

2010

- The Medical Council of India proposed curricular reforms in MBBS curriculum for Undergraduate Education.
- These reforms focus on enhancing integration, clinical competency, flexibility and improvement in quality of training

Approach- CISP

- Faculty Development Program to support curricular Innovations
- Capacity development across the country
- Develop guidelines and supportive documents

Goals for the Faculty Curriculum Implementation Support Program

- The purpose of the CISP is to prepare and support faculty in Medical Colleges in planning, implementing and evaluating the new curriculum through a multi tiered approach.
- The focus of the first year of the CISP will be on the four identified curricular strategies viz., Foundation Course, early clinical exposure, integrated teaching, skills training.

Focus

- Foundation Course
- Early Clinical Exposure
- Integrated Teaching / Learning
- Skills Training

Objectives

- Understand the curriculum reforms in terms of its aims, structure, content, processes
- Acquire knowledge and skills for implementation of the curricular reforms (developing objectives, T/L Method and assessment)
- Understand the principles of curriculum evaluation
- Conducting faculty training workshops to train the faculties of Medical Colleges in these curricular innovations.
- Understand the principles of mentoring to support the faculty in taking baby steps

Taxonomy of new skills

Skill	Current status	Additional inputs
Foundation course	-Being used in a variety of ways	-Standardization of the program -Training of faculty to make best use of course
Integrated teaching	-Good awareness -Fairly good acceptance	-Standardization -Moving beyond departments
Early clinical exposure	-Scattered use in way of CBL -Less common in community	-More use in real life and community settings -Better pedagogical management
Teaching of clinical skills	-Basic orientation being given in basic sciences -Fair acceptance	-Pedagogy of skill learning -Clinical perspective

Objectives

Orient the student to

- » The medical profession and the physician's role in society
- » The MBBS programme
- » Alternate health systems in the country
- » Medical ethics, attitudes and professionalism
- » Health care system and its delivery
- » National health priorities and policies
- » Universal precautions and vaccinations
- » Patient safety and biohazard safety
- » Principles of family practice
- » Indian medical graduate document of the Medical Council of India
- » The medical college and hospital

Objectives

- Enable the student to acquire enhanced skills in:
 - » Language
 - » Interpersonal relationships
 - » Communication
 - » Learning including self-directed learning
 - » Time management
 - » Stress management
 - » Use of information technology
- Train the student to provide:
 - First-aid
 - Basic life support

Elements

- Elements: The programme will include, in addition to the modules listed in the objectives above,
 - Training in language and computer skills
 - Integrated Cell Biology Module
 - Foundation Course of preclinical sciences

Facilitator Guide

- Develop a small group discussion on how to provide an experience for students with patients/families
- Emphasize the importance of experiential learning as the reason to create these experiences
- Ask participants to discuss on the value of reflection for students and how to promote reflection

Skills Required

- Creating task based exercise
- Promote reflection
- Facilitate discussion

Professional Development including ethics

Objectives of the programme:

At the end of the programme, the student must demonstrate ability to:

- understand and apply principles of bioethics and law as they apply to medical practice and research,
- understand and apply the principles of clinical reasoning as they apply to the care of the patients,
- understand and apply the principles of system based care as they relate to the care of the patient,
- understand and apply empathy and other human values to the care of the patient, effectively communicate with patients, families, colleagues and other health care professionals,
- understand the strengths and limitations of alternative systems of medicine,
- respond to events and issues in a professional considerate and humane fashion.

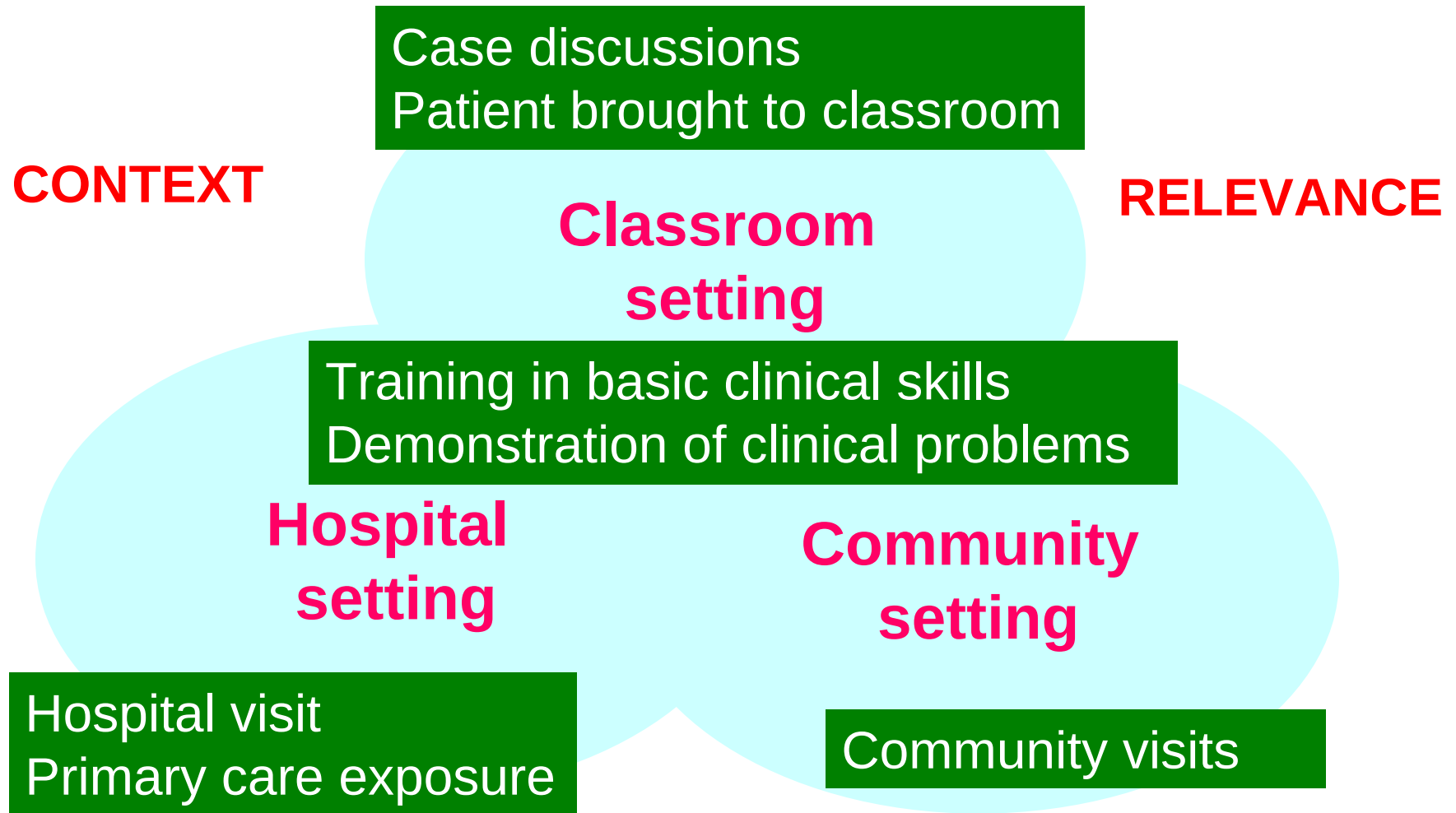
ORIENTATION COURSE FOR I MBBS STUDENTS – 2012 -2013 BATCH

Day	09.00am – 10.30am	10.30 am – 11.00 am	11.00am – 12.30 pm	12.30 pm – 01.30 pm	01.30pm – 03.30pm (Small group)
Day-1	Introduction to the Orientation Program MBBS Program Phase I, II & III	B R E A K	BLS	L U N C H	1. BLS – Skills Lab
Day-2	Medical Ethics and Professionalism		Introduction to Anatomy		2. Hospital tour
Day-3	National Health Priorities and Policies		Introduction to physiology		3. Stress/Time Management
Day-4	Universal Precautions and vaccinations		Introduction to Biochemistry		4. Physical fitness
Day-5	Patient safety and Biohazard safety		Introduction to Community Medicine		5. Meditation
Day-6	Introduction to Genetics		Introduction to Medical Terminologies		6. Communication skills And interpersonal
Day-7	IT/Medical Literature search		Alternate Health systems		7. Language Training
Day-8	Short film followed by Student Debate		Student Debate		Feedback – 4 th Floor Lecture theatre

What is ECE?

- Early Clinical Exposure (ECE) is a teaching learning methodology, which fosters exposure of the medical students to the patients as early as the first year of medical college.
- The goals of ECE are to provide
 - ❖ context and relevance to basic science teaching
 - ❖ some gain in medical knowledge
 - ❖ few basic clinical skills and
 - ❖ wide range of attitudes.

Where to use ECE?



Using cases to teach in the class

- Paper cases
- Photographs
- X-rays
- Laboratory reports
- ECG

Assessment

- Feedback
- Reflections
- Log book
- Theory tests- MCQs, SAQs
- Viva
- OSPE/OSCE

Integration

- Integration is the organization of teaching matter to interrelate or unify subjects frequently taught in separate academic courses or departments (Harden *et al*, 1984)
- Occurs when relevant components of the curriculum are connected and related in meaningful ways by both the students and teachers.

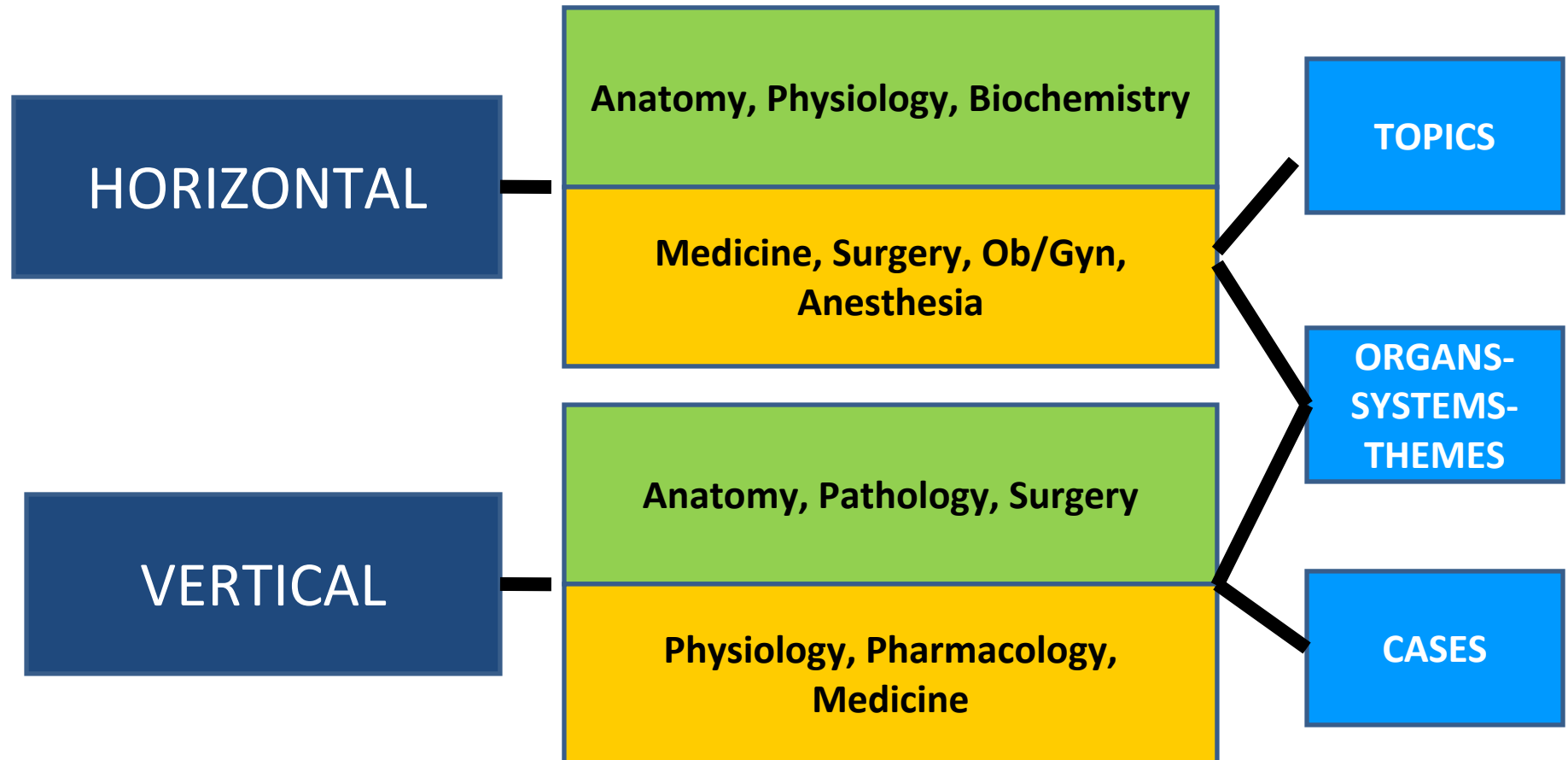
Integration

- The teaching should be aligned and integrated horizontally and vertically in organ systems with clinical correlation that will provide a context for the student to understand the relationship between structure and function and interpret the anatomical basis of various clinical conditions and procedures.

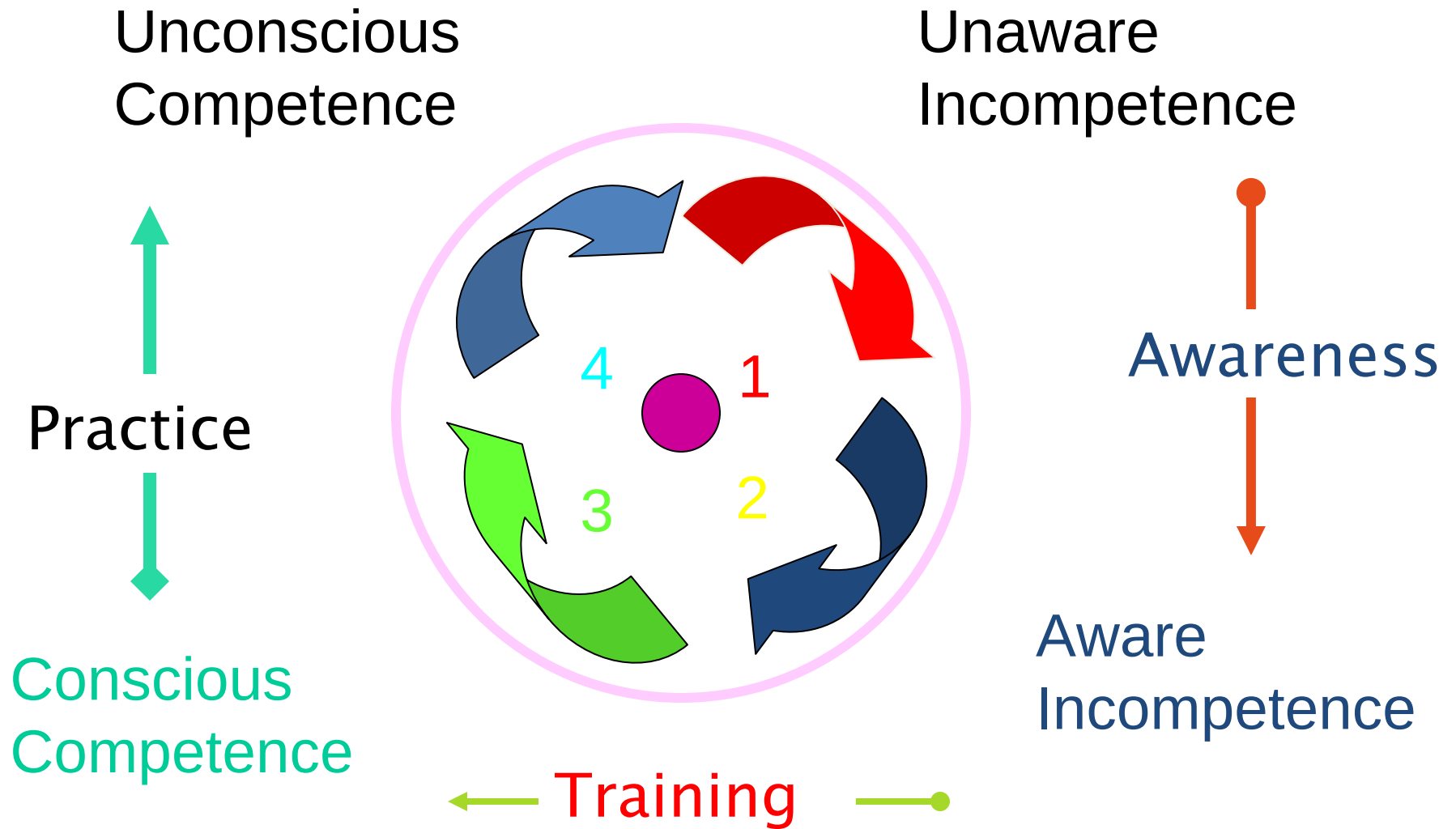
Integration

- The teaching should be aligned and integrated horizontally and vertically in organ systems recognizing deviations from normal structure and function and clinically correlated so as to provide an overall understanding of the etiology, mechanisms, laboratory diagnosis and therapy of disease.

Types of integration



Learning Cycle



SKILL CYCLE

Teaching a skill – planning

- Define Objectives
- Demonstration-performance method, or teaching by doing – active learning
- Decide the group size - Small group most suitable
- Presentation - Order is important
 - Begin with the purpose and objectives
 - Seeing is not the same as perceiving - explain and stress major points of learning
 - Clarify the end point and what they will be assessed on

Newer approaches

- **Clinical skills laboratory**
- **Models of endotracheal tubes, Mannequin (Laerdal or Ambu) Resuscitation**
- **Locally made models - Sponge doll for injection or IV**
- **Surgical labs**
- **Patient Management problems**
 - **Situation, Action, Assessment and feedback**
- **Computer Assisted Learning**

Simulations - Advantages

Decreases risk to patients

Enables deliberate practice

Is safe to learn from errors

Provides a controlled environment

Application of Principles of Skills

COMMUNICATION SKILLS

Communication: With whom?

Doctor -Patient

History taking

Consultation

Obtaining informed
consent

Breaking bad news

Nurses & staff

Colleagues

Administrators

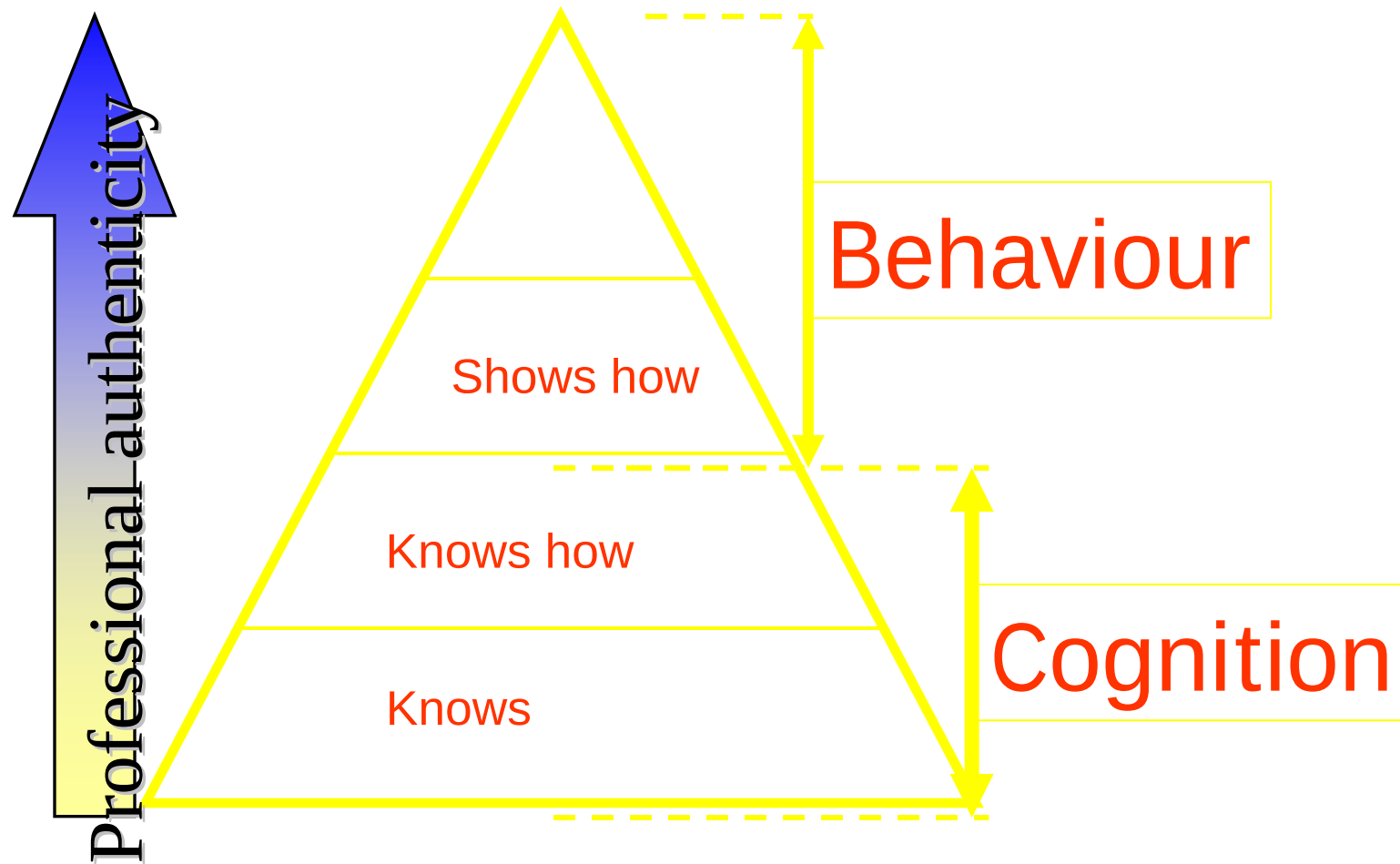
Evidence in court

Reporting research findings

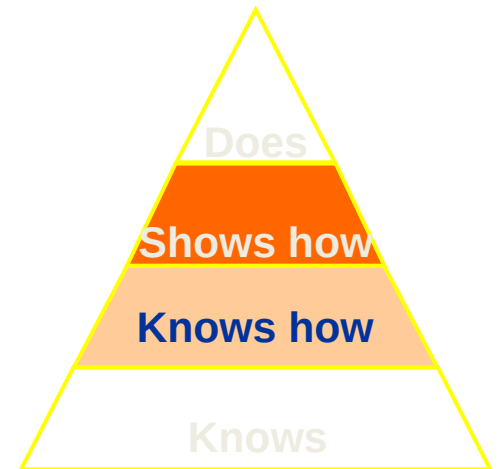
Talking to media

Public & legislature

Professional Authenticity



Shows how :



- The long case
 - Integrated, in-depth assessment of clinical competence in a realistic setting
 - Poor inter-case reliability is more of an issue than inter-rater reliability (Norcini, 2002)
- OSCE
 - Make stations as authentic as possible

Shows How: OSCE

- Make stations as clinically authentic as possible
- Global judgments do well in OSCEs
- Content specificity is *the* problem

