management) 2) Assistant Professor was part of Quality Office (KMC and Quality Co-ordinator of KH). Had attached 2 students under him. 3) SR posted as Hospital Block In-charge. 4) Professor is In-charge or acting MS, when MS is goes on leave.
6	Need a to have collaborative research and development programmes.	Faculty development Programme undertaken by the institution. Collaborative research is
7	It should cover latest technological development, newer field like artificial intelligence. Application of Monte Carlo calculation . Hadron Therapy etc -	Not applicable to KMC

Feedback from employers:

Sl No.	Comment/suggestion	Action taken
1	Curriculum review is being conducted	Curriculum Review is finished and the Version 2.0 of Emergency Medicine Curriculum is being compiled
2	Experiential learning, minimum seat matrix to allow adequate time for learning. Current systems over work most PGs. As program have minimum 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	Currently there are 16 faculty in the Department and the replacements are immediately addressed if any attrition happens. We have enhanced the seats from 3 to 4 and start a clerkship program to unburden the postgraduates. The clerkship program helps to get all postgraduate together without hampering the academics where significant responsibility is handled by the clerkship candidates during that time.


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3	Could explore developing Entrustable Professional Activities for the MD course in Dermatology, Venereology and Leprology.	We have proposed to start Aesthetic Centre; this has been submitted earlier. We shall modify as per suggestion and submit again to Dean's office. This will benefit both faculties and residents.
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Signature of HOD/HOI with seal



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