

Best Practice

Best Practice: 1

Title of the Practice: Blending spiritualism into medical curriculum to create doctor-healers, who can make difference to the society

Objective:

- To inculcate spiritual values in students for holistic development

Context:

“To educate a person in the mind but not in morals is to educate a menace to society.”

This has been the basis for introducing spirituality into medicine in our Institution. The medical curriculum has focused predominantly on creating competent doctors, with sound medical knowledge and impeccable skills (considering the knowledge & psychomotor domain). Recently with the introduction of the AETCOM module, emphasis has been laid on the Affective domain.

Spirituality focuses on three aspects Jnana (the way of knowledge), Bhakti, (way of devotion) and Karma (the way of selfless action).

The practice:

As budding doctors, all medical students need to focus on Jnana (medical knowledge), Bhakti (devotion towards their clinical practice) and Karma (being selfless and altruistic). These qualities are imbibed in the young minds through Aashirvachana (intriguing discourses delivered by His Holiness Sri Sri Sri Dr.

Nirmalanandanatha Mahaswamiji & Revered Sri Sri Dr. Prakashnath Swamiji) right from the entry point, throughout the 5.5 years stay in the BGSIGIMS campus. In the discourses given, His Holiness focusses on varied topics ranging from benevolence, piety, respect, compassion, honesty, tolerance & humanistic attributes. This practice of imbibing values in medical students is in practice since the inception of Institution in 2013, and has been in practice, even before the introduction of AETCOM module by MCI/ NMC. By catching our medicos young, this unique practice lays foundation for development of individuals who are not only competent but medicos who are spiritually sound and can make a difference to society.

Evidence of success:

Alumni of the Institute are serving the Nation in various capacities in the army & navy placing the interests of the country above everything else. The reports from employers of our alumni clearly indicate that our Medical Graduates are skilled, knowledgeable but also morally strong individuals. Feedback from parents is encouraging too.

Problems encountered & Resources Required:

The students are primed through Aashirvachanas happening on all major occasions. However, for a constant reiteration of these values, motivating faculty to take this up through mentor-mentee programmes was an additional responsibility.

Best Practice -2

Title of the Practice:

Comprehensive Emergency Care and Life Support

Objective:

To equip undergraduate and post graduate students, house surgeons and faculty with knowledge of current standards and necessary skills so as to transform the Emergency Care response system and thus save lives.

Context:

Current training concentrates predominantly on the theoretical aspects of emergency care with poor exposure to hands-on training. This has necessitated the need to introduce a certifiable course that addresses the gap present currently.

Practice:

A structured, comprehensive hands on training programme, spread over 4 days with 9 hours of classroom and skill station training. This is inclusive of a pre-test and post-test of the course. Challenge in this practice encountered initially included setting up of the skills lab, mobilizing manpower, finding adequate trainers and motivating students to enroll.

The uniqueness of this program is that the most common emergencies were dealt with comprehensively. The topics included:

- Recognition of Critical Illness
- Stabilization and Safe Transfer
- Emergency Airway Management
- Emergency Trauma Care
- Emergency Burns Care
- Acute Coronary Syndrome, Congestive Cardiac Failure, Stroke and Seizures
- Cardiac Arrest and Arrhythmias
- Obstetric Emergencies
- Paediatric Emergency

- Neonatal Resuscitation
- Poisoning and Animal Bites

Evidence of Success:

Participants who performed poorly in pre-test were able to score well after the program in the theory as well as practical examinations with each session achieving 100% certification of all participants.

Additionally, feedback received from them suggested that their confidence levels in handling emergencies had increased manifold with this workshop.

Problems encountered and resources required:

Set up of skill stations – Making supporting staff and participants get involved in setting up the skill station and keeping active.

Exhausted faculty personnel – Continuous involvement of trainer to maintain the energy level and proactive.

Long training hours of participants - more interactive resource material.

Note:

Trainers went out of their way to find different methods to keep the participants engaged and invested in the workshop. This involved the introduction of games, descriptive moulages etc., to meet the objectives of the program.